198-6/17/26

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 27, 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 contracts with the Contractors listed below in an amount not to exceed $6,832,334 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, effective July 1, 2026, upon Governor and Council approval through June 30, 2028. 84% Federal Funds. 16% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Granite United Way Manchester, NH	160015	Capital Region, Carroll County, South Central	$1,634,984
CADY, Inc. Plymouth, NH	171395	Central NH	$512,520
The Cheshire Medical Center Keene, NH	155405	Greater Monadnock	$553,262
Manchester Health Department Manchester, NH	177433-B009	Greater Manchester	$943,894
North Country Health Consortium Littleton, NH	158557	North Country	$522,420
Lamprey Health Care, Inc. Newmarket, NH	177677	Seacoast	$562,792
Greater Seacoast Community Health Somersworth, NH	154703	Strafford County	$558,602
Mary Hitchcock Memorial Hospital Lebanon, NH	177160	Greater Sullivan and Upper Valley	$1,025,040
Partnership for Public Health, Inc. Laconia, NH	165635	Winnipesaukee	$518,820
		TOTAL	**$6,832,334**

***The contracts for the City of Nashua are pending signature and will be submitted to Governor and Executive at a later date.**

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

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to oversee Regional Public Health Networks (RPHN) that deliver a broad range of public health services to communities statewide. Each RPHN serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring Public Health Network services to all parts of the state. The Contractors will partner with a wide range of public health stakeholders in overseeing thirteen (13) Regional Public Health Networks, across ten (10) Contractors to implement effective local programs. Stakeholders include local health departments and health officers, healthcare providers, social service agencies, schools, fire and police departments, emergency medical services, behavioral health professionals, and faith-based and business leaders.

Through a collaborative, cross-sector approach, each RPHN will support evidence-based activities that address community health needs. Contracted services will include:

- Substance Misuse Prevention – Coordinate substance misuse prevention and related health promotion activities by implementing research-informed primary prevention programs, policies, and services.
- Continuum of Care Facilitation – Coordinate activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment, and recovery that utilizes the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations.
- Public Health Advisory Council – Facilitate the regional Public Health Advisory Council, including providing a Council leadership team, to identify regional health priorities, improve local coordination, and guide relevant activities.
- Public Health Emergency Preparedness – Coordinate efforts with regional public health, health care, and emergency management partners to develop and exercise response plans that improve the region's ability to respond to health emergencies.

The Department will monitor services by:

- Assessing operational readiness, response rates during notification and assembly drills, volunteer training, and requests for deployment met during emergencies.
- Reviewing data regarding volunteer staffing, including recruitment and retention efforts, drill and exercise participation, credentialed volunteer staff.
- Evaluating multi-year strategic planning regarding substance misuse prevention and overdose prevention;
- Analyzing effectiveness of community trainings, reviewing Department approved post-training evaluations.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from January 28, 2026, through March 6, 2026. The Department received fifteen (15) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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 State will have diminished capacity to deliver public health and substance use-related services that improve emergency readiness, lower substance misuse rates and overdose, and serve targeted health needs in communities across the state.

Source of Federal Funds: Assistance Listing Number #93.991, 93.069, 93.959, 93.967 FAIN # NB01OT009381, NU90TU000009, B08TI088484, NE11OE000077.

Respectfully submitted,

For:

Lori A. Weaver
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-904510-31650000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PREVENTION AND WELLNESS, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds

CFDA 93.991 FAIN #NB01PW000109 Award Date 9/8/2025

CADY, Inc. Vendor # 171395-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

Cheshire Medical Center Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

Greater Seacoast Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

Granite United Way - Capitol Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

Granite United Way - Carroll County Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

Granite United Way -South Central Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

Lamprey Health Care, Inc. Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Partnership for Public Health, Inc. Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000

North Country Health Consortium Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90001022	$15,000
2028	102-500731	Contracts for Prog Svs	90001022	$15,000
			Sub Total	$30,000
			SUB TOTAL	***$360,000***

05-95-92-920510-31680000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SAPT BLOCK GRANT

100% Federal Funds

CFDA #93.959 FAIN # B08TI088484 Award Date 1/28/2026

CADY, Inc. Vendor # 171395-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460

Cheshire Medical Center Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460

Greater Seacoast Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

			Subtotal 2028	$143,230
			Sub Total	$286,460

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056507	$15,000
2027	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2027	$143,230
2028	102-500731	Contracts for Prog Svs	92056507	$15,000
2028	102-500731	Contracts for Prog Svs	92056507	$128,230
			Subtotal 2028	$143,230
			Sub Total	$286,460
			SUB TOTAL	***$3,437,520***

05-95-90-903510-11140000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS, RESPONSE & RECOVERY, PH EMERGENCY PREPAREDNESS

68% Federal Funds & 32% General Funds

CFDA #93.069 FAIN #NU90TU000009 Award Date TBD

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

CADY, Inc. Vendor # 171395-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$83,600
2028	102-500731	Contracts for Prog Svs	90077410	$83,600
			Sub Total	$167,200

Cheshire Medical Center Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$49,867
2027	102-500731	Contracts for Prog Svs	90077028	$54,104
			Sub Total 2027	$103,971
2028	102-500731	Contracts for Prog Svs	90077410	$49,867
2028	102-500731	Contracts for Prog Svs	90077028	$54,104
			Sub Total 2028	$103,971
			Sub Total	$207,942

Greater Seacoast Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$52,537
2027	102-500731	Contracts for Prog Svs	90077028	$54,104
			Sub Total 2027	$106,641
2028	102-500731	Contracts for Prog Svs	90077410	$52,537
2028	102-500731	Contracts for Prog Svs	90077028	$54,104
			Sub Total 2028	$106,641
			Sub Total	$213,282

Granite United Way - Capitol Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$53,387
2027	102-500731	Contracts for Prog Svs	90077028	$54,104
			Sub Total 2027	$107,491
2028	102-500731	Contracts for Prog Svs	90077410	$53,387
2028	102-500731	Contracts for Prog Svs	90077028	$54,104
			Sub Total 2028	$107,491
			Sub Total	$214,982

Granite United Way - Carroll County Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$83,600
2028	102-500731	Contracts for Prog Svs	90077410	$83,600
			Sub Total	$167,200

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$54,317
2027	102-500731	Contracts for Prog Svs	90077028	$54,104
			Sub Total 2027	$108,421
2028	102-500731	Contracts for Prog Svs	90077410	$54,317
2028	102-500731	Contracts for Prog Svs	90077028	$54,104
			Sub Total 2028	$108,421
			Sub Total	$216,842

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$54,632
2027	102-500731	Contracts for Prog Svs	90077028	$54,104
			Sub Total 2027	$108,736
2028	102-500731	Contracts for Prog Svs	90077410	$54,632
2028	102-500731	Contracts for Prog Svs	90077028	$54,104
			Sub Total 2028	$108,736
			Sub Total	$217,472

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$86,750
2028	102-500731	Contracts for Prog Svs	90077410	$86,750
			Sub Total	$173,500

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$245,180
2027	102-500731	Contracts for Prog Svs	90077028	$54,107
			Sub Total 2027	$299,287
2028	102-500731	Contracts for Prog Svs	90077410	$245,180
2028	102-500731	Contracts for Prog Svs	90077028	$54,107
			Sub Total 2028	$299,287
			Sub Total	$598,574

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$83,600
2028	102-500731	Contracts for Prog Svs	90077410	$83,600
			Sub Total	$167,200

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$83,600
2028	102-500731	Contracts for Prog Svs	90077410	$83,600
			Sub Total	$167,200

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90077410	$88,550
2028	102-500731	Contracts for Prog Svs	90077410	$88,550
			Sub Total	$177,100
			SUB TOTAL	***$2,688,494***

05-95-92-920510-33800000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, PREVENTION SERVICES

100% General Funds

CADY, Inc. — Vendor # 171395-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

			Sub Total	$8,860

Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860

Partnership for Public Health, Inc. Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860

Mary Hitchcock Memorial Hospital - Sullivan County Region Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	92056508	$4,430
2028	102-500731	Contracts for Prog Svs	92056508	$4,430
			Sub Total	$8,860
			SUB TOTAL	***$106,320***

05-95-90-900510-16280000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, STRENGTHEN PH INFRASTRUCTURE

100% Federal Funds

CFDA #93.967 FAIN #NE11OE000077 Award Date 11/29/2022

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

CADY, Inc. Vendor # 171395-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

Cheshire Medical Center Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

Greater Seacoast Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

Granite United Way - Capitol Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

Granite United Way - Carroll County Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

Granite United Way -South Central Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

Lamprey Health Care, Inc. Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

Partnership for Public Health, Inc. Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2027	102-500731	Contracts for Prog Svs	90162801	$10,000
2028	102-500731	Contracts for Prog Svs	90162801	$10,000
			Sub Total	$20,000
			SUB TOTAL	***$240,000***

TOTAL ALL	**$6,832,334**

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -CAPITAL REGION

	Maximum Points Available	Granite United Way
Technical		
Q1: Experience	**300**	200
Q2: Ability	**400**	200
Q3: Capacity	**300**	199
TOTAL POINTS	**1000**	**599**
TOTAL PROPOSED VENDOR COST		*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -CARROLL COUNTY REGION

	Maximum Points Available	Granite United Way	Partnership for Public Health
Technical			
Q1: Experience	**300**	190	99
Q2: Ability	**400**	220	80
Q3: Capacity	**300**	225	60
TOTAL POINTS	**1000**	**635**	**239**
TOTAL PROPOSED VENDOR COST		*Not Applicable - No Cost Proposal for RFA*	

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -CENTRAL REGION

	Maximum Points Available	Communities for Alchohol and Drug-Free Youth	Partnership for Public Health
Technical			
Q1: Experience	**300**	175	150
Q2: Ability	**400**	275	120
Q3: Capacity	**300**	190	65
TOTAL POINTS	**1000**	**640**	**335**
TOTAL PROPOSED VENDOR COST		*Not Applicable - No Cost Proposal for RFA*	

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -Greater Manchester Region

	Maximum Points Available	Manchester Health Department
Technical		
Q1: Experience	**300**	97
Q2: Ability	**400**	70
Q3: Capacity	**300**	50
TOTAL POINTS	**1000**	**217**

TOTAL PROPOSED VENDOR COST	*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -Greater Monadnock REGION

	Maximum Points Available	Cheshire Medical Center
Technical		
Q1: Experience	**300**	275
Q2: Ability	**400**	395
Q3: Capacity	**300**	300
TOTAL POINTS	**1000**	**970**

TOTAL PROPOSED VENDOR COST	*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -Greater Nashua Region

	Maximum Points Available	City of Nashua
Technical		
Q1: Experience	**300**	200
Q2: Ability	**400**	266
Q3: Capacity	**300**	250
TOTAL POINTS	**1000**	**716**

TOTAL PROPOSED VENDOR COST	*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
3	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -North Country Region

	Maximum Points Available	North Country Health Consortium
Technical		
Q1: Experience	**300**	75
Q2: Ability	**400**	135
Q3: Capacity	**300**	100
TOTAL POINTS	**1000**	**310**

TOTAL PROPOSED VENDOR COST	*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
3	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -Seacoast Region

	Maximum Points Available	Lamprey Healthcare
Technical		
Q1: Experience	**300**	225
Q2: Ability	**400**	350
Q3: Capacity	**300**	235
TOTAL POINTS	**1000**	**810**

TOTAL PROPOSED VENDOR COST	*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -SOUTH CENTRAL REGION

	Maximum Points Available	Granite United Way
Technical		
Q1: Experience	**300**	278
Q2: Ability	**400**	380
Q3: Capacity	**300**	250
TOTAL POINTS	**1000**	**908**

TOTAL PROPOSED VENDOR COST	*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -Strafford County Region

	Maximum Points Available	Greater Seacoast Community Health
Technical		
Q1: Experience	**300**	300
Q2: Ability	**400**	395
Q3: Capacity	**300**	300
TOTAL POINTS	**1000**	**995**
TOTAL PROPOSED VENDOR COST		*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -Sullivan County Region

	Maximum Points Available	Mary Hitchcock Memorial Hospital
Technical		
Q1: Experience	**300**	199
Q2: Ability	**400**	325
Q3: Capacity	**300**	300
TOTAL POINTS	**1000**	**824**
TOTAL PROPOSED VENDOR COST		*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS -Upper Valley Region

	Maximum Points Available	Mary Hitchcock Memorial Hospital
Technical		
Q1: Experience	**300**	215
Q2: Ability	**400**	300
Q3: Capacity	**300**	275
TOTAL POINTS	**1000**	**790**
TOTAL PROPOSED VENDOR COST		*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

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

Project ID # RFA-2027-DPH-01-REGIO

Project Title REGIONAL PUBLIC HEALTH NETWORKS - Winnipesaukee/Lakes Region

	Maximum Points Available	Partnership for Public Health
Technical		
Q1: Experience	**300**	150
Q2: Ability	**400**	150
Q3: Capacity	**300**	97
TOTAL POINTS	**1000**	**397**

TOTAL PROPOSED VENDOR COST	*Not Applicable - No Cost Proposal for RFA*

	Reviewer Name	Title
1	Stephanie Locke	Emergency Preparedness, Response and Recovery Bureau Chief
2	Karen Hammond	Finance Administrator
	Adnela Alic	Readiness and Response Chief
4	Amanda Spreeman	Prevention Services Specialist

Subject: RFA-2027-DPH-01-REGIO -01

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 Granite United Way		1.4 Contractor Address 22 Concord Street, Floor 4 Manchester, NH 03101	
1.5 Contractor Phone Number 603-625-6939	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2028	1.8 Price Limitation $1,634,984
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: Nichole Martin Reimer 07050DE8A002484... Date: 5/11/2026		1.12 Name and Title of Contractor Signatory Nichole Martin Reimer CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB83F9704C7... 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: DocuSigned by: Robyn Guarino 748734844941460... On: 5/19/2026			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials Initial MMR

Date 5/11/2026

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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.

Initial

Contractor Initials MMK

Date 5/11/2026

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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.

Initial

Contractor Initials MMK

Date 5/11/2026

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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.

Contractor Initials Initial MMK
Date 5/11/2026

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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 four (4) 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 9, Termination, Subparagraph 9.2., is amended as follows:

9.2. Termination Procedure

9.2.1. In the event of the termination pursuant to Subparagraph 9.1., the Contractor shall immediately stop all work hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. The State will pay for cost of all Services and Deliverables for which Acceptance has been given by the State, provided through the date of termination but will not be liable for any costs for incomplete Services or winding down the Contract activities. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

9.2.2. Upon termination of the Contract, the State, in addition to any other rights provided in the Contract, may require Contractor to deliver to the State any property, including without limitation, Software and Written Deliverables, for such part of the Contract as has been terminated. After receipt of a notice

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of termination, and except as otherwise directed by the State, Contractor shall:

a. Stop work under the Contract on the date, and to the extent specified, in the notice;

b. Promptly, but in no event longer than ten (10) days after termination, terminate its orders and subcontracts related to the work which has been terminated, and settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of the State to the extent required, which approval or ratification shall be final for the purpose of this Section;

c. Take such action as the State directs, or as necessary to preserve and protect the property related to the Contract which is in the possession of Contractor and in which the State has an interest;

d. Take no action to intentionally erase or destroy any State Data, which includes State Data held by the Contractor's subcontractors;

e. Transfer title to the State and deliver in the manner, at the times, and to the extent directed by the State, any property which is required to be furnished to the State and which has been accepted or requested by the State;

f. Work with the State to develop a Services and Data Transition Plan per the "Contract End-of-Life Transition" requirements within this Contract; and

g. Provide written Certification to the State that Contractor has surrendered to the State all said property.

9.2.3. If the Contract has expired, or terminated prior to the Completion Date, for any reason, the Contractor must provide, for a period up to ninety (90) days after the expiration or termination, all transition services requested by the State, at no additional cost, to allow for the expired or terminated portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees ("Transition Services").

9.2.4. This covenant in paragraph 9 shall survive the termination of this Contract.

1.5. Paragraph 10, Property Ownership/Disclosure, Subparagraphs 10.2., through 10.8., is amended as follows:

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. The data must be returned to the State in a manner and format agreeable to the State.

10.3. Disclosure of data, information and other records shall be governed by NH RSA chapter 91- A and/or other applicable law, and Exhibit E - DHHS Information Security Requirements. Disclosure requires prior written approval of the State.

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10.4. In performing its obligations under this Agreement, Contractor may gain access to Confidential Information of the State. Confidential Information is defined in Exhibit E - DHHS Information Security Requirements.

10.5. Subject to applicable federal or State laws and regulations, Confidential Information shall not include information which:

10.5.1. Shall have otherwise become publicly available other than as a result of disclosure by the receiving Party in breach hereof;

10.5.2. Was disclosed to the receiving Party on a non-confidential basis from a source other than the disclosing Party, which the receiving Party believes is not prohibited from disclosing such information as a result of an obligation in favor of the disclosing Party; or

10.5.3. Is disclosed with the written consent of the disclosing Party.

10.6. A receiving Party also may disclose the disclosing Party's Confidential Information to the extent required by law or an order of a court of competent jurisdiction. Any disclosure of the Confidential Information shall require the prior written approval of the State. Contractor shall immediately notify the State if any request, subpoena or other legal process is served upon Contractor regarding the Confidential Information, and Contractor shall cooperate with the State in any effort the State undertakes to contest the request, subpoena or other legal process, at no additional cost to the State.

10.7. Contractor Confidential Information. Contractor shall clearly identify in writing all information it claims to be confidential or proprietary upon providing such information to the State. For the purposes of complying with its legal obligations, the State is under no obligation to accept the Contractor's designation of material as confidential. Contractor acknowledges that the State is subject to State and federal laws governing disclosure of information including, but not limited to, RSA Chapter 91-A. In the event the State receives a request for the information identified by Contractor as confidential, the State shall notify Contractor and specify the date the State will be releasing the requested information. At the request of the State, Contractor shall cooperate and assist the State with the collection and review of Contractor's information, at no additional expense to the State. Any effort to prohibit or enjoin the release of the information shall be Contractor's sole responsibility and at Contractor's sole expense. If Contractor fails to obtain a court order enjoining the disclosure, the State shall release the information on the date specified in the State's notice to Contractor, without any liability to the State.

10.8. This covenant in paragraph 10 shall survive the termination of this Contract.

1.6. Paragraph 12, Assignment/Delegation/Subcontracts, Subparagraph 12.1., is amended as follows:

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. In the event that the State does not consent to the assignment the State shall have the option to

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immediately terminate the Agreement without liability to or further compensation owed to Contractor, its successors or assigns.

1.7. 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 must 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 must manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor must annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance. Failure to enter into Business Associate Agreements with its subcontractors that create or receive protected health information on the behalf of the State through this Contract, and failure to comply with the implementation specifications for such agreements is a direct HIPAA violation by the Contractor.

1.8. The following Paragraphs are added and made part of the P37:

27. Force Majeure

27.1. Neither Contractor nor the State shall be responsible for delays or failures in performance resulting from events beyond the control of such Party and without fault or negligence of such Party. Such events shall include, but not be limited to, acts of God, strikes, lock outs, riots, and acts of War, epidemics, acts of Government, fire, power failures, nuclear accidents, earthquakes, and unusually severe weather.

27.2. Except in the event of the foregoing, Force Majeure events shall not include the Contractor's inability to hire or provide personnel needed for the Contractor's performance under the Contract.

28. Requirements for Web Content and Mobile Application Accessibility.

28.1. Under Title II of the Americans with Disabilities Act, the State is required to provide equal access to all of its services, programs, and activities that are provided or made available to the public (whether directly or through contractual, licensing, or other arrangements) via the web and mobile applications. Accordingly, all web content and mobile applications developed, delivered, or otherwise furnished by Contractor pursuant to the terms and conditions of this Agreement shall comply with all applicable accessibility requirements under 28 C.F.R. § 35.200 and the technical standards for web content and mobile application accessibility specified in version 2.1., of the Web Content Accessibility Guidelines at Level AA conformance.

28.2. Contractor acknowledges and agrees that the State may require Contractor's compliance with the web content and mobile application accessibility standards

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set forth in Paragraph 28.1., to be determined by a third-party selected by the State in its sole and discretion.

29. Exhibits/Attachments

The Exhibits and Attachments referred to in and attached to the Contract are incorporated by reference as if fully included in the text of the Contract.

30. Non-Exclusive Contract

The State reserves the right, at its discretion, to retain other vendors to provide any of the Services or Deliverables identified under this Agreement. Contractor shall make best efforts to coordinate work with all other State vendors performing Services which relate to the work or Deliverables set forth in the Agreement. The State intends to use, whenever possible, existing Software and hardware contracts to acquire supporting Software and hardware.

31. Prohibited Technologies

a. No equipment or services listed on the State of New Hampshire's Prohibited Technologies List may be used, as required by in Executive Order 2022-09; and

b. No equipment or services on the FCC Covered List may be used as required by The Secure and Trusted Communications Networks Act of 2019, Pub. L. No. 116-124, 133 Stat. 158 (2020) (codified as amended at 47 U.S.C. §§ 1601–1609).

32. Order Of Precedence

In the event of conflict or ambiguity among any of the text within this agreement, the following Order of Precedence shall govern:

In the event of conflict or ambiguity among any of the text within the awarded Agreement, the following Order of Precedence shall govern:

i. State of New Hampshire, Department of Health and Human Services Contract Agreement.

ii. State of New Hampshire, Department of Health and Human Services RFP.

iii. Vendor Proposal Response.

iv. Additional Contractor Provided Documents, if applicable.

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Scope of Services

1. Statement of Work

1.1. The Contractor must serve as a lead organization to oversee a Regional Public Health Network (RPHN) and ensure the delivery of public and behavioral health services within the Capital, Carroll, and South Central regions. The Contractor must provide a broad range of public health services for the following Department programs:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care (CoC) Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Public Health Advisory Council (PHAC).

1.1.5. Public Health Emergency Preparedness, including:

1.1.5.1. Community Preparedness;

1.1.5.2. Regional Stakeholder Engagement;

1.1.5.3. Regional Community Engagement;

1.1.5.4. Response Readiness;

1.1.5.5. Training and Exercises;

1.1.5.6. Response Capacity; and

1.1.5.7. Volunteer Management.

1.2. **Substance Misuse Prevention**. The Contractor must provide the following services:

1.2.1. Leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-informed primary prevention approaches, programs, policies, and services in collaboration with the Department's Bureau of Drug and Alcohol Services (BDAS), including:

1.2.1.1. Implementation of the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework which includes assessment, capacity development, planning, implementation, and evaluation.

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1.2.1.2. Ensuring focus on collaboration with other prevention statewide funded programs, including but not limited to: Juvenile Justice Network, Getting to Y- NH, NH Harm Reduction Coalition, Multi-tiered System of Support-Behavioral Health, Student Assistance Network, and Young Adult Strategies.

1.2.1.3. Utilizing a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. The Contractor must ensure regional data driven primary prevention approaches are consistent with the Center for Substance Abuse Prevention (CSAP) categories, but do not need to include all CSAP categories.

1.2.1.4. Supporting and advancing the implementation of evidenced-informed approaches, programs, policies, and services within the region served through community engagement and mobilization.

1.2.1.5. Advancement, promotion, and implementation of substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.1.6. Compliance with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.1.7. Ensuring substance misuse prevention is addressed at PHAC meetings, and with a bi-directional exchange of

information, to advance efforts of substance misuse prevention initiatives.

1.2.1.8. Assisting, as directed by the Department's BDAS, with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.3. Substance Misuse Prevention Coordination and CoC Facilitation. The Contractor must:

1.3.1. Consider and apply the SPF and Assets and Gaps Analysis, and in collaboration with the Department's BDAS, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year Strategic Plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.3.2. Develop a bi- annual Work Plan for Department approval that guides actions and includes outcome-based performance measures and alignment with the three (3) year Strategic Plan. Based on changing and emerging local conditions, the Contractor must adapt Work Plans as necessary with approval by the Department.

1.3.3. Report progress on the Work Plan and three (3) year Strategic Plan including outcomes via a secure depository system approved or directed by the Department.

1.3.4. Report activity data accurately into a system designated or approved by the Department on a monthly basis.

1.3.5. Maintain a substance misuse leadership team consisting of regional representatives with special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.3.6. Produce and disseminate an Annual Report that demonstrates successes, challenges, outcomes from the previous year and projected deliverables for the following year, as directed and approved by BDAS.

1.3.7. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.4. Continuum of Care

1.4.1. The Contractor must facilitate implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), in collaboration with the Department's BDAS, ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.4.2. The Contractor must provide leadership and support for activities that assist the Department's BDAS in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor must:

1.4.2.1. Engage regional partners in conducting a regional asset and gap analysis, and ongoing update of regional assets and gaps. The Contractor must ensure regional partners include:

1.4.2.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.4.2.1.2. Primary health care providers.

1.4.2.1.3. Behavioral health care providers.

1.4.2.1.4. Other interested and/or affected parties approved by the Department.

1.4.2.2. Facilitate and/or provide support for initiatives that result in:

1.4.2.2.1. Increased awareness of and access to services.

1.4.2.2.2. Increased communication and collaboration among providers.

1.4.2.2.3. Increased capacity and delivery of services.

1.4.2.3. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.4.2.4. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorways.

1.4.2.5. Collaborate with the Contractor's partnering stakeholders/organizations to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.4.2.5.1. Health service providers.

1.4.2.5.2. Public and charter schools and institutes of higher education.

1.4.2.5.3. Police and fire stations.

1.4.2.5.4. Municipal government buildings.

1.4.2.5.5. Businesses in every community of the region.

1.4.2.5.6. Other organizations, as directed by the Department.

1.4.2.6. Disseminate and distribute overdose prevention education resources, Naloxone, testing strips and Naloxone kits to reach high-need, high-risk populations within the region served.

1.4.2.7. Engage regional stakeholders to assist with information dissemination.

1.5. The Contractor must provide Substance Misuse Prevention and CoC technical assistance and training, as requested, in formats specified by the Department, including but not limited to, the following:

1.5.1. Attendance at community of practice meetings and/or activities.

1.5.2. Working with designated BDAS technical assistance and data and/or evaluation contractors to develop metrics and measures to evaluate outcomes and use aggregate data and tools to demonstrate outcomes.

1.5.3. Attendance at all regularly scheduled Department RPHN substance misuse meetings.

1.5.4. Attendance at additional meetings, conference calls, and webinars

as required by the Department.

1.5.5. Ensuring the Substance Misuse Prevention Coordination (SMPC) lead staff are credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.5.6. Ensuring SMPC lead staff attend required trainings, including Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.5.7. Ensuring CoC facilitation lead staff are familiar with the SPF and RROSC systems development within NH.

1.6. **Overdose Prevention Response.** The Contractor must:

1.6.1. Conduct an initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN, at the direction of the Department, for the project period.

1.6.2. Conduct a needs assessment to inform response efforts that include:

1.6.2.1. Gathering regional and local level data related to alcohol and other drug overdoses.

1.6.2.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.6.2.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include:

1.6.2.3.1. Doorways.

1.6.2.3.2. Recovery care organizations.

1.6.2.3.3. Treatment providers.

1.6.2.3.4. Law enforcement.

1.6.2.3.5. Hospitals.

1.6.2.3.6. Other organizations, as directed by the Department.

1.6.3. Utilize the data from the assessment to develop a community map

that identifies community assets and resources of the partner agencies across the continuum of care and distribute and disseminate resources.

1.6.4. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

1.6.5. Participate in other training courses and meetings, as requested by the Department.

1.7. **Public Health Advisory Council**. The Contractor must:

1.7.1. Coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction for public health activities within the region served.

1.7.2. Maintain a set of operating guidelines or by-laws for the PHAC.

1.7.3. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team to complete the following:

1.7.3.1. Approve regional health priorities and implement high-level deliverables and strategies.

1.7.3.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.7.3.3. Form and/or identify already existing committees and workgroups to address specific strategies and public health topics.

1.7.3.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.7.3.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.7.3.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.7.4. Ensure the PHAC leadership team meets at least quarterly to complete the following:

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1.7.4.1. Draft and share of meeting minutes are available to the public upon request.

1.7.4.2. Ensure all members of the PHAC sign a conflict- of-interest statement, as provided by the Department.

1.7.4.3. Coordinate with the Department to collect, analyze, and disseminate data related to the health status of the region, educate network partners about on-line and other sources of data, and participate in community health assessments.

1.7.4.4. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complementary and shared public health outcomes.

1.7.4.5. Review the regional CHIP and SHIP annually and develop action plans for the services in this RFA, as advised by the PHAC.

1.7.4.6. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.7.4.7. Publish an Annual Report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.7.4.8. Advance the work of RPHNs by conducting educational and training programs annually to RPHN partners and others.

1.7.4.9. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.7.4.10. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the

PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.8. The Contractor must provide PHAC technical assistance and training, as requested, in formats specified by the Department. This includes, but is not limited to:

1.8.1. Attendance at semi-annual meetings of PHAC leadership convened by Department's Division of Public Health and/or BDAS.

1.8.2. Completion of a PHAC technical assistance needs assessment in a format approved by the Department.

1.9. **Public Health Emergency Preparedness.** The Contractor must provide the following services:

Community Preparedness

1.9.1. The Contractor must provide leadership and coordination to improve regional public health emergency response plans and ensure partner organizations have the capacity to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor must:

1.9.1.1. Submit an annual Work Plan by July 30th in Year 1 of the Agreement, and thereafter, submit an annual a 12-month Work Plan by June 1st utilizing a Department-provided template addressing regional preparedness priorities that are aligned with the Scope of Services in this Agreement and reflect the Center for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

1.9.1.2. Attend and participate in all statewide and regional meetings as directed by the Department, including:

1.9.1.2.1. Public Health Emergency Preparedness (PHEP)/Volunteer Management meetings held every two (2) months and led by the Department.

1.9.1.2.2. Monthly Regional Public Health Network (RPHN)/State Coordination Calls led by the Department.

1.9.1.2.3. Quarterly Hospital Emergency Management Coordination (HEMC)/RPHN meetings led by the Granite State Healthcare Coalition and the Department.

1.9.1.3. Facilitate other meetings as directed by the Department.

1.9.1.4. Participate in the following projects, as directed by the Department:

1.9.1.4.1. The annual RPHN PHEP site visit with the RPHN Administrator to assess contract and programmatic compliance, including:

1.9.1.4.1.1. Compliance with contract requirements, including planning, training, exercise, response readiness, volunteer management, financial reporting, and reporting on Work Plan activities.

1.9.1.4.1.2. Implementation of preparedness activities outlined in the regional Work Plan.

1.9.1.4.1.3. Tracking and reporting on progress for any corrective actions identified during the visit indicating which corrective actions have been resolved.

1.9.1.5. Participate in a biennial site visit with the Department's Strategic National Stockpile (SNS) coordinator and RPHN program administrator to assess capacity and readiness, which includes:

1.9.1.5.1. Completing the Department-provided evaluation workbook.

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1.9.1.5.2. Attending the SNS site visit to review the workbook, verify its components, and discuss findings.

1.9.1.5.3. Identifying at least one (1) area for improvement within the program area, by the end of each biennial SNS site visit,

1.9.1.5.4. Developing and submitting an improvement plan within 30 days of the SNS site visit including a timeline for completion.

1.9.1.5.5. Incorporating corrective actions identified in the SNS Improvement Plan into regional priorities and plans.

1.9.1.5.6. Reporting on progress on corrective actions at three (3), six (6), nine (9), and twelve (12) month intervals indicating which corrective actions have been resolved.

1.9.1.5.7. Participation in at least 90% of Department-led Regional Public Health Emergency Annex (RPHEA) template project meetings to support the development of new and revision of current RPHEA template components.

1.9.1.5.8. Reviewing and updating the RPHEA Base Plan every two (2) years, making sure to incorporate partner feedback.

1.9.1.5.9. Submitting the updated RPHEA Base Plan to the Department's SharePoint site by April 1st every two (2) years for review and feedback.

1.9.1.5.10. Incorporating feedback into the final RPHEA Base Plan and uploading it to the Department's SharePoint site by June 30 of each contract year.

1.9.1.6. In collaboration with regional partners and designated workgroups, conduct an annual review and update of the RPHEA Annexes and Attachments, including the

Critical Contact Sheet, Facility Activation Attachments, and other RPHEA components prioritized by the Department. This process must include the following actions:

1.9.1.6.1. Submitting updated Annexes and Attachments to the Department's SharePoint site for review and feedback.

1.9.1.6.2. Incorporating feedback into the RPHEA Annexes and Attachments and uploading the final versions to the Department's SharePoint site each contract year.

1.9.2. The Contractor must disseminate the Department-approved updated RPHEA plan to all identified regional partners and conduct at least two (2) training or education sessions to ensure that a minimum of 80% of partners demonstrate awareness of their roles and responsibilities outlined in the RPHEA, as assessed through a post-training evaluation, by June 30th of each contract year.

1.9.3. The Contractor must participate in the development of the Statewide Jurisdictional Risk Assessment (JRA), as directed by the Department, ensuring regional risks are identified and incorporated into the State JRA report, which includes:

1.9.3.1. Attending scheduled JRA sessions.

1.9.3.2. Providing regional input during JRA sessions.

1.9.3.3. Within three (3) business days of receiving the Department's request, distributing surveys to partners to gather input for the JRA, ensuring at least 75% of identified regional partner organizations respond

1.9.4. The Contractor must participate in the development of the Statewide Integrated Preparedness Plan (IPP) by attending the IPP workshop and providing regional input.

1.9.5. The Contractor must hold regional workshops to gather partner input on public health and health care priorities, including:

1.9.5.1. Using the Department-provided template, annually updating the regional IPP, ensuring it includes a four (4)-year calendar that addresses all PHEP elements

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including Preparedness (P), Skills/Training/Exercises (S/T/Ex), and Equipment and Technology (E/T).

1.9.5.2. Submitting the finalized regional IPP to the Department by May 1st annually for review and approval.

1.9.5.3. Uploading the final regional IPP to the Department's SharePoint site by June 1st annually.

1.9.6. The Contractor must maintain active access to and operational capability in all required systems designated or approved by the Department, ensuring readiness through regular monthly or quarterly logins and completion of associated reporting requirements.

1.9.7. The Contractor must promote training opportunities at least twice annually for applicable systems designated or approved by the Department and related modules to community organizations, partners, and volunteers. Training announcements must be distributed to all identified partners and volunteer groups, as appropriate, by June 30th of each contract year.

1.9.8. The Contractor must ensure all account information is up to date and inform the Department about any personnel or access changes as soon as possible, but no later than three (3) business days.

Regional Partner Engagement

1.9.9. The Contractor must identify, engage, integrate, strengthen, and sustain community partnerships to improve public health preparedness, community resilience, and the capacity of partnering organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. This includes, at a minimum, the following activities:

1.9.9.1. Ensuring the PHEP Planning Committee has multidisciplinary partner representation, including at least one (1) representative from each of the following sectors within the RPHN catchment area:

1.9.9.1.1. Long-Term Care Facilities (LTCFs).

1.9.9.1.2. Home Health Agencies.

1.9.9.1.3. Behavioral Health Providers (must include a representative from a Community Mental Health Center).

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1.9.9.1.4. Urgent Care Centers (at least one representative from each chain).

1.9.9.1.5. Pharmacy Chains.

1.9.9.1.6. Independent Pharmacies.

1.9.9.1.7. Correctional Facilities (where applicable).

1.9.9.1.8. A school district or school superintendent.

1.9.9.1.9. Local fire department official.

1.9.9.1.10. Emergency Medical Services (EMS), including volunteer, fire-based, private, and municipality-based services.

1.9.9.1.11. Law Enforcement officials.

1.9.9.1.12. Representation from each organization/partner in the following sectors:

1.9.9.1.12.1. Hospitals.

1.9.9.1.12.2. Local Emergency Management Agencies or officials.

1.9.9.1.12.3. Homeland Security and Emergency Management (HSEM) Community Stakeholder Liaisons serving the RPHN catchment area.

1.9.9.1.12.4. Local Health Officers.

1.9.9.2. Convening Regional PHEP Planning Committee meetings at least every other month, with participating from the sectors outlined in Section 1.9.9.1.

1.9.9.3. Consulting additional regional partners (e.g., faith-based organizations, key business partners, civic groups) to inform plan development.

1.9.9.4. Maintaining an up-to-date contact list by sector, as outlined in Section 1.8.7.1.

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1.9.9.5. Discussing workforce challenges and gaps related to volunteer management and incorporate partner feedback into volunteer training.

1.9.10. The Contractor must disseminate all Health Alert Network (HAN) messages to eligible local partners within one (1) business day for non-emergency messages and within two (2) hours for urgent messages, for each contract year. This includes:

1.9.10.1. Promoting enrollment into the HAN system to eligible regional partners. Eligible HAN partners include, but are not limited to:

1.9.10.1.1. State and local health officers,

1.9.10.1.2. Hospitals and healthcare facilities,

1.9.10.1.3. Emergency medical services (EMS),

1.9.10.1.4. Local public health and safety officials,

1.9.10.1.5. Clinical providers,

1.9.10.1.6. Emergency management agencies, and

1.9.10.1.7. Other public health, healthcare, and emergency response organizations identified by the Department as critical to public health preparedness and response.

Regional Community Engagement

1.9.11. The Contractor must complete the following Regional Community Engagement activities:

1.9.11.1. By June 30th of each contract year, coordinate at least eight (8) community preparedness training courses on the following topics:

1.9.11.1.1. Family, individual, and pet preparedness sessions (minimum of two (2) per year).

1.9.11.1.2. “Stop the Bleed” training (minimum of four (4) per year).

1.9.11.1.3. CPR/First Aid (minimum of two (2) per year).

1.9.11.2. For each Community Preparedness training, the Contractor must:

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1.9.11.2.1. Coordinate training logistics including securing training venue, coordinating trainers, developing and disseminating promotional materials, and managing training registration.

1.9.11.2.2. Develop training content, if applicable.

1.9.11.2.3. Ensure training materials are prepared and available during the preparedness training. Any existing materials should be used with minor adjustments allowed to tailor content for specific audiences.

1.9.11.2.4. Collect and submit post-training evaluation documentation in a format approved by the Department.

1.9.11.2.5. Participate in the Department's annual community preparedness awareness activities, including:

1.9.11.2.5.1. Sharing all of the Department's social media and community preparedness press releases.

1.9.11.2.5.2. Attending at least one (1) regional emergency preparedness awareness event annually to promote individual, family, or pet preparedness, either in coordination with the Department or at an independently identified event that meets the same goal, using Department-provided or Department-approved materials.

1.9.11.2.5.3. Promoting NH Alerts enrollment via partner channels and social media at least twice per year.

using methods such as email campaigns, newsletters, RPHN presentations, and meetings.

Response Readiness

1.9.12. The Contractor must maintain the capability to respond to all-hazard emergencies with public health and healthcare impacts by directly managing small-scale response activities, defined as activities that can be managed and resolved using available local or regional resources, and participating in Department-led larger scale responses. All hazard emergencies may include, but are not limited to:

1.9.12.1. Biological Incidents: Accidental or natural outbreaks of high-consequence diseases, or the intentional release of pathogens (e.g., bacteria, viruses, or toxins) that may cause widespread illness, disability, or death in humans or animals.

1.9.12.2. Natural Hazards: Hurricanes, floods, earthquakes, wildfires, severe storms, tornadoes, winter weather events, and other natural disasters that disrupt community health and healthcare services.

1.9.12.3. Technological and Infrastructure Hazards: Dam or levee failures, chemical or radiological spills or releases, nuclear accidents, and other technological or infrastructure failures that threaten public health and safety.

1.9.12.4. Human-Caused Incidents: Intentional acts such as terrorism, mass violence, or other deliberate disruptions.

Training and Exercises

1.9.13. The Contractor must ensure participation in all Department-led open and closed Points of Dispensing (POD) planning activities, as requested. This includes meetings, trainings, workshops, and exercises for each contract year. PODs include:

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1.9.13.1. Open PODs: Public locations such as schools, community centers, municipal buildings, public clinics, etc.

1.9.13.2. Closed PODs: Targeted sites not open to the public that offer Medical Countermeasures (MCMs), such as long-term Care facilities, businesses, and police/fire departments, and that dispense medication or MCMs to a specific population (e.g., residents or employees).

1.9.14. The Contractor must participate in statewide full-scale exercises testing medical surge and/or POD response plans as requested by the Department. This includes:

1.9.14.1. Coordinating with the Department on emergency scenarios and the scope of the exercise.

1.9.14.2. Serving as the regional exercise lead, establishing and guiding a planning team to coordinate local and regional participation, and overseeing the successful design, conduct, and evaluation of the exercise.

1.9.14.3. Participating in exercises, such as open POD activities or volunteer management coordination at medical surge locations.

1.9.14.4. Participating in after-action meetings and providing regional feedback.

1.9.15. The Contractor must conduct a minimum of one (1) regional partner POD training and one (1) regional POD exercise per contract year, following the Homeland Security Exercise and Evaluation Program (HSEEP) framework, which includes:

1.9.15.1. Developing an annual POD training and exercise calendar and distributing it to all regional partners.

1.9.15.2. Managing exercise design and implementation in accordance with the HSEEP framework.

1.9.15.3. Managing training and exercise logistics, including securing space if held in person.

1.9.15.4. Inviting all open and closed POD partners to participate in at least one (1) training or exercise annually and ensuring that at least 75% of both open and closed POD partners attend.

1.9.15.5. Sending invitations and save-the-dates at least 60 days in advance, with regular reminders to maximize partner participation.

1.9.15.6. Managing and tracking registrations and participation.

1.9.15.7. Developing and submitting a corrective action plan to the Department to improve engagement if the 75% participation threshold in Section 1.9.15.4. is not met, to be delivered to the Department within fifteen (15) business days.

1.9.15.8. Implementation of the corrective action plan must be within 30 business days of Department approval unless additional time is approved by the Department in writing.

1.9.16. The Contractor must conduct post-training and post-exercise evaluations using Department-provided templates (e.g., surveys, hotwash/debriefing sessions), which includes:

1.9.16.1. Participating in other Department-led exercises (discussion-based, functional, or full-scale).

1.9.16.2. Completing all required after-action processes within 60 calendar days of each RPHN-led regional exercise.

1.9.16.3. Conducting a debriefing session immediately following the event.

1.9.16.4. Holding at least one (1) after-action meeting with stakeholders for every exercise conducted.

1.9.17. The Contractor must develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within sixty (60) business days of the exercise. The report must summarize objectives, strengths, areas for improvement, and corrective actions, and be used to track progress and apply lessons learned to future planning, training, and exercises.

Response Capacity

1.9.18. The Contractor must ensure readiness and capacity for PHEP and small-scale response events, including the following:

1.9.18.1. Operation of small-scale PODS;

1.9.18.2. Support for large-scale public health operations, such as PODs and other types of public health clinics;

1.9.18.3. Support for medical countermeasure distribution to home-based populations;

1.9.18.4. Disaster sheltering operations; and

1.9.18.5. Surge capacity through Neighborhood Emergency Health Center (NEHC), Alternate Health System (AHS), and Family Assistance Center (FAC)/Family Reunification Centers (FRC).

1.9.19. The Contractor must plan for and maintain small-scale response capability, including the ability to independently operate an open POD serving up to 250 people per day for three (3) consecutive days within 72 hours of notice, as directed by the Department and per Department guidance. PODs must be located in areas accessible to at-risk populations and people with disabilities. This includes:

1.9.19.1. Identifying and maintaining agreements with Open POD facilities.

1.9.19.2. Maintaining Open POD operational plans and agreements.

1.9.19.3. Updating Open POD facility point-of-contact lists annually.

1.9.19.4. Operating under the medical direction (if applicable) of the Department or its designated medical contractor.

1.9.19.5. Making copies of standing orders, emergency protocols, and Vaccine Adverse Event Reporting System (VAERS) instructions available at all clinics.

1.9.19.6. Independently managing all operational aspects, including site set up and logistics, staffing and role assignments, client flow and operations, implementation of medical guidance and standing orders, communication with the Medical Director or designee, inventory management, responder safety and health, communications and information management, throughput and efficiency, and demobilization and recovery, as outlined in the RPHEA.

1.9.20. The Contractor must recruit, train, and retain qualified medical and non-medical volunteers to support clinic operations. Qualified medical staff must have the following credentials:

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1.9.20.1. Clinical license or copy from the NH online license verification showing the license type, expiration, and status (e.g. RNs, APRNs, FNP-Cs, MDs, DOs).

1.9.20.2. Current Basic Life Support (BLS) certification.

1.9.21. The Contractor must procure necessary supplies to conduct vaccine clinics, including but not limited to emergency management medications, equipment, and needles.

1.9.22. The Contractor must complete the required clinic operational reports within thirty (30) business days of the event, including the final throughput report and final inventory usage report.

1.9.23. The Contractor must report any adverse events or incidents:

1.9.23.1. Within two (2) business days for unusual events not related to individual safety

1.9.23.2. As soon as possible, but within 24 hours, for events impacting individual safety, including adverse reactions, medication errors, patient consent errors, or any other life safety event compromising care or safety.

1.9.24. Within sixty (60) business days after an incident closes, the Contractor must complete all required after-action processes, including:

1.9.24.1. Conducting a debriefing immediately following the event.

1.9.24.2. Holding at least one (1) after-action meeting with stakeholders.

1.9.24.3. Developing and submitting an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.25. The Contractor must ensure proper vaccine storage, handling, and management, and must:

1.9.25.1. Submit a signed Vaccine/Immunoglobulin (IG)/Pharmaceutical Management Agreement to New Hampshire Immunization Program (NHIP) annually, ensuring all listed requirements are met by providers administering vaccines, IG, or other NHIP-supplied pharmaceuticals.

1.9.25.2. Submit a signed Vaccination Provider Agreement to NHIP annually.

1.9.25.3. Ensure the PHEP Coordinator completes the NHIP vaccination training annually.

1.9.25.4. Retain a copy of PHEP Coordinator training certificates on file.

1.9.25.5. Use NHIP training materials or other Department-approved materials to train POD staff on vaccine administration, ordering, storage, and handling.

1.9.25.6. Retain a copy of all training materials on site for reference during PODs.

1.9.25.7. Ensure vaccine is stored at the manufacturer's recommended temperatures at all times while in the Contractor's custody.

1.9.25.8. Record temperatures twice daily, AM and PM, during normal business hours for the primary refrigerator, and hourly when the vaccine is stored outside the primary refrigerator.

1.9.25.9. Maintain an emergency backup plan in case of primary refrigerator failure.

1.9.25.10. Use temperature data logger for all vaccine monitoring, including while stored in the primary refrigerator and during any time outside of it.

1.9.25.11. Complete the following for the vaccine supply:

1.9.25.11.1. Account for every dose of vaccine.

1.9.25.11.2. Submit a monthly temperature log for the vaccine storage refrigerator.

1.9.25.11.3. In the event of a vaccine temperature excursion (i.e., when stored vaccine experiences temperatures outside the manufacturer's recommended range), the Contractor must:

1.9.25.11.3.1. Immediately quarantine the vaccine in an appropriate temperature-controlled setting, separate it from other vaccine, and label it "DO NOT USE."

1.9.25.11.3.2. Contact the manufacturer immediately to explain the duration and temperature

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details of the event to determine if the vaccine is still viable.

1.9.25.11.3.3. Notify NHIP immediately after contacting the manufacturer.

1.9.25.11.3.4. Submit a Cold Chain Incident Report and Data Logger Report to NHIP within 24 hours of the temperature excursion.

1.9.25.12. Ensure consent for vaccination, medication administration, infectious disease testing, and participation in New Hampshire Immunization Information System (NHIIS). The Contractor must:

1.9.25.12.1. Use the consent processes provided by medical direction, approved by the Department, to obtain consent from parents/legal guardians of individuals under age 18, and for individuals over the age of 18 who have a legal guardian.

1.9.25.12.2. Distribute, obtain, verify, and store written or electronic consent forms prior to vaccine administration, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations.

1.9.25.12.3. Ensure a signed consent form is obtained before any vaccine, medication, or infectious disease outbreak testing is administered.

1.9.25.12.4. Maintain a written or electronic record of consent via a secure depository system approved or directed by the Department.

1.9.25.12.5. Maintain vaccine administration records for all individuals vaccinated, in compliance with HIPAA and other state and federal regulations.

1.9.25.12.6. Ensure individuals are notified that they may elect not to participate in vaccinations, NHIIS, treatment, and/or testing at any time.

1.9.25.12.7. Provide each patient, or the patients' parent/legal guardian, if applicable, the

opportunity to opt-in or opt-out of NHIIS in accordance with RSA 141-C:20-f, II-a.

1.9.25.12.8. Obtain explicit consent before sending any personal information to NHIIS.

1.9.25.12.9. Only enter vaccine administration records for individuals who have opted in and provided explicit consent.

1.9.25.12.10. Maintain all completed opt-in consent forms, in either paper or electronic format.

1.9.25.12.11. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a Vaccine Information Sheet (VIS) to the patient, legal guardian, or parent on the day of vaccination.

1.9.25.13. The Contractor must perform the following tasks within 24 hours of completing each clinic:

1.9.25.13.1. Update the NHIIS with vaccines administered and wasted, as outlined in Section 1.9.25.12 and in accordance with RSA 141-C:20-f, II-a. This includes:

1.9.25.13.1.1. Ensuring doses entered match the clinical documentation.

1.9.25.13.1.2. Submitting the hourly vaccine temperature log for the period the vaccine was stored outside of the primary refrigerator.

1.9.25.13.1.3. Submitting totals to NHIP outside of the vaccine ordering system, including:

1.9.25.13.1.3.1. Individuals vaccinated, by age group and vaccineformulation/ lot number.

1.9.25.13.1.3.2. Vaccines wasted, by formulation/lot number.

1.9.26. The Contractor must develop and maintain capacity to vaccinate and/or dispense medication to at least 50% of identified home-based populations who do not have access through alternate means, within Department- established timelines, which includes:

1.9.26.1. Developing and annually updating a home health agency contact list.

1.9.26.2. Developing operational procedures and protocols for home-based vaccination/medication dispensing in accordance with the Department's medical direction. These procedures and protocols must, at a minimum, address:

1.9.26.2.1. Criteria for defining "home-based populations" (e.g., homebound individuals, individuals with disabilities, or those lacking transportation).

1.9.26.2.2. Methods for identifying eligible individuals (e.g., home health agency referrals, local registries, social service partners).

1.9.26.2.3. Establishing and maintaining, including annual review and update of, Memorandums of Understanding (MOUs) with home health agencies, visiting nurse services, and other community-based organizations.

1.9.26.2.4. Defining roles and responsibilities for RPHN, volunteers, and partner agency staff.

1.9.26.2.5. Resource planning, including cold chain management, PPE, and communication tools.

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1.9.26.2.6. How teams are activated, assigned, and tracked.

1.9.26.2.7. Client communication, including notification of eligibility, appointment scheduling, and consent procedures.

1.9.26.2.8. Delivery, transport, storage, and administration of MCMs in home settings, including infection control practices.

1.9.26.2.9. Documentation of doses administered, inventory used, and client follow-up in Department-approved systems.

1.9.26.2.10. Responder safety procedures, including PPE use, exposure control, and staff check-ins.

1.9.26.2.11. Real-time communication protocols between dispensing teams, Medical Director/clinical oversight, and the Department.

1.9.26.2.12. Access considerations for individuals with limited English proficiency, low literacy, or hearing/vision impairments.

1.9.26.2.13. Verification of client identity and eligibility.

1.9.26.2.14. Medication/vaccine safety protocols, including proper handling and adverse event response procedures.

1.9.26.2.15. Security of medical supplies during transport and dispensing.

1.9.26.2.16. Annual review and update of home-based dispensing operational procedures and protocols.

1.9.26.2.17. Pre-deployment review of procedures and protocols to ensure alignment with incident-specific response needs.

1.9.26.2.18. Volunteer training on home-based vaccination/medication dispensing procedures and protocols.

1.9.26.2.19. Maintenance of trained volunteer rosters.

1.9.26.2.20. Maintenance of Department-required resources in accordance with specified baseline inventory levels for successful operation, including:

1.9.26.2.20.1. Medical resources (e.g., vaccine administration supplies, basic first aid equipment);

1.9.26.2.20.2. Cold chain and storage equipment (e.g., vaccine refrigerators, data loggers);

1.9.26.2.20.3. Technology and documentation equipment (e.g., laptops, printers);

1.9.26.2.20.4. Transportation and logistics (e.g., secured containers to store documents or medical supplies);

1.9.26.2.20.5. Personal protective equipment (PPE);

1.9.26.2.20.6. Safety and security (e.g., identification badges);

1.9.26.2.20.7. Client support and education materials; and

1.9.26.2.20.8. Administrative and operational resources.

1.9.26.2.21. Conducting at least one (1) annual drill or exercise to test operational readiness.

1.9.26.2.22. Within sixty (60) days after the exercise or incident, completing all required after-action processes, including conducting a hotwash/debriefing immediately following the event, at least one (1) after-action meeting with stakeholders, and submission of an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.26.2.23. Participating in any Department-led After-Action Meetings (AAMs) to provide regional input.

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1.9.27. The Contractor must assist the Department in collecting public feedback on public health initiatives during emergency response, as requested, to inform response activities by:

1.9.27.1. Disseminating Department-developed feedback forms during and after major incidents, as requested.

1.9.27.2. Compiling and submitting completed surveys to the Department.

1.9.27.3. Developing and submitting a summary report within thirty (30) business days of the survey closing date, documenting recommendations or corrective actions based on feedback.

1.9.28. The Contractor must, for each contract year, establish and maintain Closed Point of Dispensing (POD) agreements with at least 75% of healthcare entities, 75% of educational institutions, and other organizations within the catchment area that are capable of independently receiving and administering medical countermeasures. To achieve this, the Contractor must implement the following activities to identify, engage, and formalize agreements with eligible organizations, including:

1.9.28.1. Hospitals and health systems;

1.9.28.2. Long-Term Care and Residential Facilities (e.g., nursing homes, assisted living facilities, and group homes);

1.9.28.3. Outpatient and ambulatory clinics (e.g., community health centers, FQHCs, primary care practices, dialysis centers, specialty clinics with established patient populations);

1.9.28.4. Pharmacies (independent and chain pharmacies with established dispensing infrastructure); and

1.9.28.5. Home health agencies able to provide in-home dispensing for homebound clients.

1.9.29. The Contractor must carry out the following tasks to support the establishment and maintenance of these Closed POD agreements:

1.9.29.1. Recruit and onboard organizations for Closed POD operation to reach target deliverables.

1.9.29.2. Ensure all Closed POD agreements and contact lists are reviewed and updated annually, including verification of

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each organization's continued ability to administer countermeasures.

1.9.29.3. Track participation in Closed POD enrollments and provide the Department with an annual list of all participating organizations.

1.9.29.4. Upload new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.5. Provide the Department with a list of all organizations in the catchment area eligible to serve as Closed PODs but without a signed agreement due to lack of current capability or capacity .

1.9.29.6. For each contract year, establish and maintain Closed POD agreements with all of first responder organizations (local police, fire, and EMS) in the catchment area, which includes:

1.9.29.6.1. Maintaining a list of all first responder agencies in the catchment area.

1.9.29.6.2. Recruiting and onboarding first responder organizations to meet the target goal.

1.9.29.6.3. Contacting uncovered agencies annually to revisit participation.

1.9.29.6.4. Providing the Department with an annual list of participating and non-participating first responder agencies.

1.9.29.6.5. Uploading new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.7. Facilitate delivery of medical countermeasures to all of Closed POD sites, including direct federal shipments when applicable, ensuring receipt and timely reporting to the Department, which includes:

1.9.29.7.1. Tracking countermeasure shipments within the region.

1.9.29.7.2. Confirming receipt of shipment with the Closed POD lead within 24 hours.

1.9.29.7.3. Documenting and resolving shipment discrepancies.

1.9.29.7.4. Submitting a report to the Department that includes a distribution summary, receipt verification, and inventory and supply tracking.

1.9.30. The Contractor must maintain at least one (1) emergency response trailer at inventory levels approved by the Department, keeping trailers in a state of operational readiness so that municipal organizations may access them within 24 hours of request. To meet this requirement, the Contractor must:

1.9.30.1. Inspect trailers quarterly for damage and perform preventative maintenance as needed, or at a minimum annually, to reduce deployment delays, as funding allows.

1.9.30.2. Stock trailers with pre-approved medical surge or disaster sheltering equipment and supplies; regularly check for expiration or wear and replenish items after each use to maintain required inventory levels, as funding allows.

1.9.30.3. Keep an updated inventory list inside each trailer.

1.9.30.4. Verify mutual aid agreements and MOUs with partners to ensure towing vehicles and drivers are available.

1.9.30.5. Coordinate annual trailer deployment to practice hitching, transporting, and demobilizing trailers.

1.9.30.6. Maintain trailer readiness logs documenting inspections, repairs, and supply restocking.

1.9.30.7. Provide safety equipment (e.g., fire extinguishers, wheel chocks, reflective vests, cones) in each trailer, as funding allows.

1.9.30.8. Provide insurance to cover the cost of replacing the trailer and supplies, if necessary.

Sheltering

1.9.31. The Contractor must maintain capacity to deploy trained volunteers to community or state-based disaster shelters within 24 hours of Department or local municipality requests by:

1.9.31.1. Maintaining a roster of volunteers trained in shelter operations.

1.9.31.2. Providing annual shelter training for volunteers.

1.9.31.3. Coordinating with local emergency management for staffing requests.

1.9.31.4. Ensuring all assigned volunteers complete just-in-time training (JITT) at the beginning of each shift, as requested by the Department or partner agency.

1.9.31.5. Tracking and documenting volunteer deployments.

1.9.31.6. Conducting a hotwash/debriefing with all volunteers after each shift.

1.9.31.7. Participating in AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.31.8. Participating in any Department led After-Action Meetings to provide regional input.

Family Assistance Center (FAC)/Family Reunification Center (FRC)

1.9.32. The Contractor must maintain capacity to deploy volunteers to Family Assistance Centers (FAC) and Family Reunification Centers (FRC) to fill pre-identified positions within 24 hours of request by maintaining updated volunteer rosters and ensuring role-specific training, which requires:

1.9.32.1. Maintaining a roster of volunteers trained in FAC/FRC positions and operations.

1.9.32.2. Providing annual FAC/FRC training for volunteers.

1.9.32.3. Coordinating with local emergency management for staffing requests.

1.9.32.4. Tracking and documenting volunteer deployments.

1.9.32.5. Using Department-provided templates, ensuring all assigned FAC/FRC volunteers complete JITT prior to shift start.

1.9.32.6. Liaising with the FAC/FRC Manager and/or Incident Commander during operations.

1.9.32.7. Participating in the AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.32.8. Conducting debriefings with volunteers after each shift.

1.9.32.9. Participating in any department led After-Action Meetings (AAM) to provide regional input.

1.9.32.10. Participating in at least 50% of regional and state-level FAC/FRC planning activities annually as requested and 75% of annual FAC/FRC training and exercises.

Neighborhood Emergency Health Center (NEHC)

1.9.33. The Contractor must maintain capacity to deploy and schedule volunteers to Neighborhood Emergency Health Center (NEHC) sites each contract year to fill pre-identified positions within 24 hours of request by:

1.9.33.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.33.2. Maintaining a roster of volunteers trained in NEHC positions and operations.

1.9.33.3. Providing annual NEHC training for volunteers.

1.9.33.4. Coordinating with local emergency management for staffing requests.

1.9.33.5. Tracking and documenting volunteer deployments.

1.9.33.6. Using Department-provided templates to ensure JITT is completed for all assigned NEHC volunteers prior to shift start.

1.9.33.7. Liaising with the NEHC Manager and/or Incident Commander during operations.

1.9.33.8. Conducting a hotwash with volunteers after each shift.

1.9.33.9. Participating in an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for

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improvement, and corrective actions, as requested by the Department.

1.9.33.10. Participating in any Department led After-Action Meetings to provide regional input.

Alternate Health System (AHS)

1.9.34. The Contractor must maintain capacity to deploy and schedule trained volunteers to Alternate Health System (AHS) sites to augment clinical and non-clinical staffing within 24 hours of Department request by:

1.9.34.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.34.2. Maintaining a roster of clinical and non-clinical volunteers trained in AHS operations.

1.9.34.3. Providing annual AHS training for volunteers.

1.9.34.4. Coordinating with local and state partners for staffing requests.

1.9.34.5. Tracking and documenting volunteer deployments.

1.9.34.6. Using Department-provided templates to ensure JITT is completed for all assigned AHS volunteers prior to shift start.

1.9.34.7. Liaising with the AHS Incident Commander during operations.

1.9.34.8. Conducting a hotwash with volunteers after each shift.

1.9.34.9. Participating in the development of an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.34.10. Participating in any Department led After-Action Meetings to provide regional input.

Inventory Management

1.9.35. The Contractor must, by June 30th of each contract year, update and upload a complete annual inventory of all regional assets into the Administration for Strategic Preparedness & Response (ASPR's) current inventory management system, as directed by the Department, and update inventory records within five (5) business days of any supply usage, redistribution, or replenishment. To support this requirement, the

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Contractor must:

1.9.35.1. Monitor, document, and report all regional inventory distribution rates as directed by the Department, to guide purchasing decisions and future preparedness planning.

1.9.35.2. Assess supply levels to ensure Department-required inventories are maintained for PODs, medical surge activities, mass casualty incident (MCI), and disaster sheltering operations, and document results in ASPR's current inventory management system.

1.9.35.3. Compare inventory against required supply list.

1.9.35.4. Reorder supplies from the pre-approved inventory list developed by the Department with Contractor input to ensure regional needs are addressed.

1.9.35.5. Maintain documentation of approvals and purchase records for submission in quarterly financial and logistics reports.

1.9.35.6. By June 30th of each contract year, review and update agreements with all trailer and cache host agencies, ensuring that all of agreements clearly define agency roles and responsibilities, and maintain updated contact information in regional records and the Department's SharePoint system.

1.9.35.7. Once each quarter, test all specialized equipment (e.g., generators, radios, cooling units, refrigerators) to verify operational readiness, document results in equipment logs, and report any deficiencies within two (2) business days, with a written corrective actions report submitted to the Department within fifteen (15) business days.

1.9.35.8. Review current inventory and par levels before drafting purchase requests to confirm actual need.

1.9.35.9. Confirm that all requested items are on the Department's approved inventory list and align with applicable funding guidance. If an item is required but not listed, obtain Department approval prior to purchase to ensure compliance with grant requirements and funding limitations.

1.9.35.10. Document price quotes from three (3) Contractors for items over $250 to ensure cost-effectiveness.

1.9.35.11. Draft purchase requests with justification and submit to the Department for approval.

1.9.35.12. Retain written or email purchase approval records.

Volunteer Recruitment and Retention

1.9.36. The Contractor must maintain the capability to manage and deploy volunteers for small-scale incidents and provide support to the State during medium and large-scale public health emergencies. The Contractor must provide the following volunteer management services:

1.9.36.1. For each contract year, hold a minimum of twelve (12) volunteer engagement activities (one per month), which may include meetings, trainings, exercises, or response activities. Ensure at least 75% of active Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers attend 50% of engagement opportunities, and document outcomes within two (2) weeks of each session.

1.9.36.2. Maintain updated rosters of MRC and, if applicable, CERT volunteers.

1.9.36.3. Develop and publish an annual volunteer engagement calendar by July 30th each year, ensuring a variety of engagement activities to maintain volunteer interest.

1.9.36.4. Track volunteer participation in engagement activities.

1.9.36.5. Document outcomes based on pre- and post- knowledge evaluations and training feedback.

1.9.37. The Contractor must ensure all of active MRC and CERT (if applicable) volunteers are registered and credentialed in the Department-provided volunteer management system, by June 30th of each contract year, with quarterly audits conducted to verify accuracy and completeness of records. To meet this requirement, the Contractor must complete the following activities:

1.9.37.1. Provide instruction or a brief orientation to volunteers on how to use the system.

1.9.37.2. Support the registration of new volunteers, ensuring they are registered in the system within fourteen (14) business days of orientation and that their accounts are complete.

1.9.37.3. Provide technical assistance for access and other system-related issues.

1.9.37.4. Conduct a baseline audit of all current volunteers to identify missing or incomplete accounts.

1.9.37.5. Send quarterly reminders to volunteers to review and update their profiles (e.g., contact info, licenses, certifications).

1.9.37.6. Before each exercise or real-world event, verify that assigned volunteers are fully registered and credentialed in the system.

1.9.37.7. Review records quarterly to ensure accuracy, completeness, and credential validity.

1.9.37.8. Verify that all active volunteers maintain all position-required credentials (e.g., clinical licenses, CPR certification), document compliance in the system, and follow-up with volunteers within 30 days of any expired or missing credentials.

1.9.37.9. Track and report progress toward the 100% registration and credentialing goal.

1.9.38. The Contractor must, by June 30th of each contract year, implement recruitment activities to expand the active MRC and CERT (if applicable) volunteer teams. To support this effort, the Contractor must complete the following activities:

1.9.38.1. Annually assess the type, quantity, and skillsets required of volunteers to meet program requirements.

1.9.38.2. Engage with the region's first responders (police, fire, emergency medical services) to augment workforces during an emergency.

1.9.38.3. Develop volunteer recruitment materials, with Department approval.

1.9.38.4. Partner with local organizations to distribute recruitment materials.

1.9.38.5. Track recruitment using volunteer sign-up forms and entries in the volunteer management system.

1.9.38.6. Provide quarterly reports highlighting progress toward recruitment and retention deliverables.

1.9.38.7. Within the first 12 months, increase volunteer numbers by at least 25% compared to the current baseline.

1.9.38.8. In each subsequent contract year, increase the volunteer roster(s) by 5%.

1.9.38.9. Maintain a volunteer attrition rate of no more than 2.5% annually and report barriers to meeting this requirement to the Department.

1.9.38.10. Prioritize recruitment of clinical and healthcare-experienced individuals by conducting quarterly outreach events at healthcare facilities and schools, and community events.

1.9.39. The Contractor must offer to conduct exit surveys or interviews with all departing volunteers and:

1.9.39.1. Compile and analyze results on a quarterly basis and submit a summary report to the Department that includes identified trends and recommendations for program improvement.

1.9.39.2. Send the Department-provided exit survey to volunteers within five (5) business days of their departure.

1.9.39.3. Conduct follow-up phone interviews if no survey response is received.

1.9.39.4. Compile findings and submit a quarterly report to the Department, including the following key areas:

1.9.39.4.1. Number of volunteers who have resigned;

1.9.39.4.2. Reasons for leaving, highlighting positive and negative trends and recurring issues; and

1.9.39.4.3. Actionable recommendations for program improvement.

1.9.40. The Contractor must ensure that all volunteer applicants meet Department eligibility criteria and that required background checks are completed at the time of application and renewed a minimum of every three (3) years thereafter.

1.9.41. The Contractor must complete the following activities to ensure readiness of PHEP Volunteers for deployment upon a public health emergency event:

1.9.41.1. Maintain a current roster of volunteers trained in POD operations.

1.9.41.2. Activate volunteers upon request from the Department.

1.9.41.3. Complete JITT for volunteers as requested by the Department using Department-provided training materials.

1.9.41.4. Track and report volunteer hours.

1.9.42. The Contractor must deliver a Department-approved volunteer orientation program to all of new volunteers within two (2) months of onboarding that covers the PHEP program overview, volunteer utilization, training/exercise requirements, credentialing, participation standards, deployment processes, and organizational structure, including the following:

1.9.42.1.1. Host orientation sessions.

1.9.42.1.2. Maintain attendance and completion records.

1.9.42.1.3. Follow-up with volunteers who miss orientation deadlines.

1.9.42.1.4. Review and update orientation content annually to reflect program changes.

1.9.42.1.5. Maintain documentation of completion in the Department's volunteer management system (NH Responds).

1.9.42.1.6. Include the number of volunteers who completed orientation in the quarterly report.

1.9.43. The Contractor must conduct quarterly volunteer notification drills with 75% response rate for each contract year, including:

1.9.43.1. Sending notification messages via email, text message, or phone.

1.9.43.2. Recording response rates and address barriers to communication within 30 business days of identification.

1.9.43.3. After each volunteer drill, notifying the Department if fewer than 50% of volunteers respond, and submitting a corrective action summary within 30 business days outlining identified barriers and strategies to improve volunteer responsiveness.

1.9.44. The Contractor must, from November through May of each contract year, facilitate participation of regional volunteers in the Department-led annual training series by promoting all training opportunities to all active volunteers. To achieve this requirement, the Contractor must:

1.9.44.1. Distribute the training calendar to all volunteers.

1.9.44.2. Issue training announcements and provide regular reminders to encourage participation.

1.9.45. The Contractor must, by June 30th of each contract year, provide volunteers with access to training for each of the following topics: Incident Command System (ICS) courses, inventory management, FAC, FRC, disaster sheltering, NEHC, open PODs, Responder Safety and Health, and other training topics as identified by the Department. To meet this requirement, the Contractor must:

1.9.45.1. Develop and publish a regional volunteer training schedule.

1.9.45.2. Recruit qualified instructors.

1.9.45.3. Manage registration and accurately record attendance.

1.9.45.4. Conduct post-training evaluations and compile results.

1.9.45.5. Maintain training records and submit quarterly participation summaries to the Department.

1.9.46. The Contractor must, by June 30, 2028, and every two (2) years thereafter, as requested by the Department, participate in Volunteer Training Needs Assessment (TNA), to include:

1.9.46.1. Providing formal feedback on survey content.

1.9.46.2. Promoting and encouraging participation in the state-led Volunteer Training Needs Assessment (TNA).

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1.9.46.3. Reviewing survey results and updating the regional IPP and volunteer training calendar accordingly.

1.9.46.4. Publishing the updated IPP and volunteer training calendar to address identified gaps.

1.9.47. The Contractor must require all volunteers activated to attend, Just-in-Time Training (JITT), in collaboration with the Department, prior to deployment, for every emergency response, ensuring all assigned volunteers complete the training, which includes:

1.9.47.1. Preparing JITT modules for PODs, disaster shelters, FAC/FRC, NEHC, and AHS using Department-provided templates.

1.9.47.2. Providing JITT immediately prior to deployment.

1.9.47.3. Tracking volunteer completion of JITT training.

1.9.47.4. Updating JITT training as needed and communicating changes promptly to all volunteers.

1.9.48. The Contractor must, by June 30th of each contract year, conduct at least one (1) annual volunteer exercise (drill, discussion-based, functional, or full-scale) in addition to call-down drill and POD exercise requirements, focusing on disaster sheltering, FAC/FRC operations, or medical surge responses, ensuring participation from at least 75% of active volunteers. To ensure accountability and continuous improvement, the Contractor must complete the following actions after each exercise:

1.9.48.1. Within 60 business days of each exercise, complete all the following required after-action processes:

1.9.48.1.1. Conduct a debriefing immediately following the exercise.

1.9.48.1.2. Hold at least one (1) after-action meeting with volunteers and stakeholders for each exercise conducted.

1.9.48.1.3. Develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within 90 business days of the exercise, documenting objectives, strengths, areas for improvement, and corrective actions.

1.9.48.1.4. Track corrective actions and verify implementation of improvements.

1.9.48.1.5. Incorporate lessons learned into future training and exercises.

Volunteer Health, Safety, and Resilience

1.9.49. The Contractor must, by June 30th of each contract year and in coordination with the Department, implement and maintain a standardized process to track and monitor the health and safety of all volunteers before, during, and after deployments, to include:

1.9.49.1. Distributing a pre-deployment health checklist and require volunteers to complete it prior to deployment.

1.9.49.2. Requiring volunteers to provide proof of required vaccinations prior to deployment, when applicable.

1.9.49.3. Delivering incident-specific safety briefings and reminders at volunteer check-in.

1.9.49.4. Conducting wellness check-ins at regular intervals during operations.

1.9.49.5. Tracking hours worked to prevent fatigue and enforce rest breaks during active work hours.

1.9.49.6. Developing standards and procedures to ensure adequate time off between deployment shifts.

1.9.49.7. Documenting any incidents, injuries, or exposures immediately upon occurrence and reporting them to the Department.

1.9.49.8. Developing plans and protocols for managing occupational health exposures and injuries as directed by the Department and aligned with the Department's medical direction program.

1.9.49.9. Collecting post-deployment health surveys and solicit feedback on health and safety concerns to inform future responses.

1.9.49.10. Maintaining health and safety records related to deployments for all deployed volunteers in the Department-provided system.

1.9.49.11. Submitting summary reports with de-identified data to the Department within thirty (30) calendar days of each deployment.

1.9.49.12. Tracking trends in health and safety issues and recommend opportunities for program improvement.

1.9.49.13. Offering annual training on responder health and safety, including stress management, resilience, and self-care practices.

1.9.49.14. Ensuring compliance with all Department-issued health and safety guidance during public health incidents and emergencies by distributing updated guidance to volunteers within 24 hours of receipt and incorporating requirements into pre-deployment briefings.

1.9.49.15. Increasing volunteer awareness and access to mental health and resiliency resources, including community programs, behavioral health services, critical incident stress management, peer support, and the 9-8-8 crisis line, by distributing resource information annually and after every deployment through at least two (2) distinct communication channels (e.g., email, trainings, newsletters).

1.9.50. The Contractor must attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.9.51. The Contractor must attend a minimum of two (2) trainings per year offered by Department's training programs on topics relevant to this scope of work.

1.9.52. The Contractor must provide PHEP with a technical assistance needs assessment report in a format approved in advance by the Department, and update this report on an ongoing basis to ensure it reflects current needs and priorities.

Public Health Emergency Preparedness Reporting

1.9.53. The Contractor must complete quarterly and annual reports that include progress toward meeting the program services outlined in this Agreement including activities identified in the Department-approved annual Work Plan, including but not limited to:

1.9.53.1. Response plan updates, including:

1.9.53.1.1. Indicating completion of biennial RPHEA Base Plan update and uploading the plan to the Department's SharePoint site by required deadlines (annual reporting requirement).

1.9.53.1.2. Indicating completion of annual RPHEA Annexes and Attachments updates (i.e. Critical Contact Sheets, etc.) and uploading the updated documents to the Department's SharePoint site (annual reporting requirement).

1.9.53.2. Delivery of training sessions for partners, volunteers, and the public, to include:

1.9.53.2.1. Number and topic of training sessions delivered quarterly (quarterly reporting requirement).

1.9.53.2.2. The number of people trained by type (partner, volunteers, and public), quarterly (quarterly reporting requirement).

1.9.53.2.3. Training sessions rating summaries based on post-training evaluations, quarterly (quarterly reporting requirement).

1.9.53.3. Coordination and delivery of required exercises, including:

1.9.53.3.1. Number and types of exercises conducted quarterly (quarterly reporting requirement).

1.9.53.3.2. Submit After-Action Reports and Improvement Plans (AAR/IPs) utilizing Federal Emergency Management Agency's (FEMA) template, written as a result of an exercise or real-world event, to the Department within 60 calendar days of the event.

1.9.53.3.3. Number of improvement items identified and closed within three (3), six (6), nine (9), and twelve (12) months (annual reporting requirement).

1.9.53.4. Regional partner engagement.

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1.9.53.5. Document outcomes of PHEP Committee meetings held at least every two (2) months (annual reporting requirement).

1.9.53.6. Identify which sectors have been invited to participate but do not participate, including providing details if targeted sector participation is not achieved, and document what corrective action items are implemented (annual reporting requirement).

Response Capacity Reporting Requirements

1.9.54. For Closed POD agreements, the Contractor must provide an annual list of participating and non-participating entities, organized by target sectors (healthcare entities, educational institutions, first responder agencies, and other organizations). The list must also document each entity's eligibility to serve as a Closed POD and indicate whether the entity currently has the capacity and capability to do so (annual reporting requirement).

1.9.54.1. An annual inventory of all regional assets, including reporting on supply distribution rates (annual reporting requirement).

1.9.54.2. Equipment deficiencies and corrective actions open and closed within three (3), six (6), nine (9), and twelve (12) months, as needed (quarterly reporting requirement).

1.9.54.3. Trailer agreements renewals are to be uploaded by June 30th of each contract year to the Department's SharePoint site (annual reporting requirement).

Volunteer Management Reporting Requirements

1.9.55. The Contractor must prepare an annual volunteer recruitment and retention report that clearly indicates whether recruitment targets have been met (annual reporting requirement), to include:

1.9.55.1. Identification and summary of volunteer recruitment activities conducted by the RPHN.

1.9.55.2. Identification and summary of volunteer retention activities conducted by the RPHN.

1.9.55.3. Total number and percentages of volunteers recruited, retained, and separated.

1.9.55.4. Corrective action plan developed by the Contractor if 25% recruitment (and 5% every year thereafter) is not achieved.

1.9.55.5. Skills set analysis to identify strengths and gaps in volunteer capacity based on response requirements.

1.9.55.6. Strategies implemented to improve retention and engagement.

1.9.55.7. Records of volunteer attrition, including reason for separation (e.g., relocation, loss of interest, credential lapses).

1.9.55.8. Percent of volunteers who are deployment ready (annual reporting requirement), including:

1.9.55.8.1. The percentage of volunteers registered and credentialed in NH Responds.

1.9.55.8.2. The percentage of volunteers who have completed background checks and other onboarding steps (e.g. orientation).

1.9.55.8.3. The percentage of volunteers with verified licenses.

1.9.55.8.4. The percentage of volunteers who have completed training requirements for shelter, POD, AHS, NEHC, FAC/FRC operations.

Responder Safety and Health Reporting Requirements

1.9.56. The Contractor must:

1.9.56.1. Prepare and submit an annual summary of responder safety and health monitoring activities.

1.9.56.2. Report promptly on any incidents, exposures, or injuries that occur during responses, drills, or exercises, as needed.

1.9.57. The Contractor may be required to provide other data and metrics to the Department in a format specified by the Department.

1.9.58. The Contractor must submit all reports electronically through a secure depository system approved or directed by the Department by the established deadlines within this Agreement.

2. Background Checks

2.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:

2.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;

2.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

2.1.3. A name search of the Department's Division for Children, Youth and

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Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

2.2. Confidential Data

2.2.1. 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.

2.2.2. The Contractor must ensure any individuals involved in delivering 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.

2.3. Privacy Impact Assessment

2.3.1. 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:

2.3.1.1. How PII is gathered and stored;

2.3.1.2. Who will have access to PII;

2.3.1.3. How PII will be used in the system;

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

2.3.1.5. Privacy practices.

2.3.2. 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.

2.4. Department Owned Devices, Systems and Network Usage

2.4.1. Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement,

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authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfilment of this Agreement, must:

2.4.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures and guidelines, and complete applicable trainings as required;

2.4.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden including, but not limited, to personal or other private and non-Department use, and that at no time must they access or attempt to access information without having the express authority of the Department to do so;

2.4.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

2.4.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

2.4.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;

2.4.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;

2.4.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only.

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Email is defined as "internal email systems" or "Department-funded email systems."

2.4.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and

2.4.1.9. Agree when utilizing the Department's email system:

To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".

2.4.1.9.1. Include in the signature lines information identifying the End User as a non-Department workforce member; and

2.4.1.9.2. Ensure the following confidentiality notice is embedded underneath the signature line:

CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

2.4.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

2.4.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

2.4.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

2.4.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

2.4.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

2.4.1.12. Contractor agrees to notify the Department a minimum of three (3) business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees to notify the Department's Information Security Office or designee immediately.

2.5. Contract End-of-Life Transition Services

2.5.1. General Requirements

2.5.1.1. 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 Department must provide the DTP template to the Contractor.

2.5.1.2. 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

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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.

2.5.1.3. If a system, portal, 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.

2.5.1.4. The internal planning of the Transition Services by the Contractor and its End Users must be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Agreement.

2.5.1.5. 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.

2.5.1.6. 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.

2.5.2. Completion of Transition Services

2.5.2.1. Each service or transition phase must 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

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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.

2.5.2.2. 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.

2.5.3. Disagreement over Transition Services Results

2.5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department must notify the Contractor, in writing, stating the reason for the lack of satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties must discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department must be entitled to initiate actions in accordance with the Agreement.

2.6. Website and Social Media

2.6.1. The Contractor must provide a website approved by the Department to disseminate RPHN program information and public health resources to the public and agency partners, which includes information on the PHAC, Community Health Improvement Plan (CHIP), Substance Misuse Prevention Coordinator(SMPC), CoC facilitation, and PHEP programs.

2.6.2. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

2.6.3. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement

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signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

2.7. State of New Hampshire's Website Copyright

2.7.1. All right, title and interest in the State WWW site, including copyright to all data and information, must remain with the State of New Hampshire. The State of New Hampshire must also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information must, where applicable, display the State of New Hampshire's copyright.

3. Exhibits Incorporated

3.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

3.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.

3.3. 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 F, Business Associate Agreement, which has been executed by the parties.

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

4.2.1. The Contractor must submit:

4.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who

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are blind or have low vision; and individuals who have speech challenges.

4.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors); and

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

4.3. Credits and Copyright Ownership

4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "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."

4.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

4.3.3. 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.

4.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

4.4. Operation of Facilities: Compliance with Laws and Regulations

4.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

5. Records

5.1. The Contractor must keep records that include, but are not limited to:

5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to 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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

5.1.4. Medical records on each patient/recipient of services.

5.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services and

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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.

5.3. 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.

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Payment Terms

1. This Agreement is funded by:
   1.1. 84% Federal funds, including:
      1.1.1. Preventative Health Block Grant, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.991, FAIN # NB01OT009381, and
      1.1.2. Public Health Emergency Preparedness, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.069, FAIN # NU90TU000009, and
      1.1.3. Substance Use Prevention, Treatment, and Recovery Block Grant,
      as awarded on January 28, 2026, by the US Department of Health and Human Services, ALN # 93.959, FAIN # B08TI088484,and
      1.1.4. Strengthening NH Public Health Infrastructure, Workforce, and Data Systems, as awarded on 11/29/2022, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.967; FAIN # NE11OE000077.
   1.2. 16% 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 Agreement as NON-R&D, in accordance with 2 CFR §200.332.
   2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual paid allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-6.
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 of allowable costs, labeled by budgeted line item with each invoice that may include, but are not limited

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to, timesheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

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 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 only upon receipt and approval of the submitted invoice and required supporting documentation.

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.

7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

8.1.3. Condition C - The Contractor is a public company and required by Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to 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.

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8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. 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.

8.5. 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 shall 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.

9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

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Exhibit C-1, Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	*Granite United Way*
Budget Request for:(Pull-down)	Capital Region
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$19,572	$62,554	$3,090	$5,260	$87,539
2. Fringe Benefits	$2,740	$24,486	$433	$2,104	$15,616
3. Consultants	$1,200	$185	$0	$126	$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	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$150	$0	$150	$0
6. Travel	$500	$1,305	$127	$653	$1,305
7. Software	$300	$300	$0	$0	$0
8. (a) Other - Marketing/Communications	$135	$467	$25	$50	$565
8. (b) Other - Education and Training	$250	$250	$0	$0	$1,580
8. (c) Other - Other (Office Supplies)	$200	$694	$37	$73	$840
Other (Telephone)	$420	$420	$0	$0	$840
Other (Audit/Legal)	$770	$2,660	$140	$280	$3,220
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$26,087	$93,471	$3,852	$8,696	$111,505
Total Indirect Costs	$3,913	$14,021	$578	$1,304	$16,726
Subtotals	**$30,000**	**$107,491**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$280,151**

Contractor Initials Initial MLR

Date 5/11/2026

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New Hampshire Department of Health and Human Services	
Contractor Name:	*Granite United Way*
Budget Request for:(Pull-down)	Capital Region
Budget Period(Pull-down):	SFY 28 (7/1/27-6/30/28)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$19,572	$62,554	$3,090	$5,260	$87,539
2. Fringe Benefits	$2,740	$24,486	$433	$2,104	$15,616
3. Consultants	$1,200	$185	$0	$126	$0
4. Equipment					
Indirect cost rate cannot be applied to equipment costs per 2 CFR	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$150	$0	$150	$0
6. Travel	$500	$1,305	$127	$653	$1,305
7. Software	$300	$300	$0	$0	$0
8. (a) Other - Marketing/Communications	$135	$467	$25	$50	$565
8. (b) Other - Education and Training	$250	$250	$0	$0	$1,580
8. (c) Other - Other (Office Supplies)	$200	$694	$37	$73	$840
Other (Telephone)	$420	$420	$0	$0	$840
Other (Audit/Legal)	$770	$2,660	$140	$280	$3,220
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$26,087	$93,471	$3,852	$8,696	$111,505
Total Indirect Costs	$3,913	$14,021	$578	$1,304	$16,726
	15.00%	15.00%	15.00%	15.00%	15.00%
Subtotals	**$30,000**	**$107,491**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$280,151**

Number of Projected Sub-Contracts	0

Contractor Initials Initial MLR

Date 5/11/2026

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New Hampshire Department of Health and Human Services	
Contractor Name:	*Granite United Way*
Budget Request for:(Pull-down)	Carroll County
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$17,512	$48,031	$2,424	$4,366	$81,014
2. Fringe Benefits	$6,129	$16,811	$848	$1,528	$19,785
3. Consultants	$0	$401	$0	$1,680	$0
4. Equipment	$0		$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$150	$0	$150	$0
6. Travel	$500	$1,958	$127	$446	$1,598
7. Software	$0	$300	$0	$0	$0
8. (a) Other - Marketing/Communications	$27	$234	$13	$25	$283
8. (b) Other - Education and Training	$0	$216	$219	$0	$1,580
8. (c) Other - Other (Office Supplies)	$117	$326	$17	$39	$500
Other (Telephone)	$701	$1,203	$41	$94	$2,041
Other (Audit/Legal)	$819	$2,284	$121	$273	$3,503
Other ( )	$281	$783	$41	$94	$1,201
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$26,087	$72,695	$3,853	$8,695	$111,505
Total Indirect Costs	$3,913	$10,904	$578	$1,304	$16,726
Subtotals	**$30,000**	**$83,600**	**$4,430**	**$10,000**	**$128,230**
					$256,260

Contractor Initials Initial MMR

Date 5/11/2026

Docusign Envelope ID: AE8D6A75-61D4-8191-82F5-C2B900F7E1A3

New Hampshire Department of Health and Human Services	
Contractor Name:	*Granite United Way*
Budget Request for:(Pull-down)	Carroll County
Budget Period(Pull-down):	SFY 28 (7/1/27-6/30/28)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$17,512	$48,031	$2,424	$4,366	$81,014
2. Fringe Benefits	$6,129	$16,811	$848	$1,528	$19,785
3. Consultants	$0	$401	$0	$1,680	$0
4. Equipment	$0		$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$150	$0	$150	$0
6. Travel	$500	$1,958	$127	$446	$1,598
7. Software	$0	$300	$0	$0	$0
8. (a) Other - Marketing/Communications	$27	$234	$13	$25	$283
8. (b) Other - Education and Training	$0	$216	$219	$0	$1,580
8. (c) Other - Other (Office Supplies)	$117	$326	$17	$39	$500
Other (Telephone)	$701	$1,203	$41	$94	$2,041
Other (Audit/Legal)	$819	$2,284	$121	$273	$3,503
Other (Occupancy)	$281	$783	$41	$94	$1,201
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$26,087	$72,695	$3,853	$8,695	$111,505
Total Indirect Costs	$3,913	$10,904	$578	$1,304	$16,726
Subtotals	**$30,000**	**$83,600**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$256,260**

Contractor Initials Initial MLR

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New Hampshire Department of Health and Human Services	
Contractor Name:	*Granite United Way*
Budget Request for:(Pull-down)	South Central Region
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	11%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$0	$2,371	$3,232	$6,638	$82,761
2. Fringe Benefits	$0	$213	$275	$597	$7,448
3. Consultants	$0	$1,589	$0	$255	$945
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	$0	$0
5.(a) Supplies - Educational	$0	$150	$0	$75	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$150	$0	$75	$0
6. Travel	$0	$653	$143	$653	$1,305
7. Software	$0	$300	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$467	$25	$50	$565
8. (b) Other - Education and Training	$0	$250	$0	$0	$1,580
8. (c) Other - Other (Office Supplies)	$0	$694	$37	$73	$840
Other (Telephone)	$0	$0	$0	$0	$840
Other (Audit/Legal)	$0	$2,660	$141	$280	$3,220
Other (Occupancy)	$0	$0	$0	$0	$12,000
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$30,000	$90,000	$0	$0	$0
Total Direct Costs	$30,000	$99,497	$3,853	$8,696	$111,504
Total Indirect Costs	$0	$8,924	$577	$1,304	$16,726
	0.00%	8.97%	14.98%	15.00%	15.00%
Subtotals	**$30,000**	**$108,421**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$281,081**

Initial

Contractor Initials MLK

Date 5/21/2026

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New Hampshire Department of Health and Human Services	
Contractor Name:	*Granite United Way*
Budget Request for:(Pull-down)	South Central Region
Budget Period(Pull-down):	SFY 2028 (7/1/27-6/30/2028)
Average Indirect Cost Rate (if applicable)	11%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$0	$2,371	$3,232	$6,638	$82,761
2. Fringe Benefits	$0	$213	$275	$597	$7,448
3. Consultants	$0	$1,589	$0	$255	$945
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	$0	$0
5.(a) Supplies - Educational	$0	$150	$0	$75	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$150	$0	$75	$0
6. Travel	$0	$653	$143	$653	$1,305
7. Software	$0	$300	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$467	$25	$50	$565
8. (b) Other - Education and Training	$0	$250	$0	$0	$1,580
8. (c) Other - Other (Office Supplies)	$0	$694	$37	$73	$840
Other (Telephone)	$0	$0	$0	$0	$840
Other (Audit/Legal)	$0	$2,660	$141	$280	$3,220
Other (Occupancy)	$0	$0		$0	$12,000
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$30,000	$90,000	$0	$0	$0
Total Direct Costs	$30,000	$99,497	$3,853	$8,696	$111,504
Total Indirect Costs	$0	$8,924	$577	$1,304	$16,726
	0.00%	8.97%	14.98%	15.00%	15.00%
Subtotals	**$30,000**	**$108,421**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$281,081**

Initial
MMR
Contractor Initials_____
Date 5/21/2026

Docusign Envelope ID: AE8D6A75-61D4-8191-82F5-C2B900F7E1A3

SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub- contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

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

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1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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

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

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SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see https://omb.report/icr/201009-0348-022/doc/20388401

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context.

6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) https://www.ecfr.gov/current/title-22/chapter-V/part-513.

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9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).

14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

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

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SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

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SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

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FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: PBS1A62152F3

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

   X NO _____ YES

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

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Granite United Way

5/11/2026
Date:

Signed by: Nichole Martin Reimer
07050DE8A002464...
Name: Nichole Martin Reimer
Title: CEO

New Hampshire Department of Health and Human Services

Exhibit E

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

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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.

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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.

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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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.).

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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

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/doit/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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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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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

Docusign Envelope ID: 27B8E580-5BB3-8DF8-827C-92DBF80F0E80

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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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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

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 in

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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 used,

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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.I., 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	Granite United Way
The State	Name of the Contractor
DocuSigned by: Iain Watt B778BB63F9704C7...	Signed by: Nichole Martin Reimer 07050DE8A002464...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Nichole Martin Reimer
Name of Authorized Representative	Name of Authorized Representative
Director - DPH	CEO
Title of Authorized Representative	Title of Authorized Representative
5/29/2026	5/29/2026
Date	Date

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Docusign Envelope ID: AE8D6A75-61D4-8191-82F5-C2B900F7E1A3

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 GRANITE UNITED WAY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 30, 1927. 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: **65650**
Certificate Number: **0007782564**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of February A.D. 2026.

David M. Scanlan
Secretary of State

Docusign Envelope ID: 44276C75-DE5C-86BC-81BC-3150AF308C44

CERTIFICATE OF AUTHORITY

I, Kathy Bizarro-Thunberg, hereby certify that:

1. I am the duly elected Board Vice Chair of Granite United Way.

2. The following is a true copy of an electronic vote taken of the Board of Directors, duly called and conducted on December 3, 2024, at which a quorum of the Directors were present and voting.

VOTED: That Nichole Martin Reimer, President & CEO, is duly authorized on behalf of Granite United Way to enter into contracts or agreements with the State 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 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 **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: 5/21/2026

Signed by:
Kathy Bizarro-Thunberg
EF43110B282D4D1...

Signature of Elected Officer
Name: Kathy Bizarro-Thunberg
Title: Board Vice Chair

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/6/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Darlene Moriarty
Arthur J. Gallagher Risk Management Services, LLC 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	PHONE (A/C, No, Ext): 800-238-3840 FAX (A/C, No): 603-224-8012 E-MAIL ADDRESS: darlene_moriarty@ajg.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Granite United Way GRANUNI-02 22 Concord Street Floor 4 Manchester NH 03101	INSURER A : Hanover Insurance Companies	22292
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1791529436 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			ZHV 900337108 14	1/1/2026	1/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			ZHV 900337108 14	1/1/2026	1/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			UHV 9003210 14	1/1/2026	1/1/2027	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WHV 8996802 15	1/1/2026	1/1/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

WC 3A States: NH, VT

Covering operations of the named insured during the policy period.

CERTIFICATE HOLDER

State of NH Department of Health and Human Services
129 Pleasant Street
Concord NH 033013857
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NONPROFIT COVER SHEET

A. Entity Name: Granite United Way

B. Entity's Contact Information:

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

Name / Phone / Email: Shannon Swett, 603.313.5675, shannon.swett@graniteuw.org

Person responsible for Accuracy and Completeness of information provided:

Name: Shannon Swett Title: Chief Impact Officer

Signature:

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Josephine Moran (Chair)	Ledyard Financial Group, Inc., President and CEO
Kathy Bizarro-Thunberg (Co-Vice Chair)	New Hampshire Hospital Association, Executive Vice President
Betsey Rhynhart (Co-Vice Chair / MC CIC Chair)	Concord Hospital, Vice President of Population Health
Joseph Bator (Immediate Past Chair / Audit Chair)	Northfield Savings Bank, President & CEO
Doug DeLara (Treasurer)	Mowery & Schoenfeld, LLC, Senior Audit Manager
William Keena (Secretary)	AmeriHealth Caritas New Hampshire, Market President NH (Retired)
Kyle Barry	NextEra Energy Seabrook Station, Director of Organizational Effectiveness
Stephen Brooks	Littleton Coin Company, Chief Operating Officer
Robert Coates	Eversource, President - Eversource New Hampshire Electric Operations
Paul DeBassio	United Way Network (Retired)
Chris Emond	Boys & Girls Club of Central NH, CEO
Colby Gamester (GSR CIC Chair)	Gamester Law Office, Owner & Attorney
James Harris	Sheehan Phinney, Litigation Department Chair
Dr. Pamela Hofley	Dartmouth Hitchcock, Medical Director
John Hughes	McLane Middleton, Director, Trusts & Estates Department
Diana Johnson	Merrimack County Savings Bank, Vice President Marketing Officer
Christina Lachance	NH Children's Trust, Executive Director

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Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Dr. Chuck Lloyd	Community College System of NH, Vice Chancellor
Stacia Maloney	Pike Industries, Human Resources Director
Herschel Nachlis	Dartmouth College, Associate Director and Senior Policy Fellow
Maura Palmer (Governance Chair)	Salem School District, Superintendent
Randy Perkins	Eversource, Senior Account Executive (Retired)
Dr. Daisy Pierce	Navigating Recovery of the Lakes Region, Executive Director
Kelli Riggs (Marketing Chair)	Comcast, VP Marketing Planning and Execution
Sarmad Saman (NNH CIC Chair)	White Mountains Community College, President
Justin Slattery (CR CIC Chair)	Belknap Economic Development Council, Executive Director
Tim Soucy (SR CIC Chair)	Catholic Medical Center (Retired)
Rusty Talbot (NC CIC Chair)	North Country Climbing Center, CEO
Nick Toumpas (Impact/Equity Chair)	Department of Health & Human Services, Commissioner (Retired)

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

Name	Role	Annual Salary	Amount Paid From This Contract
Shannon Swett	Chief Impact Officer	$140,094.15	$0
Marla May Zarzour	Contracts Specialist	$65,000	$0
Samantha Durfee	Senior Director of Public Health, Capital	$77,250	$35,023.88
Caleb Gilbert	Senior Director of Public Health, Carroll	$77,250	$17,512.00

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

E. Check one of the following:

[X] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

_____

_____

_____

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

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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

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

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2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

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17442	Granite Thunder Field Artillery Association	1059 Canal Street	Manchester	NH	03101	G	2/15/2027

New Hampshire Department of Justice

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

Charitable Trusts Unit

Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
31384	Granite Town Festivities Committee, Inc.	PO Box 847	Milford	NH	03055	G	5/15/2026
2024	Granite United Way	22 Concord Street Floor 4Manchester, NH 03101	Manchester	NH	03101	G	11/15/2026
35225	Granite Valley Preparatory Chartered Public School, Inc	311 Main StreetKeene, NH 03431	Keene	NH	03431	G	5/15/2026
1927	Granite VNA, Inc.	30 Pillsbury Street	Concord	NH	03301-3502	G	2/14/2027
2977	Granite YMCA	670 North Commercial Street, Suite 103	Manchester	NH	03101	G	10/15/2026
19838	Grant Foundation	310 Hoodridge DrivePittsburgh, PA 15234	Pittsburgh	PA	15234	X	5/15/2025
34024	Grant Kordic Foundation	116 Nashua Road	Bedford	NH	03110	X	12/15/2023
5914	Grantham Community Crisis Fund	PO Box 1192	Grantham	NH	03753-0733	G	11/15/2026
19912	Grantham Garden Club	PO Box 1232	Grantham	NH	03753	G	5/15/2027
5126	Grantham Historical Society, Inc.	PO Box 540	Grantham	NH	03753-0540	G	5/15/2027
13734	Grantham Parent Teacher Group	75 Learning Drive	Grantham	NH	03753	G	11/15/2026
2396	Grantham Volunteer Firemen's Association	PO Box 80	Grantham	NH	03753	G	5/15/2027
11604	Grapevine - Family and Community Resource Center	PO Box 637	Antrim	NH	03440	G	5/15/2026
35648	Grapevine Giving Foundation	64 Bleecker Street	New York	NY	10012	G	5/15/2026
17396	Grassroot Soccer, Inc.	PO Box 632Hanover, NH 03755	Hanover	NH	03755	G	5/15/2026
17390	Grassroots International, Inc.	867 Boylston St,Boston, MA 02116	Boston	MA	02116	G	9/15/2026
31215	Grateful Cafe Sober Club	270 Main Street	Tilton	NH	03276	X	5/15/2020
34386	Grateful Giving Foundation	PO Box 224	Dallas Center	IA	50063	G	5/15/2026
32557	Graylag Nature Preserve, Inc.	320 Clough Road	Pittsfield	NH	03263	G	5/15/2026
31312	GRD Memorial Foundation, Inc.	PO Box 81 169 Dale Road	Center Sandwich	NH	03227	G	5/15/2026
3464	Great American Downtown, Inc.	6 Main Street, Suite #1	Nashua	NH	03064	G	5/15/2026
11177	Great Bay eLearning Charter School	30 Linden Street	Exeter	NH	03833	G	5/15/2026
2696	Great Bay Kids' Company	81 NH Avenue	Portsmouth	NH	03801-2864	G	5/15/2026
17038	Great Bay Masters Swimming, Inc.	PO Box 1723	Dover	NH	03821-1723	G	5/15/2027
2399	Great Bay Radio Association	78 Littleworth Road	Dover	NH	03820	G	5/15/2026
12733	Great Bay Rowing	PO Box 846	Durham	NH	03824	G	5/15/2026
32065	Great Bay Rugby	9 Monroe Street	Dover	NH	03820	G	11/15/2026

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United Way
Granite United Way

LIVE UNITED

MISSION STATEMENT

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

Granite United Way

Merrimack County
45 South Main Street
Concord, NH 03301
603.224.2595

Southern Region
22 Concord Street
Manchester, NH 03101
603.625.6939

North Country
P.O. Box 311
Littleton, NH 03561
603.444.1555

Northern Region
961 Main Street
Berlin, NH 03570
603.752.3343

Upper Valley
21 Technology Drive
W. Lebanon, NH 03784
603.298.8499

Central Region
383 South Main St.
Laconia, NH 03246
603.737.1121

Whole Village
258 Highland Street
Plymouth, NH 03264
603.536.3720

Carroll County United
448A White Mtn. Highway
Tamworth, NH 03885
603.323.8139

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GRANITE UNITED WAY

FINANCIAL REPORT

JUNE 30, 2025

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Granite United Way, which comprise the statement of financial position as of June 30, 2025 and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Granite United Way as of June 30, 2025, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Granite United Way 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 these 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 financial statements that are free from material misstatement, whether due to fraud or error.

70 Commercial Street, 4th Floor
Concord, NH 03301
v: 603-224-5357
f: 603-224-3792

59 Emerald Street
Keene, NH 03431
v: 603-357-7665
f: 603-224-3792

44 School Street
Lebanon, NH 03766
v: 603-448-2650
f: 603-448-2476

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards,* we have also issued our report dated November 13, 2025, on our considerations of Granite United Way'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 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 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 Granite United Way's internal control over financial reports and compliance.

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Report on Summarized Comparative Information

We have previously audited Granite United Way's June 30, 2024 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated March 13, 2025. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2024 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of community impact awards to qualified partner agencies and emerging opportunity grants are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Nathan Wechsler & Company

Concord, New Hampshire
November 13, 2025

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STATEMENT OF FINANCIAL POSITION
June 30, 2025 with comparative totals as of June 30, 2024

ASSETS

	2025			2024
	Without Donor/ Time Restrictions	With Donor/ Time Restrictions	Total	Total
CURRENT ASSETS				
Cash	$ 236,587	$ 125,234	$ 361,821	$ 142,539
Prepaid and reimbursable expenses	48,979	-	48,979	36,638
Investments	-	578,126	578,126	619,036
Accounts and rent receivable	4,028	-	4,028	5,597
Contributions and grants receivable, net of allowance for uncollectible contributions 2025 $359,707; 2024 $356,521	-	2,552,184	2,552,184	3,646,179
Total current assets	289,594	3,255,544	3,545,138	4,449,989
OTHER ASSETS				
Property and equipment, net	1,287,042	-	1,287,042	1,340,937
Operating lease, right-of-use assets	279,109	-	279,109	451,376
Investments - endowment	14,734	275,877	290,611	268,186
Beneficial interest in assets held by others	-	3,045,064	3,045,064	2,845,719
Total other assets	1,580,885	3,320,941	4,901,826	4,906,218
Total assets	**$ 1,870,479**	**$ 6,576,485**	**$ 8,446,964**	**$ 9,356,207**

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES				
Line of credit	$ -	$ -	$ -	$ 225,000
Current maturities of long-term debt	9,530	-	9,530	21,827
Allocations payable to partner agencies	-	-	-	100,707
Donor-designations payable	428,704	383,374	812,078	878,608
Accounts payable	524,284	-	524,284	918,533
Accrued expenses	183,420	-	183,420	242,855
Current portion operating lease liabilities	171,660	-	171,660	171,766
Funds held for others	5,608	-	5,608	16,569
Total current liabilities	1,323,206	383,374	1,706,580	2,575,865
LONG-TERM LIABILITIES				
Operating lease liabilities, less current portion	113,338	-	113,338	284,998
Note payable, less current portion	547,431	-	547,431	293,500
Total long-term liabilities	660,769	-	660,769	578,498
Total liabilities	1,983,975	383,374	2,367,349	3,154,363
COMMITMENTS ***(See Notes)***				
NET ASSETS:				
Without donor/ time restrictions	(113,496)	-	(113,496)	(683,921)
With donor/ time restrictions (Note 9)	-	6,193,111	6,193,111	6,885,765
Total net assets	(113,496)	6,193,111	6,079,615	6,201,844
Total liabilities and net assets	**$ 1,870,479**	**$ 6,576,485**	**$ 8,446,964**	**$ 9,356,207**

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
Year ended June 30, 2025 with comparative totals for the year ended June 30, 2024

	2025			2024
	Without Donor/ Time Restrictions	With Donor/ Time Restrictions	Total	Total
Support and revenues:				
Campaign revenue:				
Total contributions pledged	$ -	$ 5,270,632	$ 5,270,632	$ 5,403,794
Restricted contributions pledged	-	2,582,726	2,582,726	1,885,100
Less donor designations	-	(1,542,268)	(1,542,268)	(1,253,631)
Less provision for uncollectible pledges	-	(217,751)	(217,751)	(217,951)
Add prior years' excess provision for uncollectible pledges taken into income in current year	108,560	-	108,560	142,414
Net campaign revenue	108,560	6,093,339	6,201,899	5,959,726
Support:				
Grant revenue	-	4,972,053	4,972,053	4,899,868
Sponsors and program revenue	-	145,600	145,600	84,697
Contributed non-financial assets	62,734	-	62,734	59,040
Total support	171,294	11,210,992	11,382,286	11,003,331
Other revenue:				
Rental income	88,861	-	88,861	84,305
Administrative fees	61,510	-	61,510	101,431
Miscellaneous income	8,866	-	8,866	-
Total support and revenues	330,531	11,210,992	11,541,523	11,189,067
Net assets released from restrictions:				
For satisfaction of time restrictions	4,348,192	(4,348,192)	-	-
For satisfaction of program restrictions	7,776,099	(7,776,099)	-	-
	12,454,822	(913,299)	11,541,523	11,189,067
Expenses:				
Program services	11,010,636	-	11,010,636	11,843,337
Support services:				
Management and general	658,336	-	658,336	601,073
Fundraising	391,712	-	391,712	650,427
Total expenses	12,060,684	-	12,060,684	13,094,837
Increase (decrease) in net assets before non-operating activities	394,138	(913,299)	(519,161)	(1,905,770)
Non-operating activities:				
Change in value of beneficial interest in trusts, net of fees 2025 $18,004; 2024 $17,272	-	199,345	199,345	156,289
Realized and unrealized gains on investments	13,305	11,990	25,295	2,826
Investment income, net	162,982	9,310	172,292	179,128
Total non-operating activities	176,287	220,645	396,932	338,243
Net increase (decrease) in net assets	570,425	(692,654)	(122,229)	(1,567,527)
Net assets, beginning of year	(683,921)	6,885,765	6,201,844	7,769,371
Net assets, end of year	**$ (113,496)**	**$ 6,193,111**	**$ 6,079,615**	**$ 6,201,844**

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES
Year ended June 30, 2025 with comparative totals for the year ended June 30, 2024

	2025											2024
	Grants and awards	Salaries, employee benefits and taxes	Occupancy	Technology and telephone expenses	United Way Worldwide dues and other dues and subscriptions	Campaign, communications and printing	Professional services and subcontractors	Conferences, travel and staff development	Supplies, office expenses, insurance, and other	Depreciation and amortization	Total	Total
Program services												
Community impact grants	$ 623,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 623,000	$ 1,622,523
Targeted Grants	225,000	-	-	-	-	-	-	-	-	-	225,000	50,000
Recovery Friendly Workplace	496,918	644,307	-	2,407	-	59,214	-	26,312	170,128	-	1,399,286	506,160
211 New Hampshire	-	671,589	-	106,150	-	7,586	-	6,822	574,903	-	1,367,050	1,096,109
Public Health Network	32,315	826,064	15,994	1,102	-	4,037	259,308	23,134	165,363	-	1,327,317	1,366,073
Mary Gale Trust Management	631,000	-	-	-	-	-	-	-	-	-	631,000	740,287
Whole Village Family Resource Center	4,974	218,102	79,521	6,420	-	-	22,813	2,411	100,165	47,261	481,667	438,797
Housing Initiatives	37,097	114,928	-	30,819	-	230	253,461	6,941	25,365	-	468,841	817,099
Early Childhood	-	177,138	-	18,249	-	7,351	219,749	15,551	16,672	-	454,710	953,696
Volunteer Income Tax Assistance	-	131,688	-	-	-	-	38,040	-	35,600	-	205,328	193,521
New Hampshire Care Connections	-	166,518	-	-	-	160	-	6,377	758	-	173,813	-
Preschool Development	-	-	-	-	-	-	-	-	-	-	-	255,965
Work United Program	-	-	-	-	-	-	-	-	-	-	-	65,931
Other program services	293,943	2,122,324	156,773	125,936	102,932	22,876	459,020	41,395	286,668	41,757	3,653,624	3,737,176
Total program services	2,344,247	5,072,658	252,288	291,083	102,932	101,454	1,252,391	128,943	1,375,622	89,018	11,010,636	11,843,337
Supporting Services												
Management and general	-	479,888	36,045	28,955	23,666	-	39,304	9,515	31,362	9,601	658,336	601,073
Fundraising	-	279,223	20,973	16,848	13,770	34,314	3,086	5,537	12,375	5,586	391,712	650,427
Total support services	-	759,111	57,018	45,803	37,436	34,314	42,390	15,052	43,737	15,187	1,050,048	1,251,500
Total functional expenses	**$ 2,344,247**	**$ 5,831,769**	**$ 309,306**	**$ 336,886**	**$ 140,368**	**$ 135,768**	**$ 1,294,781**	**$ 143,995**	**$ 1,419,359**	**$ 104,205**	**$ 12,060,684**	**$ 13,094,837**

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS
Years Ended June 30, 2025 and 2024

	2025	2024
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from donors	$ 8,719,935	$ 7,112,366
Cash received from grantors	5,220,663	4,835,764
Administrative fees	61,510	101,431
Other cash received	99,296	166,267
Cash received from trusts	134,702	127,370
Designations paid	(1,608,798)	(1,025,930)
Cash (paid) received for funds held for others	(10,961)	7,232
Cash paid to agencies	(833,490)	(1,536,348)
Cash paid to partners and vendors	(11,609,841)	(10,864,844)
Net cash provided by (used in) operating activities	**173,016**	**(1,076,692)**
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(50,309)	(328,543)
Purchases of investments	-	(57,054)
Proceeds from sale of investments	79,941	372,928
Net cash provided by (used in) investing activities	**29,632**	**(12,669)**
CASH FLOWS FROM FINANCING ACTIVITIES		
Net borrowings (repayments) on line of credit	(225,000)	225,000
Borrowings on long-term debt	257,140	175,695
Repayments of long-term debt	(15,506)	(17,382)
Net cash provided by financing activities	**16,634**	**383,313**
Net increase (decrease) in cash	**219,282**	**(706,048)**
Cash, beginning of year	142,539	848,587
Cash, end of year	**$ 361,821**	**$ 142,539**
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash payments for:		
Interest expense	$ 34,132	$ 22,814
Refinance of long-term debt:		
Proceeds received from refinance	$ 302,860	$ -
Debt paid as a result of refinance	302,860	-
Net cash paid in refinance	$ -	$ -

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Note 1. Nature of Activities

Granite United Way is the result of several New Hampshire United Ways merging together to create a single, efficient organization that covers most of New Hampshire and Windsor County, Vermont. Granite United Way improves lives by mobilizing the caring power of their communities. More than fundraisers, Granite United Way is a partner in change, working with a broad range of people and organizations to identify and resolve pressing community issues. Granite United Way works closely with volunteer leadership to invest donor dollars to help the community learn, earn and be healthy. By focusing on these investment initiatives, Granite United Way is helping people in new and strategic ways.

Granite United Way conducts annual campaigns in the fall of each year to support hundreds of local programs, primarily in the subsequent year, while the State Employee Charitable Campaign, managed by Granite United Way, is conducted in May and June. Campaign contributions are used to support local health and human services programs, collaborations and to pay Granite United Way's operating expenses. Donors may designate their pledges to support a region of Granite United Way, a Community Impact area, other United Ways or to any health and human service organization having 501(c)(3) tax–exempt status. Amounts pledged to other United Ways or agencies are included in the total contributions pledged revenue and as designations expense. The related amounts receivable and payable are reported as an asset and liability in the statement of financial position. The net campaign results are reflected as with donor restrictions in the accompanying statement of activities and changes in net assets, as the amounts are to be collected in the following year. Prior year campaign results are reflected as net assets released from restrictions in the current year statement of activities and changes in net assets.

Granite United Way invests in the community through three different vehicles:

June 30,		2025		2024
Community Impact Awards to partner agencies	$	623,000	$	1,622,523
Donor designated gifts to Health and Human Service agencies		1,542,268		1,253,631
Granite United Way Program services		10,387,636		10,220,814
Total	$	12,552,904	$	13,096,968

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of Granite United Way (the "United Way") have been prepared on the accrual basis. Under the accrual basis, revenues and gains are recognized when earned and expenses and losses are recognized when incurred. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Estimates and assumptions: The United Way prepares its financial statements in accordance with generally accepted accounting principles. Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Accordingly, actual results could differ from those estimates.

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Cash and cash equivalents: For the purposes of reporting cash flows, the United Way considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The United Way had no cash equivalents at June 30, 2025 and 2024.

Net assets: The United Way reports information regarding its financial position and activities according to two categories of net assets: net assets with donor restrictions and net assets without donor restrictions. Descriptions of these net asset categories are as follows:

Net assets without donor/ time restrictions: Net assets without donor restrictions are available for use at the discretion of the Board of Directors and/or management for general operating purposes. From time to time the Board of Directors designates a portion of these net assets for specific purposes which makes them unavailable for use at management's discretion. For example, the Board has designated a portion of net assets without donor restrictions as a quasi-endowment (an amount to be treated by management as if it were part of the donor restricted endowment) for the purpose of securing the United Way's long-term financial viability.

The United Way has board designated net assets of $14,734 and $13,609 for endowment at June 30, 2025 and 2024, respectively.

Net assets with donor/ time restrictions: Net assets with donor restrictions consist of assets whose use is limited by donor-imposed, time and/or purpose restrictions.

The United Way reports gifts of cash and other assets as revenue with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, the net assets are reclassified as net assets without donor restrictions and reported in the statement of activities and changes in net assets as net assets released from restrictions.

Some net assets with donor restrictions include a stipulation that assets provided be maintained permanently (perpetual in nature) while permitting the United Way to expend the income generated by the assets in accordance with the provisions of additional donor imposed stipulations or a Board approved spending policy.

Contributions receivable: Campaign pledge contributions are generally paid within one year. The United Way provides an allowance for uncollectible pledges at the time campaign results are recorded. Provisions for uncollectible pledges have been recorded in the amount of $217,751 and $217,951 for the campaign periods ended June 30, 2025 and 2024, respectively. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for both of the years ended June 30, 2025 and 2024.

Investments: The United Way's investments in marketable equity securities and all debt securities are reported at their fair value based upon quoted market prices in the accompanying statement of financial position. Unrealized gains and losses are included in the changes in net assets in the accompanying statement of activities. The United Way's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

Revenue recognition - contributions: The United Way recognizes contributions received and made, including unconditional promises to give, as revenue in the period received or made. Contributions received are reported as either revenues without donor restrictions or revenues with donor restrictions.

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Contributions with donor restrictions that are used for the purposes specified by the donor in the same year as the contribution is received are recognized as revenues with donor restrictions and are reclassified as net assets released from restrictions in the same year. Promises to contribute that stipulate conditions to be met before the contribution is made are not recorded until the conditions are met. There were no conditional promises to give as of June 30, 2025.

Functional allocation of expenses: The statement of functional expenses presents expenses by function and natural classification. Expenses directly attributable to a specific functional area of the United Way are reported as expenses of those functional areas. A portion of general and administrative costs that benefit multiple functional areas (indirect costs) have been allocated across programs and other supporting services based on estimates of time and effort.

Property and equipment: Property and equipment are carried at cost, if purchased and fair value if contributed. Maintenance, repairs, and minor renewals are expensed as incurred, and major renewals and betterments are capitalized. The United Way capitalizes additions of property and equipment in excess of $2,500.

Depreciation of property and equipment is computed using the straight-line method over the following useful lives:

	Years
Building and building improvements	5-31½
Leasehold improvements	15
Furniture and equipment	3-10

Operating measure: The United Way has presented the statement of activities and changes in net assets based on an intermediate measure of operations. The measure of operations includes all revenues and expenses that are an integral part of the United Way's programs and supporting activities and net assets released from restrictions to support operating activities. Non-operating activities are limited to resources outside of those programs and services and are comprised of investment return, the changes in fair value of the beneficial interest in trusts, and gains and losses on sales and dispositions of assets.

Concentrations of credit risk: Financial instruments which potentially subject the United Way to concentrations of credit risk, consist primarily of contributions receivable, substantially all of which are from individuals, businesses, or not-for-profit organizations. Concentrations of credit risk are limited due to the large number of donors comprising the United Way's donor base. As a result, at June 30, 2025, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

In addition, the United Way maintains cash accounts with several financial institutions insured by the Federal Deposit Insurance Corporation up to $250,000. At June 30, 2025, there was $75,000 in excess of federally insured limits.

Income taxes: The United Way is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The United Way is also exempt from state income taxes by virtue of its ongoing exemption from federal income taxes. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

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The United Way has adopted the provisions of FASB ASC 740 Accounting for Uncertainty in Income Taxes. Accordingly, management has evaluated the United Way's tax positions and concluded the United Way had maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment or disclosure in the financial statements.

With few exceptions, the United Way is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for tax years before 2022.

Leases: The United Way recognizes right-of-use (ROU) assets and lease liabilities on the statements of financial positions for all material operating and financing leases greater than one year. Factors contributing to the amount of asset and liability recorded are the determination of the lease term, discount rate used and the inclusion or exclusion of certain lease and non-lease components.

The United Way includes lease extension and termination options in the lease term if, after considering relevant economic factors, it is reasonably certain the United Way will exercise the option. In addition, the United Way has elected to account for any non-lease components in its real estate leases as part of the associated lease component. The United Way has also elected not to recognize leases with original lease terms of 12 months or less (short-term leases) on the United Way's statement of financial position.

For leases with a lease term greater than one year, the United Way recognizes a lease asset for its right to use the underlying leased asset and a lease liability for the corresponding lease obligation. The United Way determines whether an arrangement is or contains a lease at contract inception. Operating lease right-of-use assets and operating lease liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. In determining the present value of lease payments, the United Way uses its incremental borrowing rate for a period comparable with that of the lease term. The United Way considers the lease term to be the noncancelable period that it has the right to use the underlying asset, including all periods covered by an option to (1) extend the lease if the United Way is reasonably certain to exercise the option, (2) terminate the lease if the United Way is reasonably certain not to exercise that option, and (3) extend, or not to terminate, the lease in which exercise of the option is controlled by the lessor.

The operating lease right-of-use assets also include any lease payments made and exclude lease incentives received or receivable. Lease expense is recognized on a straight-line basis over the expected lease term. Variable lease expenses are recorded when incurred.

Note 3. Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820-10) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

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The three levels of the fair value hierarchy are as follows:

- Level 1 – inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date. The types of assets carried at Level 1 fair value generally are securities listed in active markets. The United Way has valued their investments listed on national exchanges at the last sales price as of the day of valuation.

- Level 2 – inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

- Level 3 – inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option-pricing models, discounted cash flow models, and similar techniques.

Financial assets carried at fair value on a recurring basis consist of the following at June 30, 2025:

	Level 1	Level 2	Level 3
Money market funds	$ 32,393	$ 29,318	$ -
Mutual funds:			
Domestic equity	99,482	-	-
Fixed income	89,543	-	-
Other	19,188	-	-
Fixed income funds	437,882	-	-
Corporate bonds	-	160,931	-
Beneficial interest in assets held by others	-	-	3,045,064
Total	$ 678,488	$ 190,249	$ 3,045,064

Financial assets carried at fair value on a recurring basis consist of the following at June 30, 2024:

	Level 1	Level 2	Level 3
Money market funds	$ 28,439	$ 22,954	$ -
Mutual funds:			
Domestic equity	98,645	-	-
Fixed income	85,838	-	-
Other	11,726	-	-
Fixed income funds	488,737	-	-
Corporate bonds	-	150,883	-
Beneficial interest in assets held by others	-	-	2,845,719
Total	$ 713,385	$ 173,837	$ 2,845,719

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All assets have been valued using a market approach, except for the beneficial interest in assets held by others, and have been consistently applied. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. Prices may be indicated by pricing guides, sales transactions, market trades, or other sources.

The beneficial interest in assets held by others is valued using the income approach. The value is determined by calculating the present value of future distributions expected to be received, which approximates the value of the trust's assets at June 30, 2025 and 2024.

GAAP requires disclosure of an estimate of fair value for certain financial instruments. The United Way's significant financial instruments include cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

Note 4. Property and Equipment

Property and equipment, at cost, at June 30,	2025	2024
Land, buildings and building improvements	$ 1,797,233	$ 1,783,733
Leasehold improvements	5,061	5,061
Furniture and equipment	355,309	318,500
Total property and equipment	2,157,603	2,107,294
Less accumulated depreciation	(870,561)	(766,357)
Total property and equipment, net	**$ 1,287,042**	**$ 1,340,937**

Note 5. Endowment Funds Held by Others

Agency endowed funds: The United Way is a beneficiary of various agency endowment funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as separate funds designated for the benefit of the United Way.

In accordance with its spending policy, the Foundation may make distributions from the funds to the United Way. The New Hampshire Charitable Foundation's charitable distribution rate is currently 4% of the fund's average market value of the trailing 20 calendar quarters.

The estimated value of the future distributions from the funds is included in these financial statements as required by FASB ASC 958-605, however, all property in the fund was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way. The United Way received $99,311 and $97,837 from the agency endowed funds during the years ended June 30, 2025 and 2024, respectively.

Designated funds: The United Way is also a beneficiary of eight designated funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as a separate fund designated for the benefit of the United Way.

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In accordance with its spending policy, the Foundation makes distributions from the funds to the United Way. The New Hampshire Charitable Foundation's charitable distribution rate is currently 4% of the fund's average market value of the trailing 20 calendar quarters.

These funds are not included in these financial statements, since although all property in these funds was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way, The New Hampshire Charitable Foundation may redirect funds to another organization.

The United Way received $29,765 and $29,533 from the designated funds during the years ended June 30, 2025 and 2024, respectively. The market value of these funds' assets amounted to approximately $910,000 and $852,000 at June 30, 2025 and 2024, respectively.

Note 6. Long-term Debt and Line of Credit

Long-term debt at June 30,	2025	2024
Mortgage financed with a local bank. Interest rate adjusted every 5-years at the 5-year Federal Home Loan Classic Advance Rate plus 2.5% (6.5% at June 30, 2025). Payable in monthly installments of principal and interest of $1,908. Collateralized by the United Way's building located in Plymouth, NH	$ -	$ 142,486
Mortgage financed with a local bank. Interest rate 6.00% for the first five years of the loan, at which point the interest rate changes to the 5-year Federal Home Loan Classic Advance Rate plus 2.50%. Payable in monthly installments of principal and interest of $1,293.	-	172,841
Mortgage refinanced with a local bank. Interest rate 6.75% for the first five years of the loan, at which point the interest rate changes to the 5-year Federal Home Loan Classic Advance Rate plus 2.50%. Payable in monthly installments of principal and interest of $3,903 through February, 2050. Collateralized by the United Way's building located in Plymouth, NH.	$ 556,961	$ -
Total	556,961	315,327
Less portion payable within one year	**9,530**	**21,827**
Total long-term debt	**$ 547,431**	**$ 293,500**

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The scheduled maturities of long-term debt at June 30, 2025 were as follows:

Year Ending June 30,	
2026	$ 9,530
2027	10,193
2028	10,903
2029	11,662
2030	12,474
Thereafter	502,199
Total	$ 556,961

The United Way had a revolving line-of-credit with Citizen's Bank with a maximum borrowing limit of $250,000 that was closed during the current year. A new line was opened in the current year with Franklin Savings Bank with a maximum borrowing limit of $500,000. The line of credit is a 12 month revolving commercial line and has a fixed rate of 7.25%. The line is secured by the United Way building located in Plymouth, NH. At June 30, 2025 and 2024, there was $- and $225,000 outstanding, respectively, on the line-of-credit agreements.

Note 7. Funds Held for Others

The United Way held funds for others for the following projects:

June 30,	2025	2024
Work United Loan Default Program	$ 1,756	$ 2,663
Concord Multicultural Festival	1,867	11,921
Get Moving Manchester	1,740	1,740
Better Together Lakes Region	245	245
Total	**$ 5,608**	**$ 16,569**

Note 8. Endowment Funds

The United Way's endowment consists of nine individual funds established for youth programs, Whole Village Resource Center, and general operating support. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments.

As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law: The United Way is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) and, thus, classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the Board of Directors appropriates such amounts for expenditures.

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Most of those net assets are also subject to purpose restrictions that must be met before reclassifying those net assets to net assets without donor restrictions. The Board of Directors of the United Way has interpreted UPMIFA as not requiring the maintenance of purchasing power of the original gift amount contributed to an endowment fund unless a donor stipulates the contrary.

As a result of this interpretation, when reviewing its donor-restricted endowment funds, the United Way considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument.

The United Way has interpreted UPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law.

Additionally, in accordance with UPMIFA, the United Way considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund, (2) the purposes of the organization and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the organization, and (7) the investment policies of the United Way.

Underwater Endowment Funds: From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the United Way to retain as a fund of perpetual duration. The United Way did not have any funds with deficiencies of this nature as of June 30, 2025 and 2024.

Investment Return Objectives, Risk Parameters and Strategies: The United Way has adopted investment policies, approved by the Board of Directors, for endowment assets for the long-term. The United Way seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable level of risk. Investment risk is measured in terms of the total endowment fund; investment assets and allocations between asset classes and strategies are managed to not expose the fund to unacceptable level of risk.

Spending Policy: The United Way does not currently have a spending policy for distributions each year as they strive to operate within a budget of their current Campaign's income. To date there have been no distributions from the endowment fund.

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Endowment net asset composition by type of fund as of June 30, 2025 is as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment	$ 14,734	$ -	$ 14,734
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor	-	142,652	142,652
Accumulated investment gains	-	133,225	133,225
Total funds	$ 14,734	$ 275,877	$ 290,611

Changes in the endowment net assets as of June 30, 2025 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, June 30, 2024	$ 13,609	$ 254,577	$ 268,186
Investment return, net	1,125	21,300	22,425
Endowment net assets, June 30, 2025	$ 14,734	$ 275,877	$ 290,611

Endowment net asset composition by type of fund as of June 30, 2024 is as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment	$ 13,609	$ -	$ 13,609
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor	-	142,652	142,652
Accumulated investment gains	-	111,925	111,925
	$ 13,609	$ 254,577	$ 268,186

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Changes in the endowment net assets as of June 30, 2024 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, June 30, 2023	$ 12,495	$ 233,821	$ 246,316
Investment return, net	1,114	20,756	21,870
Endowment net assets, June 30, 2024	$ 13,609	$ 254,577	$ 268,186

Note 9. Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes or periods:

June 30,	2025	2024
Subject to expenditure for specified time period:		
Contributions receivable related to campaigns	$ 2,380,289	$ 3,247,791
Designations payable to other agencies and United Ways	(383,374)	(413,296)
	1,996,915	2,834,495
Subject to expenditure for specified purpose:		
Manchester Proud	398,271	442,151
Public Health Network services	233,868	398,388
Homelessness initiatives	102,737	-
Leader in Me	45,670	80,072
Grants	30,000	-
Other programs	64,709	30,363
	875,255	950,974
Endowments subject to the United Way's spending policy and appropriation:		
Investments in perpetuity (original gift values of $142,652), which once appropriated, is expendable to support:		
General Operations	109,007	100,590
Youth Programs	33,246	30,680
Whole Village Resource Center	133,624	123,307
	275,877	254,577
Beneficial interest in assets held by others:		
Agency endowed funds at the New Hampshire Charitable Foundation	3,045,064	2,845,719
Total net assets with donor restrictions	**$ 6,193,111**	**$ 6,885,765**

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Note 10. Liquidity and Availability of Resources

The United Way's financial assets available within one year of the statement of financial position date for general expenditure are as follows:

June 30,	2025	2024
Cash	$ 361,821	$ 142,539
Investments	868,737	887,222
Contributions receivable, net	2,552,184	3,646,179
Beneficial interest in trust	3,045,064	2,845,719
Accounts and rent receivable	4,028	5,597
Total financial assets	6,831,834	7,527,256
Less amounts unavailable for general expenditures within one year, due to:		
Restricted by donors with time or purpose restrictions	(199,136)	(221,076)
Subject to appropriation and satisfaction or donor restrictions	(275,877)	(254,577)
Agency endowed funds at the NH Charitable Foundation	(3,045,064)	(2,845,719)
Total amounts unavailable for general expenditure within one year	(3,520,077)	(3,321,372)
Amounts unavailable to management without Board's approval:		
Board designated endowment	(14,734)	(13,609)
Total financial assets available to management for general expenditure within one year	$ 3,297,023	$ 4,192,275

Liquidity Management

The United Way maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To help manage unanticipated liquidity needs the United Way has committed a line of credit of $250,000, which it could draw upon. Additionally, the United Way has board designated net assets without donor restrictions that, while the United Way does not intend to spend these for purposes other than those identified, the amounts could be made available for current operations, if necessary.

Note 11. Pension Fund

The United Way sponsors a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code, whereby electing employees contribute a portion of their salaries to the plan. For the years ended June 30, 2025 and 2024, the United Way contributed $144,942 and $141,985, respectively to employees participating in the plan.

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Note 12. Leases

During a prior year, the United Way entered into an operating lease agreement for a four-year term commencing on January 1, 2022 through December 31, 2025 for office space in Concord, New Hampshire. The lease required monthly payments of $1,496 through December 31, 2022, increasing 3% in each year thereafter.

During a prior year, the United Way entered into an operating lease agreement for a five-year term commencing July 1, 2021 through June 30, 2026 for office space in Manchester, New Hampshire. The lease required monthly payments of $3,300 through June 30, 2023, increasing 2% in each year thereafter.

During a prior year, the United Way entered into an operating lease agreement for a five-year term commencing on September 1, 2018 through August 31, 2023 for office space in Lebanon, New Hampshire. The lease requires payments for common costs. These costs are included in the variable costs and are expensed when incurred. There is an option to extend the lease for 5 years at the end of the lease term, which was exercised through August 31, 2026. The lease extension requires monthly payments of $658 through the lease term.

During a prior year, the United Way entered into an operating lease agreement for a five-year term commencing on April 1, 2022 through March 31, 2027 for office space in Portsmouth, New Hampshire. The lease requires monthly payments of $4,400 through March 31, 2023, and increases $73 in each year thereafter.

During a prior year, the United Way entered into an operating lease agreement for a four-year term commencing September 1, 2017 through August 31, 2021 for office space in Concord, New Hampshire. The lease contained an option to extend the lease for 2 years through August 31, 2023 which was exercised. A second option to extend was exercised through August 31, 2027. The lease extension requires monthly payments of $4,354 through the lease term.

In Plymouth New Hampshire, the United Way rents space in a building, which they own and occupy to ten non-affiliated, non-profit organizations. Termination of the lease is generally prohibited unless there is a violation under the lease agreement. There are no options to extend. The monthly lease payments range from $75 to $1,995 per month. For the years ended June 30, 2025 and 2024, the rental income amounted to $88,861 and $82,476, respectively.

The United Way leases multiple copier machines under the terms of operating lease agreements. The monthly lease payments amount to approximately $1,200. The leases expire on various dates through October 26, 2027.

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June 30,		2025
Lease expense		
Operating lease expense	$	187,199
Short-term lease expense		2,244
Variable lease expense		7,202
Total	$	196,645
Other Information		
Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flows from operating leases	$	186,698
Weighted-average remaining lease term in years for operating leases		1.76
Weighted-average discount rate for operating leases		4.11%
Rental income from operating lease payments	$	88,861

At June 30, 2025, the future minimum lease payments under non-cancellable leases are as follows:

2026	$	179,440
2027		104,553
2028		10,958
Total undiscounted cash flows		294,951
Less: present value discount		(9,953)
Total lease liabilities	$	284,998

Note 13. Contributed Nonfinancial Assets

For the years ended June 30, 2025 and 2024, contributed nonfinancial assets recognized within the statement of activities and changes in net assets included:

June 30,		2025		2024
Services	$	9,000	$	9,185
Office Space		48,000		48,000
Supplies		5,734		1,855
Total	**$**	**62,734**	**$**	**59,040**

The Organization recognized contributed nonfinancial assets within revenue. Unless otherwise noted, contributed nonfinancial assets did not have donor-imposed restrictions.

Contributed services are recognized when the services received would typically need to be purchased if they had not been provided by donation or require specialized skills and are provided by individuals possessing those skills.

A substantial number of volunteers have donated significant amounts of their time in United Way's program services; however, the value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition.

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Contributed services consist of audit and consulting services provided. The estimated fair value is based on the market value of the services provided.

Contributed office space consists of office space for the 211 New Hampshire program. The estimated fair value is based on rent of similar spaces.

Note 14. Payment to Affiliated Organizations and Related Party

The United Way pays dues to United Way Worldwide. The United Way's dues paid to this affiliated organization aggregated $133,691 and $104,311 for the years ended June 30, 2025 and 2024, respectively.

Note 15. Self-Insured Health Plan

The United Way has a self-insured health plan for all its employees. The United Way has purchased stop-loss insurance in order to limit its exposure, which will reimburse the Organization for individual claims in excess of $40,000 annually or aggregate claims exceeding $1,000,000 annually. Self-insurance losses are accrued based on the Organization's estimates of the aggregate liability for uninsured claims incurred using certain actuarial assumptions followed in the insurance industry.

Note 16. Subsequent Events

The United Way has evaluated subsequent events through November 13, 2025, the date which the financial statements were available to be issued and have not evaluated subsequent events after that date. Subsequent to year end, a grant agreement was entered into between Granite United Way and the state of New Hampshire Department of Health and Human Services in the amount of $10,000,000 to develop, implement, publicize and promote, and administer a statewide Opioid Abatement Community Grants Program. This grant begins in the year ended June 30, 2026 and runs through June 30, 2027. There were no other subsequent events that would require disclosure in the financial statements for the year ended June 30, 2025.

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
MERRIMACK COUNTY REGION
Year Ended June 30, 2025

	Community Impact Awards
Family Promise of Greater Concord	$ 16,500
Concord Coalition to End Homelessness	15,000
The Friendly Kitchen	15,000
Project S.T.O.R.Y	14,000
Second Start	9,500
Thrive Survivor Support Center	9,000
Pittsfield Youth Workshop	9,000
The Friends Program, Inc.	9,000
Tiny Twisters Child Care Center	8,000
CASA of NH	8,000
American Foundation for Suicide Prevention	6,000
Capital Region Habitat for Humanity	5,000
	$ 124,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
NORTH COUNTRY REGION
Year Ended June 30, 2025

	Community Impact Awards
Grafton County Senior Citizens Council	$ 9,000
Littleton Winter Shelter	9,000
The Bridge Project	8,250
Copper Cannon Camp	7,500
Boys & Girls Club of the North Country	2,750
White Horse Recovery	2,500
The Loading Dock	2,500
Jobs for America's Graduates	2,500
	$ 44,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
UPPER VALLEY REGION
Year Ended June 30, 2025

	Community Impact Awards
Maynard House	$ 12,500
Springfield Turning Point	11,000
Upper Valley Haven	10,800
Friends of Veterans	10,000
LISTEN Lebanon in Service to Each Neighbor	8,750
Special Needs Support Center	8,000
Valley Court Diversion	7,400
COVER Home Repair	7,100
Connecticut Valley Addiction Recovery, Inc.	6,000
Willing Hands Enterprises	5,300
Windsor County Mentors	5,200
TLC Family Resource Center	5,000
Southeastern Vermont Community	5,000
Good Neighbor Health Clinic	5,000
Dismas of Vermont	5,000
Vermont Adult Learning, Inc.	3,650
Ledyard Charter School	3,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
UPPER VALLEY REGION (CONTINUED)
Year Ended June 30, 2025

	Community Impact Awards (Continued)
Tri-Valley Transit	$ 3,000
The Family Place, Inc.	3,000
Hartford Community Restorative	2,900
Zack's Place Enrichment Center	2,400
	$ 130,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
SOUTHERN REGION
Year Ended June 30, 2025

	Community Impact Awards
1269 Café	$ 10,000
Community Caregivers of Greater Derry	10,000
Isaiah 58 New Hampshire	9,200
REACH NH Crisis Services	8,500
St. Joseph Community Services, Inc.	8,250
Building Community in New Hampshire	7,550
Families in Transition	7,550
Operation Delta Dog, Inc.	7,550
CASA of NH	7,500
Girls Inc. of New Hampshire	7,500
Harbor Homes, Inc.	7,500
HOPE for NH Recovery	7,500
International Institute of New England	7,500
New Hampshire Legal Assistance	7,500
Waypoint NH	7,500
Webster House	7,500
Helping Hands Outreach Ministries, Inc.	6,400
Friends of Aine	5,000
Girls at Work, Inc	5,000
Granite State Children's Alliance	5,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
SOUTHERN REGION
Year Ended June 30, 2025

	Community Impact Awards (Continued)
New Neighbor Connections	$ 5,000
Queerlective	5,000
	$ 160,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
NORTHERN REGION
Year Ended June 30, 2025

	Community Impact Awards
Harvest Christian Fellowship	$ 5,000
Way Station	4,500
A Place for Us	4,500
Spartan Learning Commons	3,000
Kismet Rock Foundation	2,500
Family Resource Center at North	1,500
	$ 21,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
CENTRAL REGION
Year Ended June 30, 2025

	Community Impact Awards
Pemi Youth Center	$ 11,030
Lakes Region Mental Health Center, Inc	7,550
Tapply-Thompson Community Center	7,200
Grafton County Senior Citizens Council	6,500
Lakes Region Community Developers	5,000
Back in the Saddle Equine Therapy Center	5,000
Kingswood Youth Center	4,750
The Bearcamp Center for Sustainable Community	4,400
Circle Program	2,500
Sandwich Children's Center	1,070
	$ 55,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
GREATER SEACOAST REGION
Year Ended June 30, 2025

	Community Impact Awards (Continued)
Fair Tide	$ 10,630
Hope on Haven Hill, Inc.	9,480
Black Lives Matter Seacoast	6,555
Austin17House	6,555
Lantern Light Camps	6,555
Strafford Nutrition & Meals on Wheels	6,555
Dover Adult Learning Center	6,075
Kingston Children's Center	6,075
Little Blessings Child Care	6,075
The KEY Collective	5,555
HAVEN Violence Prevention and Support	4,925
Seacoast Community School	4,925
Rockingham Nutrition & Meals on Wheels	3,925
Victoria's Victory Foundation	2,560
Annie's Angels Memorial Fund	2,555
	$ 89,000

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

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

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, the financial statements of Granite United Way, which comprise of the statements of financial position as of June 30, 2025, and the related statements of activities and changes in net assets and cash flows the year then ended, and the related notes to the financial statements and have issued our report thereon dated November 13, 2025.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Granite United Way's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Granite United Way's internal control. Accordingly, we do not express an opinion on the effectiveness of Granite United Way'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 entity'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 over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any additional deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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Compliance and Other Matters

As part of obtaining reasonable assurance about whether Granite United Way's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Nathan Wechsler & Company

Concord, New Hampshire
November 13, 2025

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GRANITE UNITED WAY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
AND
INDEPENDENT AUDITOR'S REPORT

FOR THE YEAR ENDED
JUNE 30, 2025

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT ON SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Independent Auditor's Report

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on Schedule of Expenditures of Federal Awards

Opinion

We have audited the accompanying schedule of expenditures of federal awards of Granite United Way for the year ended June 30, 2025 and the related notes (the financial statement).

In our opinion, the accompanying schedule of expenditures of federal awards presents fairly, in all material respects, the expenditures of federal awards of Granite United Way for the year ended June 30, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (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 are further described in the Auditor's Responsibilities for the Audit of the Schedule section of our report.

We are required to be independent of Granite United Way 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 Schedule

Management is responsible for the preparation and fair presentation of the schedule 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 the schedule that is free from material misstatement, whether due to fraud or error.

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Auditor's Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the schedule as a whole is 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 GAAS, *Government Auditing Standards*, and the Uniform Guidance 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 schedule.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the schedule, 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 schedule.
- 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 United Way'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 schedule.

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.

Nathan Wechsler & Company

Concord, New Hampshire
November 13, 2025

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GRANITE UNITED WAY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended June 30, 2025

Federal Grantor Pass-through Grantor Program Title	Assistance Listing Number	Pass-through Identifying Number	Federal Expenditures	Expenditures to Subrecipients
U.S. Department of Health and Human Services				
Passed through State of N.H. Department of Health and Human Services				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	05-95-92-920510-3380	$ 490,024	$ 15,000
Public Health Emergency Preparedness	93.069	05-95-90-903510-1114	261,405	81,886
National Bioterrorism Hospital Preparedness Program	93.889	05-95-90-903510-1113	3,163	-
Preventive Health and Health Services Block Grant	93.991	05-95-90-901010-8011	43,388	15,000
Immunization Cooperative Agreements	93.268	05-95-90-902510-5178	43,550	2,817
Medical Reserve Corps Small Grant Program	93.008	05-95-90-903510-4302	30,294	-
Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90-901010-5771	153,153	74,366
Opioid STR	93.788	H79TI085759, H79TI087843	785,138	-
Child Care Development Block Grant	93.575	2101NHCDC6	256,439	-
Passed through Mary Hitchcock Hospital, for itself and on behalf of Dartmouth-Hitchcock Clinic				
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912	GC10659-03	100,473	-
Total U.S. Department of Health and Human Services			2,167,027	189,069
U.S. Department of the Treasury				
Direct Program				
Volunteer Income Tax Assistance (VITA) Matching Grant Program	21.009	N/A	194,473	18,328
U.S. Department of Justice				
Passed Through the State of New Hampshire Department of Justice				
Crime Victim Assistance	16.575	2025VOC66	87,422	67,543
Total Expenditures of Federal Awards			$ 2,448,922	$ 274,940

The accompanying notes are an integral part of this schedule.

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Note 1. Basis of Presentation

The Schedule of Expenditures of Federal Awards ("the Schedule") includes the federal grant activity of Granite United Way ("the United Way"), under programs of the federal government for the year ended June 30, 2025. The information in this schedule is presented in accordance with the requirements of the Office of Management and Budget (OMB) *Uniform Guidance*. Because the schedule presents only a selected portion of the operations of the United Way, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the United Way.

Note 2. Basis of Accounting

This schedule is prepared on the same basis of accounting as the United Way's financial statements. The United Way uses the accrual basis of accounting. Expenditures represent only the federally funded portions of the program. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Note 3. Program Costs

The amounts shown as current year expenditures represent only the federal grant portion of the program costs. Entire program costs could be more than shown. Such expenditures are recognized following, as applicable, either the cost principles in the OMB Circular A-122, Cost Principles for Non-Profit Organizations, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 4. Major Programs

In accordance with OMB Uniform Guidance, major programs are determined using a risk-based approach. Programs in the accompanying Schedule are determined by the independent auditor to be major programs.

Note 5. Indirect Cost Rate

Indirect costs are calculated based on the specific indirect cost rate agreements established for each grant. Granite United Way applies varying indirect costs rates as stipulated in individual grant agreements with federal and non-federal awarding agencies. These rates, which may include negotiated rate or the de minimis rate of 10% of Modified Total Direct Costs (MTDC) are applied to the applicable direct cost base in accordance with each grant's terms.

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REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM GUIDANCE

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Granite United Way's compliance with the types of compliance requirements identified in the *OMB Compliance Supplement* that could have a direct and material effect on each of Granite United Way's major federal programs for year ended June 30, 2025. Granite United Way'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, Granite United Way complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2025.

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

70 Commercial Street, 4th Floor
Concord, NH 03301
v: 603-224-5357
f: 603-224-3792

59 Emerald Street
Keene, NH 03431
v: 603-357-7665
f: 603-224-3792

44 School Street
Lebanon, NH 03766
v: 603-448-2650
f: 603-448-2476

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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 Granite United Way'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 Granite United Way'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 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 Granite United Way's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with 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 Granite United Way'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 Granite United Way's internal control over compliance 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 United Way'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

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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 in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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

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

Nathan Wechsler & Company

Concord, New Hampshire
November 13, 2025

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GRANITE UNITED WAY

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED JUNE 30, 2025

Section I: Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: *unmodified*

Internal control over financial reporting:

Are any material weaknesses identified?	_____ Yes	__X__ No	
Are any significant deficiencies identified?	_____ Yes	__X__ None Reported	
Is any noncompliance material to financial statement noted?	_____ Yes	__X__ No	

Federal Awards

Internal control over major federal programs:

Are any material weaknesses identified?	_____ Yes	__X__ No	
Are any significant deficiencies identified?	_____ Yes	__X__ None Reported	
Type of auditor's report issued on compliance for major federal programs:	*unmodified*		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	_____ Yes	__X__ No	

Identification of major federal programs:

Assistance Listing Numbers	Name of federal program or cluster
93.575	Child Care Development Block Grant
93.788	Opioid STR

Dollar threshold used to distinguish between type A and type B programs:	$750,000		
Auditee qualified as a low-risk auditee?	_____ Yes	__X__ No	

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GRANITE UNITED WAY

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED JUNE 30, 2025

Section II – Financial Statement Findings

No financial statement findings identified for the year ended June 30, 2025.

Section III – Federal Awards Findings

No federal award findings identified for the year ended June 30, 2025.

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Granite United Way

LIVE UNITED

October 17, 2025

Granite United Way
Summary Schedule of Prior Audit Findings

Granite United Way
Manchester, New Hampshire

AUDIT FINDING for Fiscal Year Ended June 30, 2024

Finding Reference Number: 2024-001

Description of Finding: Funds were expended in the fiscal year on transactions with future obligation dates that fell outside of the award's designated timeframe.

Finding Status:

Granite United Way established additional policies and procedures regarding the review of obligation dates to ensure that they are within the permitted timeframes of contracts. The Chief Impact Officer and Chief Financial Officer reviewed any vendor expenses submitted by program staff for implementation dates and would have gotten written approval from the grantor in advance of payment if the dates were outside of the contract end date, which there were none in the 2025 fiscal year.

Granite United Way does not anticipate this scenario to present itself again as this finding was related to a pilot program developed in partnership with the New Hampshire Department of Health and Human Services (NH DHHS), with funding from the Child Care Development Block Grant (ARPA Child Care Supplemental Discretionary Funds). The transaction in question was erroneously approved in advance by NH DHHS, reimbursed to GUW following NH DHHS review of all relevant backup documentation, and then rescinded. The transaction provided for a pool of funds set up in advance with an approved vendor and made available to employees of the participating pilot program businesses to draw on for applicable childcare expenses.

Name of Contact Person: Cindy Read, Chief Financial Officer, cindy.read@graniteuw.org, 603-625-6939

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Granite United Way

LIVE UNITED

Board of Directors 2024-2025

Joseph Bator, *Chair*
TD Bank, Regional Vice President
Josephine Moran, *Vice Chair*
Ledyard Financial Group, Inc.
Dr. Chuck Lloyd, *Immediate Past Chair*
Community College System of NH, Vice Chancellor
Doug DeLara, *Treasurer*
Baker Newman Noyes, Senior Manager
William Keena, *Secretary*
AmeriHealth Caritas New Hampshire
Kathy Bizarro-Thunberg, *Audit Chair*
New Hampshire Hospital Association, Executive Vice President
Kyle Barry
NextEra Energy Seabrook Station
Stephen Brooks
Littleton Coin Company
Robert Coates
Eversource
Paul DeBassio
Retired/ United Way Network
Chris Emond
Boys & Girls Club of Central NH, Executive Director
Doug Foley
Eversource, President
Colby Gamester, *GSR CIC Chair*
Gamester Law Office, Owner & Attorney
James Harris
Sheehan Phinney
Dr. Pamela Hofley
Dartmouth Hitchcock
John Hughes
McLane Middleton, Director, Trusts & Estates Department
Diana Johnson
Merrimack County Savings Bank, Vice President Marketing Officer

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Christina Lachance
University of New Hampshire, NH Council for Thriving Children, Director
Roxanne Makris
Lincoln Financial Group
Stacia Maloney
Pike Industries
Herschel Nachlis
Dartmouth College
Maura Palmer, *Governance Chair*
Salem School District
Randy Perkins
Eversource, Senior Account Executive (Retired)
Dr. Daisy Pierce
Navigating Recovery of the Lakes Region
Kelli Riggs, *Marketing Chair*
Comcast
Betsey Rhynhart, *MC CIC Chair / DEI Chair*
Concord Hospital, Vice President of Population Health
Justin Slattery, *CR CIC Chair*
Belknap Economic Development Council, Executive Director
Tim Soucy, *SR CIC Chair*
Catholic Medical Center, Senior Executive Director of Community Health & Mission
Rusty Talbot, *NC CIC Chair*
North Country Climbing Center, CEO
Nick Toumpas, *Strategic Impact Chair*
Department of Health and Human Services, Commissioner (Retired)
Patrick Tufts, MSW
Granite United Way

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[redacted]

SHANNON M. SWETT, MSW

EDUCATION

Master of Social Work
2002 – 2004 University of New Hampshire Durham, NH

Bachelor of Arts - Clinical Counseling Psychology
1999 – 2002 Keene State College Keene, NH

EXPERIENCE

2007 - Present Granite United Way Concord, NH
Chief Impact Officer

Accomplishments:

- Leads the Granite United Way impact Department, overseeing a growing team of over 35 staff members and a portfolio of initiatives, with revenue exceeding $5 million
- Oversees a vast array of services and initiatives for Granite United Way, including 211 NH, Recovery Friendly Workplace, Work United, Regional Early Childhood Networks, Capital Area Public Health Network, Carroll County Coalition for Public Health, South Central Public Health Network, Whole Village Family Resource Center, and Financial Empowerment/VITA/Asset Building, and the Affordable Housing Incentive Program
- Serves on Executive Leadership team with President/CEO, CFO, and Chief Alignment Officer to ensure successful implementation of Strategic Plan, with a commitment to the values and vision established by the Board of Directors
- Engages Board members, community impact committees, funded agencies, and other volunteers to align and leverage Granite United Way investments, funding streams, and strategies with regional and/or statewide efforts addressing public health, substance use disorder, and social determinants of health
- Developed the Recovery Friendly Workplace initiative (now designated a Promising Practice) with Governor Sununu in 2018; Engaged workplaces across NH from an initial 25 early adopters at launch to over 350 workplaces in 2023, representing over 85,000 employees statewide; Engaged multiple states across the country looking to replicate the initiative, with over 30 other states now engaged in a Community of Practice led by Granite United Way staff
- Provides consultation and guidance in strategic planning, coalition/network development, community engagement, grant writing, contract management, evaluation, and public health and prevention strategy development
- Develops and maintains strategic partnerships and relationships with key stakeholders across NH, with a strong personal commitment to advancing health equity and voices from traditionally marginalized communities
- Oversees all aspects of federal, state, and local grants and contracts, including resource development, budget development, subcontract monitoring, and financial oversight

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2005 – 2007 Community Response (CoRe) Coalition Belknap County, NH
Outreach Coordinator, Project Director

Accomplishments:
- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with 10 community sectors, including government, schools, businesses, healthcare, and safety
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005 Caring Community Network of the Twin Rivers (CCNTR) Franklin, NH
Community Program Specialist

Accomplishments:
- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues including substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

- NH Governor's Commission on Alcohol and Other Drugs, Budget Task Force: 2023-Present
- NH Harm Reduction Coalition: Treasurer, 2022-Current
- American Public Health Association: NH Affiliate Representative to the Governing Council 2018-2019
- NH Public Health Association: Board Member 2018-2019
- Prevention Task Force of the Governor’s Commission (Co-Chair): 2017-2019
- NH Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Prevention Representative): 2016-2018
- NH Drug Overdose Fatality Review Committee (Prevention Representative): 2016-2018
- NH Alcohol and Other Drug Service Providers Association: Treasurer 2007-2011, 2014-2015
- NH Prevention Certification Board’s Peer Review Committee: 2009-2011

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Marla May Zarzour

[redacted]

Professional Experience

Granite United Way | Concord, NH

Contracts Specialist July 2024-Current

- Submits Requests for reimbursement for a large portfolio of government contracts and grants
- Monitor requests for solicitations and contracts within budget limits
- Review compliance with funder requirements as outlined in each contract or grant agreement
- Provides accurate, timely processing of vendor invoices
- Works with Impact program leads to ensure budget spend-down
- Work with program staff and finance department to process check requests

Program Coordinator November 2016-July 2024

- Provide professional support to the Community Impact and Community Review Team
- Provide professional support to the Resource Development staff and Campaign Cabinet
- Provide administrative and event planning support
- Compile data, generate reports
- Provide database support
- Take meeting minutes
- Assist with grant review

Administrative Assistant June 2016 – November 2016

- Responsible for greeting visitors, directing calls appropriately.
- Manage invoices, compile data, and generate reports.
- Establish and maintain productive relationships with donors, and volunteers.
- General office function- office supplies, mail distribution.
- Provide administrative support to the Sr. Director of Regional Impact as it relates to the Community Impact Committee, Community Review Teams, Day of Caring and other potential events.
- Provide administrative and event planning support for presentations, meetings, events and special programs

JP China | Alton, NH

Server-Bartender July 2016 - July 2017

- Prepare restaurant tables
- Attend to customers
- Present menu- help customers with food/beverages
- Issue bills and accept payment
- Preparing alcoholic and non-alcoholic beverages
- Restock and replenish bar inventory
- Comply with food and beverage regulations.

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Caring Hands Animal Hospital | Manchester, NH

Receptionist **May *2010 – 2016***

- **Responsible for greeting customers, answering phones, filing maintenance, scheduling appointments, procedures and boarding reservations.**
- **Identify and work compassionately with clients in various emotional states.**
- **Check-in clients and monitor clients flow from check-in to discharge.**
- **Manage record requests between other hospitals and specialty practices and relay appropriate information to/from clients to doctors.**
- **Fill prescriptions, discharge patients, provide client education for pre and post care.**
- **Handle confidential information, process payment transactions, and maintain proper documentation in electronic medical records.**
- **Maintain and clean all areas of the hospital to include reception desk, lobby, bathrooms, exam rooms and kennels.**

Z1 Express | Chichester, NH

Manager ***2007 - 2010***

- **Responsible for day-to-day store operations including scheduling, training, ordering, supervising employees, and cash management.**
- **Determine stocking needs and interact positively with customers and vendors.**
- **Plan, schedule, supervise and ensure employees adhere to store policies and procedures.**

Education

Prospect Mountain High School | Alton, NH
Graduated 2007

Skills

- **Customer Service**
- **Organization**
- **Data base management (Avimark)**
- **Time management**
- **MS office**
- **Apricot software**
- **Interpersonal skills**
- **Records management**
- **Multi-tasking**
- **Social Media Applications**

References

Available on request.

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Samantha Durfee, MSW
[redacted]

Objective:

To continue developing professional experiences and education in the areas of social work, public health, holistic health, and community engagement.

Work Experience:

Granite United Way
Director, Public Health, February 1, 2020 - Present
*Director of Community Impact Operations***,** December 2017 **–** January 31, 2020
Associate Director of Community Impact Operations, May 2017 - December 2017
Graduate Intern, Jun 2016 **–** May 2017

- Facilitates multi-sector stakeholder meetings for collaborative initiatives, such as regional public health advisory council and coalition development, assessing community needs, developing strategic plans, implementing strategies with a collective impact model, and monitoring progress and outcomes.
- Leading the facilitation and management of a $750,000 Preschool Development Grant aimed to enhance early childhood systems and outcomes for New Hampshire's "Region 2"/Capital Area.
- Supported the planning and development of a Concord Area "Adverse Childhood Experiences Response Team" (ACERT) in coordination with regional partners. Currently manages a federal grant supporting this body of work.
- Facilitated grant making operations with 140+ applicants, multiple regional volunteer review teams, and United Way staff.

NH Division of Children, Youth & Families
Child Protective Service Worker, June 2014 **–** Oct. 2015.

- Assessed child welfare concerns and family dynamics within a social-ecological framework, utilizing the Solution Based Casework model.
- Assisted families with identifying community resources, wrote referrals, and provided case management.
- Used legal intervention when necessary and attended family court hearings.
- Utilized clear, professional communication skills for formal written documents and with clients.

The Red Blazer Restaurant and Pub Concord, NH Oct. 2009 **–** May 2017

- Provide professional and friendly service to guests, special groups and vendors.
- Keep an organized workspace and appearance.

Community Advisor Plymouth, NH Aug. 2012 **–** May 2013

- Served as a student liaison for residents of Plymouth State University.

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Education:

University Of New Hampshire, 2016-2017
Master of Social Work

Plymouth State University, 2010-2014
Bachelor of Social Work
Graduated Magna Cum Laude, GPA 3.72

- Recipient of New Hampshire's National Association of Social Workers "Bachelor's of Social Work Student of the Year" for 2014
- Recipient of Plymouth State University's "Social Work Outstanding Community Service Award" for 2013

Professional Memberships:

New Hampshire Humane Society Board of Directors, September 2020-present

Social Work Volunteer Experience:

Dominican Republic Service Learning Course San Luis, DR Spring 2014

- Service learning trip geared to improve an understanding of social justice and social work interventions within vulnerable, impoverished communities in order to provide socially conscious aid and support.

Youth Villages Memphis, TN Spring 2013

- Week long, alternative spring break where nine PSU students volunteered at a residential facility for youth with complex behavioral/mental health needs. Engaged youth during recreational therapy.

Habitat for Humanity Cleveland, OH Spring 2012

- Week long, alternative spring break where nine PSU students helped with the rehabilitation of two homes with the purpose of creating affordable housing in partnership with people in need.

Voices Against Violence Plymouth, NH Spring 2011

- 30 hour volunteer placement at Plymouth's domestic and sexual violence crisis center. Placement was focused on increasing education and understanding of domestic violence and to engage in safety planning with victims of violence.

Interests: Ballroom dancing, performing arts, artwork, exploring NH with my pup, reading, nature, and cooking.

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Caleb Gilbert
[redacted]

EDUCATION:
University of Southern Maine School of Social Work: Portland, ME- MSW, May, 2015
University of Southern Maine: Lewiston, ME- BA, Social & Behavioral Science, May, 2011
Cert?

WORK EXPERIENCE:
Granite United Way, Carroll County Coalition for Public Health- ***Director of Public Health***
April 2021 – Present
- Oversee Public Health Network staff and activities
- Develop strategic planning and direction for Public Health Network
- Oversee Community Health Improvement Plan development and implementation
- Maintain and enhance rural public health network and partnerships across health disciplines
- Monitor emerging health tends in Carroll County, NH

Granite United Way, Carroll County Coalition for Public Health- ***Program Coordinator***
September 2018 – April 2021
- Coordinate Regional Public Health Network activities
- Develop and implement Community Health Improvement Plan for Carroll County
- Facilitate community workgroups focused on County public health priorities
- Plan and implement public health trainings
- Board and steering committee membership on several community health initiatives

The Opportunity Alliance, Public Health Program- ***Substance Use Prevention Program Coordinator***
April 2017 – July 2018
- Organized and facilitated community education events
- Coordinated Student Intervention and Re-integration Program (SIRP)
- Developed and maintained strategic partnerships with local stakeholders to participate in program initiatives
- Delivered presentations on youth substance use prevention
- Provided technical assistance to schools, law enforcement, and medical providers on program initiatives
- Used data sets, such as the Maine Integrated Youth Health Survey, to plan for and evaluate program activities

Maine Department of Health and Human Services (SAMHS / CDC)- ***Prevention Specialist***
September 2014 – April 2017
- Legislative Liaison: tracked, monitored, and drafted testimony in response to bills affecting program
- Drafted request for proposals and contracts for Department procured services
- Provided technical assistance to state substance use prevention grantees
- Collaborated with state and community partners to build capacity and develop prevention messages
- Successfully applied for 2 SAMHSA Prevention Grants, as part of a grant writing team
- Developed, revised, and evaluated statewide strategic approaches to substance use prevention

United States Coast Guard Reserve- ***Boatswain's Mate, 3rd Class:*** **June 2009 – June 2015**
- Received recommendation for advancement on all employee reviews
- Maintained annual training requirements
- Supervised non-rates

Preble Street, Maine Hunger Initiative- ***Summer VISTA Associate:*** **May 2014 – August 2014**
- Worked with local school district (Maine- RSU 16) on Summer Food Service Program
- Coordinated meal sites
- Recruited and trained volunteers
- Conducted outreach and education about program and hunger in local communities

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Providence Service Corporation of Maine- ***Behavioral Health Professional (BHP):***
October 2012 – October 2013
- Assisted child and family in meeting mutually agreed upon behavioral health goals
- Taught behavioral modification techniques and coping skills
- Collaborated with community mental health providers and other service providers

University of Southern Maine- ***Americorps VISTA, Student Veteran Services***
August 2011 – August 2012
- Coordinated programs and services for Student Veterans and Servicemembers
- Collaborated with University and community partners to bolster Student Veteran services
- Maintained program data and reported to federal funders

FORM NUMBER P-37 (version 2/23/2023)

Subject: Regional Public Health Networks (RFA-2027-DPH-01-REGIO-02)

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 CADY, Inc.		1.4 Contractor Address 94 Highland Street Plymouth, NH 03264	
1.5 Contractor Phone Number 603-536-9793	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2028	1.8 Price Limitation $512,520
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: C7BCA0E798AC487... Date: 5/15/2026		1.12 Name and Title of Contractor Signatory Clarissa Palmer — Executive Director	
1.13 State Agency Signature DocuSigned by: D778BB63F9704C7... Date: 5/18/2026		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: DocuSigned by: 748734844941460... On: 5/18/2026			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

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Date: 5/15/2026

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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.

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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.

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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.

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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 four (4) 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 9, Termination, Subparagraph 9.2., is amended as follows:

9.2. Termination Procedure

9.2.1. In the event of the termination pursuant to Subparagraph 9.1., the Contractor shall immediately stop all work hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. The State will pay for cost of all Services and Deliverables for which Acceptance has been given by the State, provided through the date of termination but will not be liable for any costs for incomplete Services or winding down the Contract activities. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

9.2.2. Upon termination of the Contract, the State, in addition to any other rights provided in the Contract, may require Contractor to deliver to the State any property, including without limitation, Software and Written Deliverables, for such part of the Contract as has been terminated. After receipt of a notice

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of termination, and except as otherwise directed by the State, Contractor shall:

a. Stop work under the Contract on the date, and to the extent specified, in the notice;

b. Promptly, but in no event longer than ten (10) days after termination, terminate its orders and subcontracts related to the work which has been terminated, and settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of the State to the extent required, which approval or ratification shall be final for the purpose of this Section;

c. Take such action as the State directs, or as necessary to preserve and protect the property related to the Contract which is in the possession of Contractor and in which the State has an interest;

d. Take no action to intentionally erase or destroy any State Data, which includes State Data held by the Contractor's subcontractors;

e. Transfer title to the State and deliver in the manner, at the times, and to the extent directed by the State, any property which is required to be furnished to the State and which has been accepted or requested by the State;

f. Work with the State to develop a Services and Data Transition Plan per the "Contract End-of-Life Transition" requirements within this Contract; and

g. Provide written Certification to the State that Contractor has surrendered to the State all said property.

9.2.3. If the Contract has expired, or terminated prior to the Completion Date, for any reason, the Contractor must provide, for a period up to ninety (90) days after the expiration or termination, all transition services requested by the State, at no additional cost, to allow for the expired or terminated portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees ("Transition Services").

9.2.4. This covenant in paragraph 9 shall survive the termination of this Contract.

1.5. Paragraph 10, Property Ownership/Disclosure, Subparagraphs 10.2., through 10.8., is amended as follows:

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. The data must be returned to the State in a manner and format agreeable to the State.

10.3. Disclosure of data, information and other records shall be governed by NH RSA chapter 91- A and/or other applicable law, and Exhibit E - DHHS Information Security Requirements. Disclosure requires prior written approval of the State.

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10.4. In performing its obligations under this Agreement, Contractor may gain access to Confidential Information of the State. Confidential Information is defined in Exhibit E - DHHS Information Security Requirements.

10.5. Subject to applicable federal or State laws and regulations, Confidential Information shall not include information which:

10.5.1. Shall have otherwise become publicly available other than as a result of disclosure by the receiving Party in breach hereof;

10.5.2. Was disclosed to the receiving Party on a non-confidential basis from a source other than the disclosing Party, which the receiving Party believes is not prohibited from disclosing such information as a result of an obligation in favor of the disclosing Party; or

10.5.3. Is disclosed with the written consent of the disclosing Party.

10.6. A receiving Party also may disclose the disclosing Party's Confidential Information to the extent required by law or an order of a court of competent jurisdiction. Any disclosure of the Confidential Information shall require the prior written approval of the State. Contractor shall immediately notify the State if any request, subpoena or other legal process is served upon Contractor regarding the Confidential Information, and Contractor shall cooperate with the State in any effort the State undertakes to contest the request, subpoena or other legal process, at no additional cost to the State.

10.7. Contractor Confidential Information. Contractor shall clearly identify in writing all information it claims to be confidential or proprietary upon providing such information to the State. For the purposes of complying with its legal obligations, the State is under no obligation to accept the Contractor's designation of material as confidential. Contractor acknowledges that the State is subject to State and federal laws governing disclosure of information including, but not limited to, RSA Chapter 91-A. In the event the State receives a request for the information identified by Contractor as confidential, the State shall notify Contractor and specify the date the State will be releasing the requested information. At the request of the State, Contractor shall cooperate and assist the State with the collection and review of Contractor's information, at no additional expense to the State. Any effort to prohibit or enjoin the release of the information shall be Contractor's sole responsibility and at Contractor's sole expense. If Contractor fails to obtain a court order enjoining the disclosure, the State shall release the information on the date specified in the State's notice to Contractor, without any liability to the State.

10.8. This covenant in paragraph 10 shall survive the termination of this Contract.

1.6. Paragraph 12, Assignment/Delegation/Subcontracts, Subparagraph 12.1., is amended as follows:

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. In the event that the State does not consent to the assignment the State shall have the option to

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immediately terminate the Agreement without liability to or further compensation owed to Contractor, its successors or assigns.

1.7. 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 must 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 must manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor must annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance. Failure to enter into Business Associate Agreements with its subcontractors that create or receive protected health information on the behalf of the State through this Contract, and failure to comply with the implementation specifications for such agreements is a direct HIPAA violation by the Contractor.

1.8. The following Paragraphs are added and made part of the P37:

27. Force Majeure

27.1. Neither Contractor nor the State shall be responsible for delays or failures in performance resulting from events beyond the control of such Party and without fault or negligence of such Party. Such events shall include, but not be limited to, acts of God, strikes, lock outs, riots, and acts of War, epidemics, acts of Government, fire, power failures, nuclear accidents, earthquakes, and unusually severe weather.

27.2. Except in the event of the foregoing, Force Majeure events shall not include the Contractor's inability to hire or provide personnel needed for the Contractor's performance under the Contract.

28. Requirements for Web Content and Mobile Application Accessibility.

28.1. Under Title II of the Americans with Disabilities Act, the State is required to provide equal access to all of its services, programs, and activities that are provided or made available to the public (whether directly or through contractual, licensing, or other arrangements) via the web and mobile applications. Accordingly, all web content and mobile applications developed, delivered, or otherwise furnished by Contractor pursuant to the terms and conditions of this Agreement shall comply with all applicable accessibility requirements under 28 C.F.R. § 35.200 and the technical standards for web content and mobile application accessibility specified in version 2.1., of the Web Content Accessibility Guidelines at Level AA conformance.

28.2. Contractor acknowledges and agrees that the State may require Contractor's compliance with the web content and mobile application accessibility standards

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set forth in Paragraph 28.1., to be determined by a third-party selected by the State in its sole and discretion.

29. Exhibits/Attachments

The Exhibits and Attachments referred to in and attached to the Contract are incorporated by reference as if fully included in the text of the Contract.

30. Non-Exclusive Contract

The State reserves the right, at its discretion, to retain other vendors to provide any of the Services or Deliverables identified under this Agreement. Contractor shall make best efforts to coordinate work with all other State vendors performing Services which relate to the work or Deliverables set forth in the Agreement. The State intends to use, whenever possible, existing Software and hardware contracts to acquire supporting Software and hardware.

31. Prohibited Technologies

a. No equipment or services listed on the State of New Hampshire's Prohibited Technologies List may be used, as required by in Executive Order 2022-09; and

b. No equipment or services on the FCC Covered List may be used as required by The Secure and Trusted Communications Networks Act of 2019, Pub. L. No. 116-124, 133 Stat. 158 (2020) (codified as amended at 47 U.S.C. §§ 1601–1609).

32. Order Of Precedence

In the event of conflict or ambiguity among any of the text within this agreement, the following Order of Precedence shall govern:

In the event of conflict or ambiguity among any of the text within the awarded Agreement, the following Order of Precedence shall govern:

i. State of New Hampshire, Department of Health and Human Services Contract Agreement.

ii. State of New Hampshire, Department of Health and Human Services RFP.

iii. Vendor Proposal Response.

iv. Additional Contractor Provided Documents, if applicable.

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Scope of Services

1. Statement of Work

1.1. The Contractor must serve as a lead organization to oversee a Regional Public Health Network (RPHN) and ensure the delivery of public and behavioral health services within the Central region The Contractor must provide a broad range of public health services for the following Department programs:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care (CoC) Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Public Health Advisory Council (PHAC).

1.1.5. Public Health Emergency Preparedness, including:

1.1.5.1. Community Preparedness;

1.1.5.2. Regional Stakeholder Engagement;

1.1.5.3. Regional Community Engagement;

1.1.5.4. Response Readiness;

1.1.5.5. Training and Exercises;

1.1.5.6. Response Capacity; and

1.1.5.7. Volunteer Management.

1.2. **Substance Misuse Prevention.** The Contractor must provide the following services:

1.2.1. Leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-informed primary prevention approaches, programs, policies, and services in collaboration with the Department's Bureau of Drug and Alcohol Services (BDAS), including:

1.2.1.1. Implementation of the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework which includes assessment, capacity development, planning, implementation, and evaluation.

1.2.1.2. Ensuring focus on collaboration with other prevention statewide funded programs, including but not limited to: Juvenile Justice Network, Getting to Y- NH, NH Harm Reduction Coalition, Multi-tiered System of Support-Behavioral Health, Student Assistance Network, and Young Adult Strategies.

1.2.1.3. Utilizing a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. The Contractor must ensure regional data driven primary prevention approaches are consistent with the Center for Substance Abuse Prevention (CSAP) categories, but do not need to include all CSAP categories.

1.2.1.4. Supporting and advancing the implementation of evidenced-informed approaches, programs, policies, and services within the region served through community engagement and mobilization.

1.2.1.5. Advancement, promotion, and implementation of substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.1.6. Compliance with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.1.7. Ensuring substance misuse prevention is addressed at PHAC meetings, and with a bi-directional exchange of

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information, to advance efforts of substance misuse prevention initiatives.

1.2.1.8. Assisting, as directed by the Department's BDAS, with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.3. Substance Misuse Prevention Coordination and CoC Facilitation. The Contractor must:

1.3.1. Consider and apply the SPF and Assets and Gaps Analysis, and in collaboration with the Department's BDAS, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year Strategic Plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.3.2. Develop a bi- annual Work Plan for Department approval that guides actions and includes outcome-based performance measures and alignment with the three (3) year Strategic Plan. Based on changing and emerging local conditions, the Contractor must adapt Work Plans as necessary with approval by the Department.

1.3.3. Report progress on the Work Plan and three (3) year Strategic Plan including outcomes via a secure depository system approved or directed by the Department.

1.3.4. Report activity data accurately into a system designated or approved by the Department on a monthly basis.

1.3.5. Maintain a substance misuse leadership team consisting of regional representatives with special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.3.6. Produce and disseminate an Annual Report that demonstrates successes, challenges, outcomes from the previous year and projected deliverables for the following year, as directed and approved by BDAS.

1.3.7. Participate in RPHN Substance Misuse meetings as directed by

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BDAS.

1.4. Continuum of Care

1.4.1. The Contractor must facilitate implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), in collaboration with the Department's BDAS, ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.4.2. The Contractor must provide leadership and support for activities that assist the Department's BDAS in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor must:

1.4.2.1. Engage regional partners in conducting a regional asset and gap analysis, and ongoing update of regional assets and gaps. The Contractor must ensure regional partners include:

1.4.2.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.4.2.1.2. Primary health care providers.

1.4.2.1.3. Behavioral health care providers.

1.4.2.1.4. Other interested and/or affected parties approved by the Department.

1.4.2.2. Facilitate and/or provide support for initiatives that result in:

1.4.2.2.1. Increased awareness of and access to services.

1.4.2.2.2. Increased communication and collaboration among providers.

1.4.2.2.3. Increased capacity and delivery of services.

1.4.2.3. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.4.2.4. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorways.

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1.4.2.5. Collaborate with the Contractor's partnering stakeholders/organizations to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.4.2.5.1. Health service providers.

1.4.2.5.2. Public and charter schools and institutes of higher education.

1.4.2.5.3. Police and fire stations.

1.4.2.5.4. Municipal government buildings.

1.4.2.5.5. Businesses in every community of the region.

1.4.2.5.6. Other organizations, as directed by the Department.

1.4.2.6. Disseminate and distribute overdose prevention education resources, Naloxone, testing strips and Naloxone kits to reach high-need, high-risk populations within the region served.

1.4.2.7. Engage regional stakeholders to assist with information dissemination.

1.5. The Contractor must provide Substance Misuse Prevention and CoC technical assistance and training, as requested, in formats specified by the Department, including but not limited to, the following:

1.5.1. Attendance at community of practice meetings and/or activities.

1.5.2. Working with designated BDAS technical assistance and data and/or evaluation contractors to develop metrics and measures to evaluate outcomes and use aggregate data and tools to demonstrate outcomes.

1.5.3. Attendance at all regularly scheduled Department RPHN substance misuse meetings.

1.5.4. Attendance at additional meetings, conference calls, and webinars as required by the Department.

1.5.5. Ensuring the Substance Misuse Prevention Coordination (SMPC) lead staff are credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium.

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(IC&RC), and the New Hampshire Prevention Certification Board.

1.5.6. Ensuring SMPC lead staff attend required trainings, including Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.5.7. Ensuring CoC facilitation lead staff are familiar with the SPF and RROSC systems development within NH.

1.6. **Overdose Prevention Response.** The Contractor must:

1.6.1. Conduct an initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN, at the direction of the Department, for the project period.

1.6.2. Conduct a needs assessment to inform response efforts that include:

1.6.2.1. Gathering regional and local level data related to alcohol and other drug overdoses.

1.6.2.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.6.2.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include:

1.6.2.3.1. Doorways.

1.6.2.3.2. Recovery care organizations.

1.6.2.3.3. Treatment providers.

1.6.2.3.4. Law enforcement.

1.6.2.3.5. Hospitals.

1.6.2.3.6. Other organizations, as directed by the Department.

1.6.3. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care and distribute and disseminate resources.

1.6.4. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

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1.6.5. Participate in other training courses and meetings, as requested by the Department.

1.7. **Public Health Advisory Council**. The Contractor must:

1.7.1. Coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction for public health activities within the region served.

1.7.2. Maintain a set of operating guidelines or by-laws for the PHAC.

1.7.3. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team to complete the following:

1.7.3.1. Approve regional health priorities and implement high-level deliverables and strategies.

1.7.3.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.7.3.3. Form and/or identify already existing committees and workgroups to address specific strategies and public health topics.

1.7.3.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.7.3.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.7.3.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.7.4. Ensure the PHAC leadership team meets at least quarterly to complete the following:

1.7.4.1. Draft and share of meeting minutes are available to the public upon request.

1.7.4.2. Ensure all members of the PHAC sign a conflict- of-interest statement, as provided by the Department.

1.7.4.3. Coordinate with the Department to collect, analyze, and disseminate data related to the health status of the

region, educate network partners about on-line and other sources of data, and participate in community health assessments.

1.7.4.4. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complementary and shared public health outcomes.

1.7.4.5. Review the regional CHIP and SHIP annually and develop action plans for the services in this RFA, as advised by the PHAC.

1.7.4.6. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.7.4.7. Publish an Annual Report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.7.4.8. Advance the work of RPHNs by conducting educational and training programs annually to RPHN partners and others.

1.7.4.9. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.7.4.10. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.8. The Contractor must provide PHAC technical assistance and training, as requested, in formats specified by the Department. This includes, but is not limited to:

1.8.1. Attendance at semi-annual meetings of PHAC leadership.

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convened by Department's Division of Public Health and/or BDAS.

1.8.2. Completion of a PHAC technical assistance needs assessment in a format approved by the Department.

1.9. **Public Health Emergency Preparedness.** The Contractor must provide the following services:

Community Preparedness

1.9.1. The Contractor must provide leadership and coordination to improve regional public health emergency response plans and ensure partner organizations have the capacity to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor must:

1.9.1.1. Submit an annual Work Plan by July 30th in Year 1 of the Agreement, and thereafter, submit an annual a 12-month Work Plan by June 1st utilizing a Department-provided template addressing regional preparedness priorities that are aligned with the Scope of Services in this Agreement and reflect the Center for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

1.9.1.2. Attend and participate in all statewide and regional meetings as directed by the Department, including:

1.9.1.2.1. Public Health Emergency Preparedness (PHEP)/Volunteer Management meetings held every two (2) months and led by the Department.

1.9.1.2.2. Monthly Regional Public Health Network (RPHN)/State Coordination Calls led by the Department.

1.9.1.2.3. Quarterly Hospital Emergency Management Coordination (HEMC)/RPHN meetings led by the Granite State Healthcare Coalition and the Department.

1.9.1.3. Facilitate other meetings as directed by the Department.

1.9.1.4. Participate in the following projects, as directed by the Department:

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1.9.1.4.1. The annual RPHN PHEP site visit with the RPHN Administrator to assess contract and programmatic compliance, including:

1.9.1.4.1.1. Compliance with contract requirements, including planning, training, exercise, response readiness, volunteer management, financial reporting, and reporting on Work Plan activities.

1.9.1.4.1.2. Implementation of preparedness activities outlined in the regional Work Plan.

1.9.1.4.1.3. Tracking and reporting on progress for any corrective actions identified during the visit indicating which corrective actions have been resolved.

1.9.1.5. Participate in a biennial site visit with the Department's Strategic National Stockpile (SNS) coordinator and RPHN program administrator to assess capacity and readiness, which includes:

1.9.1.5.1. Completing the Department-provided evaluation workbook.

1.9.1.5.2. Attending the SNS site visit to review the workbook, verify its components, and discuss findings.

1.9.1.5.3. Identifying at least one (1) area for improvement within the program area, by the end of each biennial SNS site visit,

1.9.1.5.4. Developing and submitting an improvement plan within 30 days of the SNS site visit including a timeline for completion.

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1.9.1.5.5. Incorporating corrective actions identified in the SNS Improvement Plan into regional priorities and plans.

1.9.1.5.6. Reporting on progress on corrective actions at three (3), six (6), nine (9), and twelve (12) month intervals indicating which corrective actions have been resolved.

1.9.1.5.7. Participation in at least 90% of Department-led Regional Public Health Emergency Annex (RPHEA) template project meetings to support the development of new and revision of current RPHEA template components.

1.9.1.5.8. Reviewing and updating the RPHEA Base Plan every two (2) years, making sure to incorporate partner feedback.

1.9.1.5.9. Submitting the updated RPHEA Base Plan to the Department's SharePoint site by April 1st every two (2) years for review and feedback.

1.9.1.5.10. Incorporating feedback into the final RPHEA Base Plan and uploading it to the Department's SharePoint site by June 30 of each contract year.

1.9.1.6. In collaboration with regional partners and designated workgroups, conduct an annual review and update of the RPHEA Annexes and Attachments, including the Critical Contact Sheet, Facility Activation Attachments, and other RPHEA components prioritized by the Department. This process must include the following actions:

1.9.1.6.1. Submitting updated Annexes and Attachments to the Department's SharePoint site for review and feedback.

1.9.1.6.2. Incorporating feedback into the RPHEA Annexes and Attachments and uploading the final versions to the Department's SharePoint site each contract year.

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1.9.2. The Contractor must disseminate the Department-approved updated RPHEA plan to all identified regional partners and conduct at least two (2) training or education sessions to ensure that a minimum of 80% of partners demonstrate awareness of their roles and responsibilities outlined in the RPHEA, as assessed through a post-training evaluation, by June 30th of each contract year.

1.9.3. The Contractor must participate in the development of the Statewide Jurisdictional Risk Assessment (JRA), as directed by the Department, ensuring regional risks are identified and incorporated into the State JRA report, which includes:

1.9.3.1. Attending scheduled JRA sessions.

1.9.3.2. Providing regional input during JRA sessions.

1.9.3.3. Within three (3) business days of receiving the Department's request, distributing surveys to partners to gather input for the JRA, ensuring at least 75% of identified regional partner organizations respond

1.9.4. The Contractor must participate in the development of the Statewide Integrated Preparedness Plan (IPP) by attending the IPP workshop and providing regional input.

1.9.5. The Contractor must hold regional workshops to gather partner input on public health and health care priorities, including:

1.9.5.1. Using the Department-provided template, annually updating the regional IPP, ensuring it includes a four (4)-year calendar that addresses all PHEP elements including Preparedness (P), Skills/Training/Exercises (S/T/Ex), and Equipment and Technology (E/T).

1.9.5.2. Submitting the finalized regional IPP to the Department by May 1st annually for review and approval.

1.9.5.3. Uploading the final regional IPP to the Department's SharePoint site by June 1st annually.

1.9.6. The Contractor must maintain active access to and operational capability in all required systems designated or approved by the Department, ensuring readiness through regular monthly or quarterly logins and completion of associated reporting requirements.

1.9.7. The Contractor must promote training opportunities at least twice

annually for applicable systems designated or approved by the Department and related modules to community organizations, partners, and volunteers. Training announcements must be distributed to all identified partners and volunteer groups, as appropriate, by June 30th of each contract year.

1.9.8. The Contractor must ensure all account information is up to date and inform the Department about any personnel or access changes as soon as possible, but no later than three (3) business days.

Regional Partner Engagement

1.9.9. The Contractor must identify, engage, integrate, strengthen, and sustain community partnerships to improve public health preparedness, community resilience, and the capacity of partnering organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. This includes, at a minimum, the following activities:

1.9.9.1. Ensuring the PHEP Planning Committee has multidisciplinary partner representation, including at least one (1) representative from each of the following sectors within the RPHN catchment area:

1.9.9.1.1. Long-Term Care Facilities (LTCFs).

1.9.9.1.2. Home Health Agencies.

1.9.9.1.3. Behavioral Health Providers (must include a representative from a Community Mental Health Center).

1.9.9.1.4. Urgent Care Centers (at least one representative from each chain).

1.9.9.1.5. Pharmacy Chains.

1.9.9.1.6. Independent Pharmacies.

1.9.9.1.7. Correctional Facilities (where applicable).

1.9.9.1.8. A school district or school superintendent.

1.9.9.1.9. Local fire department official.

1.9.9.1.10. Emergency Medical Services (EMS), including volunteer, fire-based, private, and municipality-based services.

1.9.9.1.11. Law Enforcement officials.

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1.9.9.1.12. Representation from each organization/partner in the following sectors:

1.9.9.1.12.1. Hospitals.

1.9.9.1.12.2. Local Emergency Management Agencies or officials.

1.9.9.1.12.3. Homeland Security and Emergency Management (HSEM) Community Stakeholder Liaisons serving the RPHN catchment area.

1.9.9.1.12.4. Local Health Officers.

1.9.9.2. Convening Regional PHEP Planning Committee meetings at least every other month, with participating from the sectors outlined in Section 1.9.9.1.

1.9.9.3. Consulting additional regional partners (e.g., faith-based organizations, key business partners, civic groups) to inform plan development.

1.9.9.4. Maintaining an up-to-date contact list by sector, as outlined in Section 1.8.7.1.

1.9.9.5. Discussing workforce challenges and gaps related to volunteer management and incorporate partner feedback into volunteer training.

1.9.10. The Contractor must disseminate all Health Alert Network (HAN) messages to eligible local partners within one (1) business day for non-emergency messages and within two (2) hours for urgent messages, for each contract year. This includes:

1.9.10.1. Promoting enrollment into the HAN system to eligible regional partners. Eligible HAN partners include, but are not limited to:

1.9.10.1.1. State and local health officers,

1.9.10.1.2. Hospitals and healthcare facilities,

1.9.10.1.3. Emergency medical services (EMS),

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1.9.10.1.4. Local public health and safety officials,

1.9.10.1.5. Clinical providers,

1.9.10.1.6. Emergency management agencies, and

1.9.10.1.7. Other public health, healthcare, and emergency response organizations identified by the Department as critical to public health preparedness and response.

Regional Community Engagement

1.9.11. The Contractor must complete the following Regional Community Engagement activities:

1.9.11.1. By June 30th of each contract year, coordinate at least eight (8) community preparedness training courses on the following topics:

1.9.11.1.1. Family, individual, and pet preparedness sessions (minimum of two (2) per year).

1.9.11.1.2. “Stop the Bleed” training (minimum of four (4) per year).

1.9.11.1.3. CPR/First Aid (minimum of two (2) per year).

1.9.11.2. For each Community Preparedness training, the Contractor must:

1.9.11.2.1. Coordinate training logistics including securing training venue, coordinating trainers, developing and disseminating promotional materials, and managing training registration.

1.9.11.2.2. Develop training content, if applicable.

1.9.11.2.3. Ensure training materials are prepared and available during the preparedness training. Any existing materials should be used with minor adjustments allowed to tailor content for specific audiences.

1.9.11.2.4. Collect and submit post-training evaluation documentation in a format approved by the Department.

1.9.11.2.5. Participate in the Department's annual community preparedness awareness activities, including:

1.9.11.2.5.1. Sharing all of the Department's social media and community preparedness press releases.

1.9.11.2.5.2. Attending at least one (1) regional emergency preparedness awareness event annually to promote individual, family, or pet preparedness, either in coordination with the Department or at an independently identified event that meets the same goal, using Department-provided or Department-approved materials.

1.9.11.2.5.3. Promoting NH Alerts enrollment via partner channels and social media at least twice per year, using methods such as email campaigns, newsletters, RPHN presentations, and meetings.

Response Readiness

1.9.12. The Contractor must maintain the capability to respond to all-hazard emergencies with public health and healthcare impacts by directly managing small-scale response activities, defined as activities that can be managed and resolved using available local or regional resources, and participating in Department-led larger scale responses. All hazard emergencies may include, but are not limited to:

1.9.12.1. Biological Incidents: Accidental or natural outbreaks of high-consequence diseases, or the intentional release

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of pathogens (e.g., bacteria, viruses, or toxins) that may cause widespread illness, disability, or death in humans or animals.

1.9.12.2. Natural Hazards: Hurricanes, floods, earthquakes, wildfires, severe storms, tornadoes, winter weather events, and other natural disasters that disrupt community health and healthcare services.

1.9.12.3. Technological and Infrastructure Hazards: Dam or levee failures, chemical or radiological spills or releases, nuclear accidents, and other technological or infrastructure failures that threaten public health and safety.

1.9.12.4. Human-Caused Incidents: Intentional acts such as terrorism, mass violence, or other deliberate disruptions.

Training and Exercises

1.9.13. The Contractor must ensure participation in all Department-led open and closed Points of Dispensing (POD) planning activities, as requested. This includes meetings, trainings, workshops, and exercises for each contract year. PODs include:

1.9.13.1. Open PODs: Public locations such as schools, community centers, municipal buildings, public clinics, etc.

1.9.13.2. Closed PODs: Targeted sites not open to the public that offer Medical Countermeasures (MCMs), such as long-term Care facilities, businesses, and police/fire departments, and that dispense medication or MCMs to a specific population (e.g., residents or employees).

1.9.14. The Contractor must participate in statewide full-scale exercises testing medical surge and/or POD response plans as requested by the Department. This includes:

1.9.14.1. Coordinating with the Department on emergency scenarios and the scope of the exercise.

1.9.14.2. Serving as the regional exercise lead, establishing and guiding a planning team to coordinate local and regional

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participation, and overseeing the successful design, conduct, and evaluation of the exercise.

1.9.14.3. Participating in exercises, such as open POD activities or volunteer management coordination at medical surge locations.

1.9.14.4. Participating in after-action meetings and providing regional feedback.

1.9.15. The Contractor must conduct a minimum of one (1) regional partner POD training and one (1) regional POD exercise per contract year, following the Homeland Security Exercise and Evaluation Program (HSEEP) framework, which includes:

1.9.15.1. Developing an annual POD training and exercise calendar and distributing it to all regional partners.

1.9.15.2. Managing exercise design and implementation in accordance with the HSEEP framework.

1.9.15.3. Managing training and exercise logistics, including securing space if held in person.

1.9.15.4. Inviting all open and closed POD partners to participate in at least one (1) training or exercise annually and ensuring that at least 75% of both open and closed POD partners attend.

1.9.15.5. Sending invitations and save-the-dates at least 60 days in advance, with regular reminders to maximize partner participation.

1.9.15.6. Managing and tracking registrations and participation.

1.9.15.7. Developing and submitting a corrective action plan to the Department to improve engagement if the 75% participation threshold in Section 1.9.15.4. is not met, to be delivered to the Department within fifteen (15) business days.

1.9.15.8. Implementation of the corrective action plan must be within 30 business days of Department approval unless additional time is approved by the Department in writing.

1.9.16. The Contractor must conduct post-training and post-exercise evaluations using Department-provided templates (e.g., surveys, hotwash/debriefing sessions), which includes:

1.9.16.1. Participating in other Department-led exercises (discussion-based, functional, or full-scale).

1.9.16.2. Completing all required after-action processes within 60 calendar days of each RPHN-led regional exercise.

1.9.16.3. Conducting a debriefing session immediately following the event.

1.9.16.4. Holding at least one (1) after-action meeting with stakeholders for every exercise conducted.

1.9.17. The Contractor must develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within sixty (60) business days of the exercise. The report must summarize objectives, strengths, areas for improvement, and corrective actions, and be used to track progress and apply lessons learned to future planning, training, and exercises.

Response Capacity

1.9.18. The Contractor must ensure readiness and capacity for PHEP and small-scale response events, including the following:

1.9.18.1. Operation of small-scale PODS;

1.9.18.2. Support for large-scale public health operations, such as PODs and other types of public health clinics;

1.9.18.3. Support for medical countermeasure distribution to home-based populations;

1.9.18.4. Disaster sheltering operations; and

1.9.18.5. Surge capacity through Neighborhood Emergency Health Center (NEHC), Alternate Health System (AHS), and Family Assistance Center (FAC)/Family Reunification Centers (FRC).

1.9.19. The Contractor must plan for and maintain small-scale response capability, including the ability to independently operate an open POD serving up to 250 people per day for three (3) consecutive days within 72 hours of notice, as directed by the Department and per Department guidance. PODs must be located in areas accessible to at-risk populations and people with disabilities. This includes:

1.9.19.1. Identifying and maintaining agreements with Open POD facilities.

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1.9.19.2. Maintaining Open POD operational plans and agreements.

1.9.19.3. Updating Open POD facility point-of-contact lists annually.

1.9.19.4. Operating under the medical direction (if applicable) of the Department or its designated medical contractor.

1.9.19.5. Making copies of standing orders, emergency protocols, and Vaccine Adverse Event Reporting System (VAERS) instructions available at all clinics.

1.9.19.6. Independently managing all operational aspects, including site set up and logistics, staffing and role assignments, client flow and operations, implementation of medical guidance and standing orders, communication with the Medical Director or designee, inventory management, responder safety and health, communications and information management, throughput and efficiency, and demobilization and recovery, as outlined in the RPHEA.

1.9.20. The Contractor must recruit, train, and retain qualified medical and non-medical volunteers to support clinic operations. Qualified medical staff must have the following credentials:

1.9.20.1. Clinical license or copy from the NH online license verification showing the license type, expiration, and status (e.g. RNs, APRNs, FNP-Cs, MDs, DOs).

1.9.20.2. Current Basic Life Support (BLS) certification.

1.9.21. The Contractor must procure necessary supplies to conduct vaccine clinics, including but not limited to emergency management medications, equipment, and needles.

1.9.22. The Contractor must complete the required clinic operational reports within thirty (30) business days of the event, including the final throughput report and final inventory usage report.

1.9.23. The Contractor must report any adverse events or incidents:

1.9.23.1. Within two (2) business days for unusual events not related to individual safety

1.9.23.2. As soon as possible, but within 24 hours, for events impacting individual safety, including adverse reactions, medication

errors, patient consent errors, or any other life safety event compromising care or safety.

1.9.24. Within sixty (60) business days after an incident closes, the Contractor must complete all required after-action processes, including:

1.9.24.1. Conducting a debriefing immediately following the event.

1.9.24.2. Holding at least one (1) after-action meeting with stakeholders.

1.9.24.3. Developing and submitting an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.25. The Contractor must ensure proper vaccine storage, handling, and management, and must:

1.9.25.1. Submit a signed Vaccine/Immunoglobulin (IG)/Pharmaceutical Management Agreement to New Hampshire Immunization Program (NHIP) annually, ensuring all listed requirements are met by providers administering vaccines, IG, or other NHIP-supplied pharmaceuticals.

1.9.25.2. Submit a signed Vaccination Provider Agreement to NHIP annually.

1.9.25.3. Ensure the PHEP Coordinator completes the NHIP vaccination training annually.

1.9.25.4. Retain a copy of PHEP Coordinator training certificates on file.

1.9.25.5. Use NHIP training materials or other Department-approved materials to train POD staff on vaccine administration, ordering, storage, and handling.

1.9.25.6. Retain a copy of all training materials on site for reference during PODs.

1.9.25.7. Ensure vaccine is stored at the manufacturer's recommended temperatures at all times while in the Contractor's custody.

1.9.25.8. Record temperatures twice daily, AM and PM, during normal business hours for the primary refrigerator, and hourly when the vaccine is stored outside the primary refrigerator.

1.9.25.9. Maintain an emergency backup plan in case of primary refrigerator failure.

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1.9.25.10. Use temperature data logger for all vaccine monitoring, including while stored in the primary refrigerator and during any time outside of it.

1.9.25.11. Complete the following for the vaccine supply:

1.9.25.11.1. Account for every dose of vaccine.

1.9.25.11.2. Submit a monthly temperature log for the vaccine storage refrigerator.

1.9.25.11.3. In the event of a vaccine temperature excursion (i.e., when stored vaccine experiences temperatures outside the manufacturer's recommended range), the Contractor must:

1.9.25.11.3.1. Immediately quarantine the vaccine in an appropriate temperature-controlled setting, separate it from other vaccine, and label it "DO NOT USE."

1.9.25.11.3.2. Contact the manufacturer immediately to explain the duration and temperature details of the event to determine if the vaccine is still viable.

1.9.25.11.3.3. Notify NHIP immediately after contacting the manufacturer.

1.9.25.11.3.4. Submit a Cold Chain Incident Report and Data Logger Report to NHIP within 24 hours of the temperature excursion.

1.9.25.12. Ensure consent for vaccination, medication administration, infectious disease testing, and participation in New Hampshire Immunization Information System (NHIIS). The Contractor must:

1.9.25.12.1. Use the consent processes provided by medical direction, approved by the Department, to obtain consent from parents/legal guardians of individuals under age 18, and for individuals over the age of 18 who have a legal guardian.

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1.9.25.12.2. Distribute, obtain, verify, and store written or electronic consent forms prior to vaccine administration, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations.

1.9.25.12.3. Ensure a signed consent form is obtained before any vaccine, medication, or infectious disease outbreak testing is administered.

1.9.25.12.4. Maintain a written or electronic record of consent via a secure depository system approved or directed by the Department.

1.9.25.12.5. Maintain vaccine administration records for all individuals vaccinated, in compliance with HIPAA and other state and federal regulations.

1.9.25.12.6. Ensure individuals are notified that they may elect not to participate in vaccinations, NHIIS, treatment, and/or testing at any time.

1.9.25.12.7. Provide each patient, or the patients' parent/legal guardian, if applicable, the opportunity to opt-in or opt-out of NHIIS in accordance with RSA 141-C:20-f, II-a.

1.9.25.12.8. Obtain explicit consent before sending any personal information to NHIIS.

1.9.25.12.9. Only enter vaccine administration records for individuals who have opted in and provided explicit consent.

1.9.25.12.10. Maintain all completed opt-in consent forms, in either paper or electronic format.

1.9.25.12.11. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a Vaccine Information Sheet (VIS) to the patient, legal guardian, or parent on the day of vaccination.

1.9.25.13. The Contractor must perform the following tasks within 24 hours of completing each clinic:

1.9.25.13.1. Update the NHIIS with vaccines administered and wasted, as outlined in Section 1.9.25.12.

and in accordance with RSA 141-C:20-f, II-a. This includes:

1.9.25.13.1.1. Ensuring doses entered match the clinical documentation.

1.9.25.13.1.2. Submitting the hourly vaccine temperature log for the period the vaccine was stored outside of the primary refrigerator.

1.9.25.13.1.3. Submitting totals to NHIP outside of the vaccine ordering system, including:

1.9.25.13.1.3.1. Individuals vaccinated, by age group and vaccineformulation/ lot number.

1.9.25.13.1.3.2. Vaccines wasted, by formulation/lot number.

1.9.26. The Contractor must develop and maintain capacity to vaccinate and/or dispense medication to at least 50% of identified home-based populations who do not have access through alternate means, within Department- established timelines, which includes:

1.9.26.1. Developing and annually updating a home health agency contact list.

1.9.26.2. Developing operational procedures and protocols for home-based vaccination/medication dispensing in accordance with the Department's medical direction. These procedures and protocols must, at a minimum, address:

1.9.26.2.1. Criteria for defining "home-based populations" (e.g., homebound individuals, individuals with disabilities, or those lacking transportation).

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1.9.26.2.2. Methods for identifying eligible individuals (e.g., home health agency referrals, local registries, social service partners).

1.9.26.2.3. Establishing and maintaining, including annual review and update of, Memorandums of Understanding (MOUs) with home health agencies, visiting nurse services, and other community-based organizations.

1.9.26.2.4. Defining roles and responsibilities for RPHN, volunteers, and partner agency staff.

1.9.26.2.5. Resource planning, including cold chain management, PPE, and communication tools.

1.9.26.2.6. How teams are activated, assigned, and tracked.

1.9.26.2.7. Client communication, including notification of eligibility, appointment scheduling, and consent procedures.

1.9.26.2.8. Delivery, transport, storage, and administration of MCMs in home settings, including infection control practices.

1.9.26.2.9. Documentation of doses administered, inventory used, and client follow-up in Department-approved systems.

1.9.26.2.10. Responder safety procedures, including PPE use, exposure control, and staff check-ins.

1.9.26.2.11. Real-time communication protocols between dispensing teams, Medical Director/clinical oversight, and the Department.

1.9.26.2.12. Access considerations for individuals with limited English proficiency, low literacy, or hearing/vision impairments.

1.9.26.2.13. Verification of client identity and eligibility.

1.9.26.2.14. Medication/vaccine safety protocols, including proper handling and adverse event response procedures.

1.9.26.2.15. Security of medical supplies during transport and dispensing.

1.9.26.2.16. Annual review and update of home-based dispensing operational procedures and protocols.

1.9.26.2.17. Pre-deployment review of procedures and protocols to ensure alignment with incident-specific response needs.

1.9.26.2.18. Volunteer training on home-based vaccination/medication dispensing procedures and protocols.

1.9.26.2.19. Maintenance of trained volunteer rosters.

1.9.26.2.20. Maintenance of Department-required resources in accordance with specified baseline inventory levels for successful operation, including:

1.9.26.2.20.1. Medical resources (e.g., vaccine administration supplies, basic first aid equipment);

1.9.26.2.20.2. Cold chain and storage equipment (e.g., vaccine refrigerators, data loggers);

1.9.26.2.20.3. Technology and documentation equipment (e.g., laptops, printers);

1.9.26.2.20.4. Transportation and logistics (e.g., secured containers to store documents or medical supplies);

1.9.26.2.20.5. Personal protective equipment (PPE);

1.9.26.2.20.6. Safety and security (e.g., identification badges);

1.9.26.2.20.7. Client support and education materials; and

1.9.26.2.20.8. Administrative and operational resources.

1.9.26.2.21. Conducting at least one (1) annual drill or exercise to test operational readiness.

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1.9.26.2.22. Within sixty (60) days after the exercise or incident, completing all required after-action processes, including conducting a hotwash/debriefing immediately following the event, at least one (1) after-action meeting with stakeholders, and submission of an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.26.2.23. Participating in any Department-led After-Action Meetings (AAMs) to provide regional input.

1.9.27. The Contractor must assist the Department in collecting public feedback on public health initiatives during emergency response, as requested, to inform response activities by:

1.9.27.1. Disseminating Department-developed feedback forms during and after major incidents, as requested.

1.9.27.2. Compiling and submitting completed surveys to the Department.

1.9.27.3. Developing and submitting a summary report within thirty (30) business days of the survey closing date, documenting recommendations or corrective actions based on feedback.

1.9.28. The Contractor must, for each contract year, establish and maintain Closed Point of Dispensing (POD) agreements with at least 75% of healthcare entities, 75% of educational institutions, and other organizations within the catchment area that are capable of independently receiving and administering medical countermeasures. To achieve this, the Contractor must implement the following activities to identify, engage, and formalize agreements with eligible organizations, including:

1.9.28.1. Hospitals and health systems;

1.9.28.2. Long-Term Care and Residential Facilities (e.g., nursing homes, assisted living facilities, and group homes);

1.9.28.3. Outpatient and ambulatory clinics (e.g., community health centers, FQHCs, primary care practices, dialysis centers, specialty clinics with established patient populations);

1.9.28.4. Pharmacies (independent and chain pharmacies with established dispensing infrastructure); and

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1.9.28.5. Home health agencies able to provide in-home dispensing for homebound clients.

1.9.29. The Contractor must carry out the following tasks to support the establishment and maintenance of these Closed POD agreements:

1.9.29.1. Recruit and onboard organizations for Closed POD operation to reach target deliverables.

1.9.29.2. Ensure all Closed POD agreements and contact lists are reviewed and updated annually, including verification of each organization's continued ability to administer countermeasures.

1.9.29.3. Track participation in Closed POD enrollments and provide the Department with an annual list of all participating organizations.

1.9.29.4. Upload new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.5. Provide the Department with a list of all organizations in the catchment area eligible to serve as Closed PODs but without a signed agreement due to lack of current capability or capacity .

1.9.29.6. For each contract year, establish and maintain Closed POD agreements with all of first responder organizations (local police, fire, and EMS) in the catchment area, which includes:

1.9.29.6.1. Maintaining a list of all first responder agencies in the catchment area.

1.9.29.6.2. Recruiting and onboarding first responder organizations to meet the target goal.

1.9.29.6.3. Contacting uncovered agencies annually to revisit participation.

1.9.29.6.4. Providing the Department with an annual list of participating and non-participating first responder agencies.

1.9.29.6.5. Uploading new and updated Closed POD agreements to the Department's SharePoint site.

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1.9.29.7. Facilitate delivery of medical countermeasures to all of Closed POD sites, including direct federal shipments when applicable, ensuring receipt and timely reporting to the Department, which includes:

1.9.29.7.1. Tracking countermeasure shipments within the region.

1.9.29.7.2. Confirming receipt of shipment with the Closed POD lead within 24 hours.

1.9.29.7.3. Documenting and resolving shipment discrepancies.

1.9.29.7.4. Submitting a report to the Department that includes a distribution summary, receipt verification, and inventory and supply tracking.

1.9.30. The Contractor must maintain at least one (1) emergency response trailer at inventory levels approved by the Department, keeping trailers in a state of operational readiness so that municipal organizations may access them within 24 hours of request. To meet this requirement, the Contractor must:

1.9.30.1. Inspect trailers quarterly for damage and perform preventative maintenance as needed, or at a minimum annually, to reduce deployment delays, as funding allows.

1.9.30.2. Stock trailers with pre-approved medical surge or disaster sheltering equipment and supplies; regularly check for expiration or wear and replenish items after each use to maintain required inventory levels, as funding allows.

1.9.30.3. Keep an updated inventory list inside each trailer.

1.9.30.4. Verify mutual aid agreements and MOUs with partners to ensure towing vehicles and drivers are available.

1.9.30.5. Coordinate annual trailer deployment to practice hitching, transporting, and demobilizing trailers.

1.9.30.6. Maintain trailer readiness logs documenting inspections, repairs, and supply restocking.

1.9.30.7. Provide safety equipment (e.g., fire extinguishers, wheel chocks, reflective vests, cones) in each trailer, as funding allows.

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1.9.30.8. Provide insurance to cover the cost of replacing the trailer and supplies, if necessary.

Sheltering

1.9.31. The Contractor must maintain capacity to deploy trained volunteers to community or state-based disaster shelters within 24 hours of Department or local municipality requests by:

1.9.31.1. Maintaining a roster of volunteers trained in shelter operations.

1.9.31.2. Providing annual shelter training for volunteers.

1.9.31.3. Coordinating with local emergency management for staffing requests.

1.9.31.4. Ensuring all assigned volunteers complete just-in-time training (JITT) at the beginning of each shift, as requested by the Department or partner agency.

1.9.31.5. Tracking and documenting volunteer deployments.

1.9.31.6. Conducting a hotwash/debriefing with all volunteers after each shift.

1.9.31.7. Participating in AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.31.8. Participating in any Department led After-Action Meetings to provide regional input.

Family Assistance Center (FAC)/Family Reunification Center (FRC)

1.9.32. The Contractor must maintain capacity to deploy volunteers to Family Assistance Centers (FAC) and Family Reunification Centers (FRC) to fill pre-identified positions within 24 hours of request by maintaining updated volunteer rosters and ensuring role-specific training, which requires:

1.9.32.1. Maintaining a roster of volunteers trained in FAC/FRC positions and operations.

1.9.32.2. Providing annual FAC/FRC training for volunteers.

1.9.32.3. Coordinating with local emergency management for staffing requests.

1.9.32.4. Tracking and documenting volunteer deployments.

1.9.32.5. Using Department-provided templates, ensuring all assigned FAC/FRC volunteers complete JITT prior to shift start.

1.9.32.6. Liaising with the FAC/FRC Manager and/or Incident Commander during operations.

1.9.32.7. Participating in the AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.32.8. Conducting debriefings with volunteers after each shift.

1.9.32.9. Participating in any department led After-Action Meetings (AAM) to provide regional input.

1.9.32.10. Participating in at least 50% of regional and state-level FAC/FRC planning activities annually as requested and 75% of annual FAC/FRC training and exercises.

Neighborhood Emergency Health Center (NEHC)

1.9.33. The Contractor must maintain capacity to deploy and schedule volunteers to Neighborhood Emergency Health Center (NEHC) sites each contract year to fill pre-identified positions within 24 hours of request by:

1.9.33.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.33.2. Maintaining a roster of volunteers trained in NEHC positions and operations.

1.9.33.3. Providing annual NEHC training for volunteers.

1.9.33.4. Coordinating with local emergency management for staffing requests.

1.9.33.5. Tracking and documenting volunteer deployments.

1.9.33.6. Using Department-provided templates to ensure JITT is completed for all assigned NEHC volunteers prior to shift start.

1.9.33.7. Liaising with the NEHC Manager and/or Incident Commander during operations.

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1.9.33.8. Conducting a hotwash with volunteers after each shift.

1.9.33.9. Participating in an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions, as requested by the Department.

1.9.33.10. Participating in any Department led After-Action Meetings to provide regional input.

Alternate Health System (AHS)

1.9.34. The Contractor must maintain capacity to deploy and schedule trained volunteers to Alternate Health System (AHS) sites to augment clinical and non-clinical staffing within 24 hours of Department request by:

1.9.34.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.34.2. Maintaining a roster of clinical and non-clinical volunteers trained in AHS operations.

1.9.34.3. Providing annual AHS training for volunteers.

1.9.34.4. Coordinating with local and state partners for staffing requests.

1.9.34.5. Tracking and documenting volunteer deployments.

1.9.34.6. Using Department-provided templates to ensure JITT is completed for all assigned AHS volunteers prior to shift start.

1.9.34.7. Liaising with the AHS Incident Commander during operations.

1.9.34.8. Conducting a hotwash with volunteers after each shift.

1.9.34.9. Participating in the development of an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.34.10. Participating in any Department led After-Action Meetings to provide regional input.

Inventory Management

1.9.35. The Contractor must, by June 30th of each contract year, update and upload a complete annual inventory of all regional assets into the

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Administration for Strategic Preparedness & Response (ASPR's) current inventory management system, as directed by the Department, and update inventory records within five (5) business days of any supply usage, redistribution, or replenishment. To support this requirement, the Contractor must:

1.9.35.1. Monitor, document, and report all regional inventory distribution rates as directed by the Department, to guide purchasing decisions and future preparedness planning.

1.9.35.2. Assess supply levels to ensure Department-required inventories are maintained for PODs, medical surge activities, mass casualty incident (MCI), and disaster sheltering operations, and document results in ASPR's current inventory management system.

1.9.35.3. Compare inventory against required supply list.

1.9.35.4. Reorder supplies from the pre-approved inventory list developed by the Department with Contractor input to ensure regional needs are addressed.

1.9.35.5. Maintain documentation of approvals and purchase records for submission in quarterly financial and logistics reports.

1.9.35.6. By June 30th of each contract year, review and update agreements with all trailer and cache host agencies, ensuring that all of agreements clearly define agency roles and responsibilities, and maintain updated contact information in regional records and the Department's SharePoint system.

1.9.35.7. Once each quarter, test all specialized equipment (e.g., generators, radios, cooling units, refrigerators) to verify operational readiness, document results in equipment logs, and report any deficiencies within two (2) business days, with a written corrective actions report submitted to the Department within fifteen (15) business days.

1.9.35.8. Review current inventory and par levels before drafting purchase requests to confirm actual need.

1.9.35.9. Confirm that all requested items are on the Department's approved inventory list and align with applicable funding.

guidance. If an item is required but not listed, obtain Department approval prior to purchase to ensure compliance with grant requirements and funding limitations.

1.9.35.10. Document price quotes from three (3) Contractors for items over $250 to ensure cost-effectiveness.

1.9.35.11. Draft purchase requests with justification and submit to the Department for approval.

1.9.35.12. Retain written or email purchase approval records.

Volunteer Recruitment and Retention

1.9.36. The Contractor must maintain the capability to manage and deploy volunteers for small-scale incidents and provide support to the State during medium and large-scale public health emergencies. The Contractor must provide the following volunteer management services:

1.9.36.1. For each contract year, hold a minimum of twelve (12) volunteer engagement activities (one per month), which may include meetings, trainings, exercises, or response activities. Ensure at least 75% of active Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers attend 50% of engagement opportunities, and document outcomes within two (2) weeks of each session.

1.9.36.2. Maintain updated rosters of MRC and, if applicable, CERT volunteers.

1.9.36.3. Develop and publish an annual volunteer engagement calendar by July 30th each year, ensuring a variety of engagement activities to maintain volunteer interest.

1.9.36.4. Track volunteer participation in engagement activities.

1.9.36.5. Document outcomes based on pre- and post- knowledge evaluations and training feedback.

1.9.37. The Contractor must ensure all of active MRC and CERT (if applicable) volunteers are registered and credentialed in the Department-provided volunteer management system, by June 30th of each contract year, with quarterly audits conducted to verify accuracy and completeness of records. To meet this requirement, the Contractor must complete the following activities:

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1.9.37.1. Provide instruction or a brief orientation to volunteers on how to use the system.

1.9.37.2. Support the registration of new volunteers, ensuring they are registered in the system within fourteen (14) business days of orientation and that their accounts are complete.

1.9.37.3. Provide technical assistance for access and other system-related issues.

1.9.37.4. Conduct a baseline audit of all current volunteers to identify missing or incomplete accounts.

1.9.37.5. Send quarterly reminders to volunteers to review and update their profiles (e.g., contact info, licenses, certifications).

1.9.37.6. Before each exercise or real-world event, verify that assigned volunteers are fully registered and credentialed in the system.

1.9.37.7. Review records quarterly to ensure accuracy, completeness, and credential validity.

1.9.37.8. Verify that all active volunteers maintain all position-required credentials (e.g., clinical licenses, CPR certification), document compliance in the system, and follow-up with volunteers within 30 days of any expired or missing credentials.

1.9.37.9. Track and report progress toward the 100% registration and credentialing goal.

1.9.38. The Contractor must, by June 30th of each contract year, implement recruitment activities to expand the active MRC and CERT (if applicable) volunteer teams. To support this effort, the Contractor must complete the following activities:

1.9.38.1. Annually assess the type, quantity, and skillsets required of volunteers to meet program requirements.

1.9.38.2. Engage with the region's first responders (police, fire, emergency medical services) to augment workforces during an emergency.

1.9.38.3. Develop volunteer recruitment materials, with Department approval.

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1.9.38.4. Partner with local organizations to distribute recruitment materials.

1.9.38.5. Track recruitment using volunteer sign-up forms and entries in the volunteer management system.

1.9.38.6. Provide quarterly reports highlighting progress toward recruitment and retention deliverables.

1.9.38.7. Within the first 12 months, increase volunteer numbers by at least 25% compared to the current baseline.

1.9.38.8. In each subsequent contract year, increase the volunteer roster(s) by 5%.

1.9.38.9. Maintain a volunteer attrition rate of no more than 2.5% annually and report barriers to meeting this requirement to the Department.

1.9.38.10. Prioritize recruitment of clinical and healthcare-experienced individuals by conducting quarterly outreach events at healthcare facilities and schools, and community events.

1.9.39. The Contractor must offer to conduct exit surveys or interviews with all departing volunteers and:

1.9.39.1. Compile and analyze results on a quarterly basis and submit a summary report to the Department that includes identified trends and recommendations for program improvement.

1.9.39.2. Send the Department-provided exit survey to volunteers within five (5) business days of their departure.

1.9.39.3. Conduct follow-up phone interviews if no survey response is received.

1.9.39.4. Compile findings and submit a quarterly report to the Department, including the following key areas:

1.9.39.4.1. Number of volunteers who have resigned;

1.9.39.4.2. Reasons for leaving, highlighting positive and negative trends and recurring issues; and

1.9.39.4.3. Actionable recommendations for program improvement.

1.9.40. The Contractor must ensure that all volunteer applicants meet

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Department eligibility criteria and that required background checks are completed at the time of application and renewed a minimum of every three (3) years thereafter.

1.9.41. The Contractor must complete the following activities to ensure readiness of PHEP Volunteers for deployment upon a public health emergency event:

1.9.41.1. Maintain a current roster of volunteers trained in POD operations.

1.9.41.2. Activate volunteers upon request from the Department.

1.9.41.3. Complete JITT for volunteers as requested by the Department using Department-provided training materials.

1.9.41.4. Track and report volunteer hours.

1.9.42. The Contractor must deliver a Department-approved volunteer orientation program to all of new volunteers within two (2) months of onboarding that covers the PHEP program overview, volunteer utilization, training/exercise requirements, credentialing, participation standards, deployment processes, and organizational structure, including the following:

1.9.42.1.1. Host orientation sessions.

1.9.42.1.2. Maintain attendance and completion records.

1.9.42.1.3. Follow-up with volunteers who miss orientation deadlines.

1.9.42.1.4. Review and update orientation content annually to reflect program changes.

1.9.42.1.5. Maintain documentation of completion in the Department's volunteer management system (NH Responds).

1.9.42.1.6. Include the number of volunteers who completed orientation in the quarterly report.

1.9.43. The Contractor must conduct quarterly volunteer notification drills with 75% response rate for each contract year, including:

1.9.43.1. Sending notification messages via email, text message, or phone.

1.9.43.2. Recording response rates and address barriers to communication within 30 business days of identification.

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1.9.43.3. After each volunteer drill, notifying the Department if fewer than 50% of volunteers respond, and submitting a corrective action summary within 30 business days outlining identified barriers and strategies to improve volunteer responsiveness.

1.9.44. The Contractor must, from November through May of each contract year, facilitate participation of regional volunteers in the Department-led annual training series by promoting all training opportunities to all active volunteers. To achieve this requirement, the Contractor must:

1.9.44.1. Distribute the training calendar to all volunteers.

1.9.44.2. Issue training announcements and provide regular reminders to encourage participation.

1.9.45. The Contractor must, by June 30th of each contract year, provide volunteers with access to training for each of the following topics: Incident Command System (ICS) courses, inventory management, FAC, FRC, disaster sheltering, NEHC, open PODs, Responder Safety and Health, and other training topics as identified by the Department. To meet this requirement, the Contractor must:

1.9.45.1. Develop and publish a regional volunteer training schedule.

1.9.45.2. Recruit qualified instructors.

1.9.45.3. Manage registration and accurately record attendance.

1.9.45.4. Conduct post-training evaluations and compile results.

1.9.45.5. Maintain training records and submit quarterly participation summaries to the Department.

1.9.46. The Contractor must, by June 30, 2028, and every two (2) years thereafter, as requested by the Department, participate in Volunteer Training Needs Assessment (TNA), to include:

1.9.46.1. Providing formal feedback on survey content.

1.9.46.2. Promoting and encouraging participation in the state-led Volunteer Training Needs Assessment (TNA).

1.9.46.3. Reviewing survey results and updating the regional IPP and volunteer training calendar accordingly.

1.9.46.4. Publishing the updated IPP and volunteer training calendar to address identified gaps.

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1.9.47. The Contractor must require all volunteers activated to attend, Just-in-Time Training (JITT), in collaboration with the Department, prior to deployment, for every emergency response, ensuring all assigned volunteers complete the training, which includes:

1.9.47.1. Preparing JITT modules for PODs, disaster shelters, FAC/FRC, NEHC, and AHS using Department-provided templates.

1.9.47.2. Providing JITT immediately prior to deployment.

1.9.47.3. Tracking volunteer completion of JITT training.

1.9.47.4. Updating JITT training as needed and communicating changes promptly to all volunteers.

1.9.48. The Contractor must, by June 30th of each contract year, conduct at least one (1) annual volunteer exercise (drill, discussion-based, functional, or full-scale) in addition to call-down drill and POD exercise requirements, focusing on disaster sheltering, FAC/FRC operations, or medical surge responses, ensuring participation from at least 75% of active volunteers. To ensure accountability and continuous improvement, the Contractor must complete the following actions after each exercise:

1.9.48.1. Within 60 business days of each exercise, complete all the following required after-action processes:

1.9.48.1.1. Conduct a debriefing immediately following the exercise.

1.9.48.1.2. Hold at least one (1) after-action meeting with volunteers and stakeholders for each exercise conducted.

1.9.48.1.3. Develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within 90 business days of the exercise, documenting objectives, strengths, areas for improvement, and corrective actions.

1.9.48.1.4. Track corrective actions and verify implementation of improvements.

1.9.48.1.5. Incorporate lessons learned into future training and exercises.

Volunteer Health, Safety, and Resilience

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1.9.49. The Contractor must, by June 30th of each contract year and in coordination with the Department, implement and maintain a standardized process to track and monitor the health and safety of all volunteers before, during, and after deployments, to include:

1.9.49.1. Distributing a pre-deployment health checklist and require volunteers to complete it prior to deployment.

1.9.49.2. Requiring volunteers to provide proof of required vaccinations prior to deployment, when applicable.

1.9.49.3. Delivering incident-specific safety briefings and reminders at volunteer check-in.

1.9.49.4. Conducting wellness check-ins at regular intervals during operations.

1.9.49.5. Tracking hours worked to prevent fatigue and enforce rest breaks during active work hours.

1.9.49.6. Developing standards and procedures to ensure adequate time off between deployment shifts.

1.9.49.7. Documenting any incidents, injuries, or exposures immediately upon occurrence and reporting them to the Department.

1.9.49.8. Developing plans and protocols for managing occupational health exposures and injuries as directed by the Department and aligned with the Department's medical direction program.

1.9.49.9. Collecting post-deployment health surveys and solicit feedback on health and safety concerns to inform future responses.

1.9.49.10. Maintaining health and safety records related to deployments for all deployed volunteers in the Department-provided system.

1.9.49.11. Submitting summary reports with de-identified data to the Department within thirty (30) calendar days of each deployment.

1.9.49.12. Tracking trends in health and safety issues and recommend opportunities for program improvement.

1.9.49.13. Offering annual training on responder health and safety, including stress management, resilience, and self-care practices.

1.9.49.14. Ensuring compliance with all Department-issued health and safety guidance during public health incidents and emergencies by distributing updated guidance to volunteers within 24 hours of receipt and incorporating requirements into pre-deployment briefings.

1.9.49.15. Increasing volunteer awareness and access to mental health and resiliency resources, including community programs, behavioral health services, critical incident stress management, peer support, and the 9-8-8 crisis line, by distributing resource information annually and after every deployment through at least two (2) distinct communication channels (e.g., email, trainings, newsletters).

1.9.50. The Contractor must attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.9.51. The Contractor must attend a minimum of two (2) trainings per year offered by Department's training programs on topics relevant to this scope of work.

1.9.52. The Contractor must provide PHEP with a technical assistance needs assessment report in a format approved in advance by the Department, and update this report on an ongoing basis to ensure it reflects current needs and priorities.

Public Health Emergency Preparedness Reporting

1.9.53. The Contractor must complete quarterly and annual reports that include progress toward meeting the program services outlined in this Agreement including activities identified in the Department-approved annual Work Plan, including but not limited to:

1.9.53.1. Response plan updates, including:

1.9.53.1.1. Indicating completion of biennial RPHEA Base Plan update and uploading the plan to the Department's SharePoint site by required deadlines (annual reporting requirement).

1.9.53.1.2. Indicating completion of annual RPHEA Annexes and Attachments updates (i.e. Critical Contact Sheets, etc.) and uploading the updated documents to the Department's SharePoint site (annual reporting requirement).

1.9.53.2. Delivery of training sessions for partners, volunteers, and the public, to include:

1.9.53.2.1. Number and topic of training sessions delivered quarterly (quarterly reporting requirement).

1.9.53.2.2. The number of people trained by type (partner, volunteers, and public), quarterly (quarterly reporting requirement).

1.9.53.2.3. Training sessions rating summaries based on post-training evaluations, quarterly (quarterly reporting requirement).

1.9.53.3. Coordination and delivery of required exercises, including:

1.9.53.3.1. Number and types of exercises conducted quarterly (quarterly reporting requirement).

1.9.53.3.2. Submit After-Action Reports and Improvement Plans (AAR/IPs) utilizing Federal Emergency Management Agency's (FEMA) template, written as a result of an exercise or real-world event, to the Department within 60 calendar days of the event.

1.9.53.3.3. Number of improvement items identified and closed within three (3), six (6), nine (9), and twelve (12) months (annual reporting requirement).

1.9.53.4. Regional partner engagement.

1.9.53.5. Document outcomes of PHEP Committee meetings held at least every two (2) months (annual reporting requirement).

1.9.53.6. Identify which sectors have been invited to participate but do not participate, including providing details if targeted sector participation is not achieved, and document what corrective action items are implemented (annual reporting requirement).

Response Capacity Reporting Requirements

1.9.54. For Closed POD agreements, the Contractor must provide an annual list of participating and non-participating entities, organized by target sectors (healthcare entities, educational institutions, first responder agencies, and other organizations). The list must also document each entity's eligibility to

serve as a Closed POD and indicate whether the entity currently has the capacity and capability to do so (annual reporting requirement).

1.9.54.1. An annual inventory of all regional assets, including reporting on supply distribution rates (annual reporting requirement).

1.9.54.2. Equipment deficiencies and corrective actions open and closed within three (3), six (6), nine (9), and twelve (12) months, as needed (quarterly reporting requirement).

1.9.54.3. Trailer agreements renewals are to be uploaded by June 30th of each contract year to the Department's SharePoint site (annual reporting requirement).

Volunteer Management Reporting Requirements

1.9.55. The Contractor must prepare an annual volunteer recruitment and retention report that clearly indicates whether recruitment targets have been met (annual reporting requirement), to include:

1.9.55.1. Identification and summary of volunteer recruitment activities conducted by the RPHN.

1.9.55.2. Identification and summary of volunteer retention activities conducted by the RPHN.

1.9.55.3. Total number and percentages of volunteers recruited, retained, and separated.

1.9.55.4. Corrective action plan developed by the Contractor if 25% recruitment (and 5% every year thereafter) is not achieved.

1.9.55.5. Skills set analysis to identify strengths and gaps in volunteer capacity based on response requirements.

1.9.55.6. Strategies implemented to improve retention and engagement.

1.9.55.7. Records of volunteer attrition, including reason for separation (e.g., relocation, loss of interest, credential lapses).

1.9.55.8. Percent of volunteers who are deployment ready (annual reporting requirement), including:

1.9.55.8.1. The percentage of volunteers registered and credentialed in NH Responds.

1.9.55.8.2. The percentage of volunteers who have completed background checks and other onboarding steps (e.g. orientation).

1.9.55.8.3. The percentage of volunteers with verified licenses.

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1.9.55.8.4. The percentage of volunteers who have completed training requirements for shelter, POD, AHS, NEHC, FAC/FRC operations.

Responder Safety and Health Reporting Requirements

1.9.56. The Contractor must:

1.9.56.1. Prepare and submit an annual summary of responder safety and health monitoring activities.

1.9.56.2. Report promptly on any incidents, exposures, or injuries that occur during responses, drills, or exercises, as needed.

1.9.57. The Contractor may be required to provide other data and metrics to the Department in a format specified by the Department.

1.9.58. The Contractor must submit all reports electronically through a secure depository system approved or directed by the Department by the established deadlines within this Agreement.

2. Background Checks

2.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:

2.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;

2.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

2.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

2.2. Confidential Data

2.2.1. 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.

2.2.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with

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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.

2.3. Privacy Impact Assessment

2.3.1. 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:

2.3.1.1. How PII is gathered and stored;

2.3.1.2. Who will have access to PII;

2.3.1.3. How PII will be used in the system;

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

2.3.1.5. Privacy practices.

2.3.2. 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.

2.4. Department Owned Devices, Systems and Network Usage

2.4.1. Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfilment of this Agreement, must:

2.4.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures and guidelines, and complete applicable trainings as required;

2.4.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden

including, but not limited, to personal or other private and non-Department use, and that at no time must they access or attempt to access information without having the express authority of the Department to do so;

2.4.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

2.4.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

2.4.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;

2.4.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;

2.4.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "Department-funded email systems."

2.4.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and

2.4.1.9. Agree when utilizing the Department's email system:

To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".

2.4.1.9.1. Include in the signature lines information identifying the End User as a non-Department workforce member; and

2.4.1.9.2. Ensure the following confidentiality notice is embedded underneath the signature line:

CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

2.4.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

2.4.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

2.4.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

2.4.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

2.4.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

2.4.1.12. Contractor agrees to notify the Department a minimum of three (3) business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees to

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notify the Department's Information Security Office or designee immediately.

2.5. Contract End-of-Life Transition Services

2.5.1. General Requirements

2.5.1.1. 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 Department must provide the DTP template to the Contractor.

2.5.1.2. 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.

2.5.1.3. If a system, portal, 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.

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2.5.1.4. The internal planning of the Transition Services by the Contractor and its End Users must be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Agreement.

2.5.1.5. 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.

2.5.1.6. 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.

2.5.2. Completion of Transition Services

2.5.2.1. Each service or transition phase must 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.

2.5.2.2. 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.

2.5.3. Disagreement over Transition Services Results

2.5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department must notify the Contractor, in writing, stating the reason for the lack of

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satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties must discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department must be entitled to initiate actions in accordance with the Agreement.

2.6. Website and Social Media

2.6.1. The Contractor must provide a website approved by the Department to disseminate RPHN program information and public health resources to the public and agency partners, which includes information on the PHAC, Community Health Improvement Plan (CHIP), Substance Misuse Prevention Coordinator(SMPC), CoC facilitation, and PHEP programs.

2.6.2. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

2.6.3. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

2.7. State of New Hampshire's Website Copyright

2.7.1. All right, title and interest in the State WWW site, including copyright to all data and information, must remain with the State of New Hampshire. The State of New Hampshire must also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information must, where applicable, display the State of New Hampshire's copyright.

3. Exhibits Incorporated

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3.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

3.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.

3.3. 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 F, Business Associate Agreement, which has been executed by the parties.

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

4.2.1. The Contractor must submit:

4.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

4.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors); and

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

4.3. Credits and Copyright Ownership

4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "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."

4.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

4.3.3. 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.

4.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

4.4. Operation of Facilities: Compliance with Laws and Regulations

4.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire

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Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

5. Records

5.1. The Contractor must keep records that include, but are not limited to:

5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to 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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

5.1.4. Medical records on each patient/recipient of services.

5.2. 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.

5.3. 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.

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Payment Terms

1. This Agreement is funded by:
   1.1. 84% Federal funds, including:
      1.1.1. Preventative Health Block Grant, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.991, FAIN # NB01OT009381, and
      1.1.2. Public Health Emergency Preparedness, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.069, FAIN # NU90TU000009, and
      1.1.3. Substance Use Prevention, Treatment, and Recovery Block Grant,
      as awarded on January 28, 2026, by the US Department of Health and Human Services, ALN # 93.959, FAIN # B08TI088484,and
      1.1.4. Strengthening NH Public Health Infrastructure, Workforce, and Data Systems, as awarded on 11/29/2022, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.967; FAIN # NE11OE000077.
   1.2. 16% 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 Agreement as NON-R&D, in accordance with 2 CFR §200.332.
   2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual paid allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-2
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 of allowable costs, labeled by budgeted line item with each invoice that may include, but are not limited

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to, timesheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

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 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 only upon receipt and approval of the submitted invoice and required supporting documentation.

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.

7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

8.1.3. Condition C - The Contractor is a public company and required by Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to 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.

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8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. 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.

8.5. 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 shall 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.

9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

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Exhibit C-1 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	*CADY, Inc.*
Budget Request for:(Pull-down)	Central NH
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	See below

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$26,000	$0	$4,056	$0	$81,120
2. Fringe Benefits	$4,000	$0	$374	$0	$12,979
3. Consultants	$0	$0	$0	$0	$1,000
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	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$1,695
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$0	$0	$0	$0	$0
7. Software	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0	$1,000
8. (b) Other - Education and Training	$0	$0	$0	$0	$2,500
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$0	$0
Other (Occupancy)	$0	$0	$0	$0	$5,688
Other (Insurance)	$0	$0	$0	$0	$2,070
Other (Bookkeeping)	$0	$0	$0	$0	$2,675
Other (Financial Audit)	$0	$0	$0	$0	$3,800
9. Subrecipient Contracts	$0	$79,850	$0	$9,000	$0
Total Direct Costs	$30,000	$79,850	$4,430	$9,000	$114,527
Total Indirect Costs	$0	$3,750	$0	$1,000	$13,703
	0.00%	4.70%	0.00%	11.11%	11.96%
Subtotals	**$30,000**	**$83,600**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$256,260**

Contractor Initials Signed by: C7BCA0E708AC487...

Date 5/15/2026

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Exhibit C-2, Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	*CADY, Inc.*
Budget Request for:(Pull-down)	Central NH
Budget Period(Pull-down):	SFY 2028 (7/1/27-6/30/2028)
Average Indirect Cost Rate (if applicable)	See below

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$26,000	$0	$4,056	$0	$81,120
2. Fringe Benefits	$4,000	$0	$374	$0	$12,979
3. Consultants	$0	$0	$0	$0	$1,000
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	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$1,695
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$0	$0	$0	$0	$0
7. Software	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0	$1,000
8. (b) Other - Education and Training	$0	$0	$0	$0	$2,500
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$0	$0
Other (Occupancy)	$0	$0	$0	$0	$5,688
Other (Insurance)	$0	$0	$0	$0	$2,070
Other (Bookkeeping)	$0	$0	$0	$0	$2,675
Other (Financial Audit)	$0	$0	$0	$0	$3,800
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$79,850	$0	$9,000	$0
Total Direct Costs	$30,000	$79,850	$4,430	$9,000	$114,527
Total Indirect Costs	$0	$3,750	$0	$1,000	$13,703
	0.00%	4.70%	0.00%	11.11%	11.96%
Subtotals	**$30,000**	**$83,600**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$256,260**

Contractor Initials Signed by: C7BCA9E798AC487...

Date 5/15/2026

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New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub- contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

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

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1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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

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

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SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see https://omb.report/icr/201009-0348-022/doc/20388401

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context.

6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) https://www.ecfr.gov/current/title-22/chapter-V/part-513.

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9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).

14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

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

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SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

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SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

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FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: GTYALKSPX1N6

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

   X NO _____ YES

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

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Clarissa Palmer

5/15/2026
Date:

Signed by:
C7BCA0E798AC487...
Name: Clarissa Palmer
Title: Executive Director

Initial
Date 5/15/2026

New Hampshire Department of Health and Human Services

Exhibit E

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

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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.

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.

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.

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.).

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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

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/doit/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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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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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

Docusign Envelope ID: 1CE3DDF7-9539-8BC3-834D-CD9B476E073D

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 b[illegible] not

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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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 priv

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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

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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

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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	CADY, Inc.
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	Signed by: C7BCA0E798AC487...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Clarissa Palmer
Name of Authorized Representative	Name of Authorized Representative
Director - DPH	Executive Director
Title of Authorized Representative	Title of Authorized Representative
5/28/2026	5/28/2026
Date	Date

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5/28/2026

Date _____

Docusign Envelope ID: 4AF41BCF-C8D4-806D-83D7-877A6CDE47A7

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 CADY, INC. [COMMUNITIES FOR ALCOHOL AND DRUG FREE YOUTH] is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 17, 2004. 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: **473928**

Certificate Number: **0007873611**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 27th day of March A.D. 2026.

David M. Scanlan
Secretary of State

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CERTIFICATE OF AUTHORITY

I, Michael Conklin, 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 CADY, 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 23, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Clarissa M. Palmer (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of CADY, 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: 04/23/2026

Signature of Elected Officer

Name: Michael Conklin

Title: Board President

CERTIFICATE OF AUTHORITY

I, **Michael Conklin**, 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 **CADY, 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 May 28, 2026, at which a quorum of the Directors/shareholders were present and voting.

(Date)

voTED: That **Clarissa M. Palmer** (may list more than one person)

(Name and Title of Contract Signatory)

is duly authorized on behalf of **CADY, 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: **05/29/2026**

Signature of Elected Officer

Name: Michael Conklin

Title: Board President

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/20/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Fairley Kenneally	
E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	PHONE (A/C, No, Ext): (603) 293-2791	FAX (A/C, No): (603) 293-7188
	E-MAIL ADDRESS: fairley@esinsurance.net	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Insurance Co	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
CADY Inc
92 Highland St
Plymouth NH 03264

COVERAGES **CERTIFICATE NUMBER:** 2026 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2677897-016	04/14/2026	04/14/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG AbMol Daycare, IncAnoth	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			PHUB908454-016	04/14/2026	04/14/2027	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Fairley Kenneally

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/29/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Hub International Northeast Limited
401 Broadhollow Road
Suite 200
Melville NY 11747

License#: BR-767175

CONTACT NAME: Michael Cellupica
PHONE (A/C, No, Ext): 631-549-8561 **FAX (A/C, No):**
E-MAIL ADDRESS: Michael.Cellupica@hubinternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Wesco Insurance Company	25011
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
CADY, INC.
94 Highland Street
Plymouth NH 03264

CADYINC-01

COVERAGES **CERTIFICATE NUMBER:** 1139229262 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N	N / A		WWC3862881	6/15/2026	6/15/2027	X PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**						E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NONPROFIT COVER SHEET

A. Entity Name: Communities for Alcohol- and Drug-Free Youth (CADY, Inc.)

B. Entity's Contact Information: Clarissa Palmer, Executive Director

Phone / Email: Clarissa Palmer, Executive Director / 603.536.9793 / cpalmer@cadyinc.org

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

Name / Phone / Email: Sarah Roberts / 603.513.2389 / sroberts@cadyinc.org

Person responsible for Accuracy and Completeness of information provided:
Name: Clarissa Palmer, Ph. D. Title: Executive Director
Signature:

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Michael Conklin, Esq. (Chair)	Conklin and Reynolds, P.A.
Bonnie Bechard	Professor; Plymouth State University
Maureen Ebner (Treasurer)	Community Leader
Stephen Lefebvre	Chief of Police; Plymouth State University
Willam Luti	Captain, U.S. Navy (Ret.)
Andrew Seefeld, M.D., F.A.C.E.P.	Speare Memorial Hospital
Kyla Welch	Superintendent; SAU #48

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

Name	Role	Annual Salary	Amount Paid From This Contract
Clarissa Palmer, Ph.D.	Executive Director / PHAC Leadership	$78,000	$15,600
Lisa Leary, MS	Associate Director / PHAC/CoC Coordinator	$52,000	$41,600
Elizabeth Brochu, M. Ed., ACPS	SMPC	$108,160	$27,041
Ann Stark	Data Manager	$41,600	$10,400
Angel Ekstrom, Ed.D.	Emergency Preparedness	$67,396	$67,396

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

E. Check one of the following:

[X] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

_____

_____

_____

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

****See Attached Screenshot:** CADY, Inc. Registration #15771

https://mm.nh.gov/files/uploads/doj/remote-docs/registered-charities.pdf
Import favorites | SharePoint | eRA eRA Main Page | Home | Grants.gov | Home | SAM.gov | Welcome back - C... | RFA-2027-DPH-01...
Draw | Ask Copilot | 54 of 422 | Edit with

Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
33439	By the Hand Club for Kids	PO Box 10043	Chicago	IL	60610	G	7/15/2026
14618	BYFA, Inc.	PO Box 10521	Bedford	NH	03110	X	5/15/2024
30345	C and D Blanchard Scholarship Trust	1 Citizens Bank Way, JCB 115	Johnston	RI	02919	G	5/15/2026
19186	C&S Charities, Inc.	7 Corporate Drive	Keene	NH	03431	G	5/15/2026
13200	C&S Patient Education Foundation	320 Osprey Court	Wexford	PA	15090	G	5/15/2026
13467	C.V.M.A. Chapter 5-2	PO Box 412	Laconia	NH	03247-0412	X	5/15/2025
34650	C-10 Research and Education Foundation, Inc.	11 Chestnut Street	Amesbury	MA	01913	G	5/15/2026
32000	CABC USA, Inc.	2400 S Johnson Rd.New Berlin, WI 53146	New Berlin	WI	53146	G	5/15/2026
34009	CACNA1A Foundation, Inc.	C/O 1800 Thibodo Road, Suite 310	Vista	CA	92081	G	11/15/2025
13082	CADCA	500 Montgomery Street, Suite 400	Alexandria	VA	22314	G	11/15/2026
1427	Cadmus Corporation	195 Isaac Frye HighwayWilton, NH 03086	Wilton	NH	03086	G	11/14/2026
15771	Cady, Inc.	94 Highland Street	Plymouth	NH	03264	G	5/15/2026
32395	Cafe 1040, Inc.	1431 Capital Avenue, Suite 117Watkinsville, GA 30677	Watkinsville	GA	30677	G	5/15/2026
11794	Cafua Family Charitable Foundation, Inc.	280 Merrimack Street	Methuen	MA	01844	G	5/15/2026
37090	CAIR Foundation, Inc.	453 New Jersey Avenue, SE	Washington	DC	20003	G	5/15/2026
6439	Cal Farley's Boys Ranch	600 West 11th Avenue	Amarillo	TX	79101	G	8/15/2026
34673	Cal Farley's Boys Ranch Foundation	600 SW 11th AveAmarillo, TX 79101	Amarillo	TX	79101	G	2/15/2026
31079	Cal Poly Humboldt Foundation	1 Harpst StreetArcata, CA 95521	Arcata	CA	95521	X	11/15/2024
10959	Cal Poly Pomona Foundation, Inc.	3801 West Temple Avenue, Building 55	Pomona	CA	91768-4038	X	11/15/2019
32439	Cal Poly Pomona Philanthropic Foundation	3801 West Temple Avenue	Pomona	CA	91768	X	5/15/2025
14398	Cal Ripken Sr. Foundation, Inc.	1427 Clarkview Road, Suite 100	Baltimore	MD	21209	G	5/15/2026
33848	Cal State Fullerton Philanthropic Foundation	C/O 1959 Palomar Oaks Way, Suite 300	Carlsbad	CA	92011	X	5/15/2024
31208	Calamar Foundation, Inc.	3949 Forest Parkway, Suite 100	Wheatfield	NY	14120-3760	X	5/15/2022
17686	Calcutta Mercy Ministries	13300 Clio Road, Suite 306Fishers, IN 46037	Fishers	IN	46037	G	5/15/2026
11670	Caleb Foundation, Inc. - The Initiatives In Affordable Housing	491 Humphrey Street	Swampscott	MA	01907	X	11/15/2020
34526	Caleb Group	270 Broadway	Lynn	MA	01904	X	5/15/2024
15549	Caleb Interfaith Volunteer Caregivers	16 Highland Street, #98	Whitefield	NH	03598-3340	X	11/15/2021
31414	California Baptist University	8432 Magnolia AvenueRiverside, CA 92504	Riverside	CA	92504	G	5/15/2026
18834	California Community Foundation	717 W Temple StreetLos Angeles, CA 90012	Los Angeles	CA	90012	G	11/15/2026
35587	California Lutheran University	60 West Olsen Road #1650	Thousand Oaks	CA	91360-2700	G	11/15/2026
14470	California Nurses Foundation	155 Grand Avenue	Oakland	CA	94612	G	5/15/2026
30111	California Polytechnic State University Foundation	1 Grand Avenue, Building 117, Room 110	San Luis Obispo	CA	93407	X	5/15/2025

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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**

See Attached Audited Financial Statements and Independent Auditors' Report (Attached as a Separate .pdf)

[ ] 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

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

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2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

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CADY
Communities for Alcohol- and Drug-Free Youth

Empowering healthy choices, drug-free lifestyles, and promising futures through collaboration, education, and engagement.

EXECUTIVE DIRECTOR
Clarissa M. Palmer, PhD

BOARD OF DIRECTORS
Michael Conklin, Esq.
Conklin and Reynolds, P.A.

Bonnie Bechard, EdD
Professor of Business
Plymouth State University

Maureen Ebner
Community Leader

Chief Stephen Lefebvre
Plymouth State University
Police Department

William Luti
Captain, U.S. Navy (Ret.)

Andrew Seefeld, M.D.
Director of Emergency Services
Speare Memorial Hospital

Kyla Welch
Superintendent of Schools
SAU #48

94 Highland Street
Plymouth NH 03264
Phone: 603-536-9793
Fax: 603-536-9799
cadyinc.org
Facebook.com/cadyinc
Instagram @cadyinc

MISSION

Empowering healthy choices,
drug-free lifestyles, and promising futures
through collaboration, education, and
engagement.

VISION

Collaborative, caring communities
where youth are mentally strong, resilient, and substance free.

educate. engage. empower.

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CADY, Inc.

Financial Statements
and
Independent Auditors' Report

As of and for the Years Ended
December 31, 2024 and 2023

CADY
Communities for Alcohol- and Drug-Free Youth

Docusign Envelope ID: 4AF41BCF-C8D4-806D-83D7-877A6CDE47A7

CADY, INC.

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Independent Auditors' Report

To the Board of Directors of
CADY, Inc.

Opinion

We have audited the financial statements of CADY, Inc. (a nonprofit organization), which comprise the statements of financial position as of December 31, 2024 and 2023, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of CADY, Inc. as December 31, 2024 and 2023, and the changes in its net assets 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 audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 CADY, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. 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 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 financial statements that are free from material misstatement, whether due to fraud or error.

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

TSS Financial Partners, LLP ♦ 19 Morgan Drive ♦ Lebanon, NH 03766 ♦ Ph. 603-653-0044 ♦ Fax 603-653-0209
www.tss-advisors.com

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Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

TSS Financial Partners, LLP

Lebanon, New Hampshire
November 14, 2025

Docusign Envelope ID: 4AF41BCF-C8D4-806D-83D7-877A6CDE47A7

CADY, INC.
Statements of Financial Position
As of December 31, 2024 and 2023

	2024	2023
Assets		
Current assets		
Cash and cash equivalents	$ 424,100	$ 543,516
Certificate of deposit	133,041	126,938
Government grants receivable	151,731	95,551
Contracts receivable	29,807	3,813
Prepaid expenses	410	140
Total current assets	739,089	769,958
Other assets		
Security deposit	1,000	1,000
Property and equipment, net	136,026	145,405
Operating lease right of use assets, net	33,854	7,645
Total other assets	170,880	154,050
Total assets	$ 909,969	$ 924,008
Liabilities		
Current liabilities		
Accounts payable	$ 102,353	$ 13,658
Accrued salaries and wages	32,170	23,885
Refundable advance	-	4,956
Current portion of long-term debt	5,437	5,234
Current portion of operating lease right of use obligation	13,362	7,310
Total current liabilities	153,322	55,043
Long-term liabilities		
Long-term debt, less current portion shown above	61,439	66,880
Operating lease right of use obligation, net of current portion	20,492	335
Total long-term liabilities	81,931	67,215
Total liabilities	235,253	122,258
Commitments (See Notes)	-	-
Net assets		
Without donor restriction	645,965	767,729
With donor restriction	28,751	34,021
Total net assets	674,716	801,750
Total liabilities and net assets	$ 909,969	$ 924,008

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

Docusign Envelope ID: 4AF41BCF-C8D4-806D-83D7-877A6CDE47A7

CADY, INC.

Statements of Activities and Changes in Net Assets

For the Year Ended December 31, 2024 with Comparative Totals for the Year Ended December 31, 2023

	Without Donor Restriction	With Donor Restriction	Total 2024	Total 2023
Operating activities:				
Revenues and other support:				
Government grants	$ 608,259	$ -	$ 608,259	$ 887,987
Contributions	91,321	27,250	118,571	105,999
Contract revenue	71,456	-	71,456	35,234
Social marketing sales	6,155	-	6,155	18,900
Program service fees	16,950	-	16,950	31,891
Other income	278	-	278	-
Interest income	6,202	-	6,202	2,059
	800,621	27,250	827,871	1,082,070
Net assets released from donor restrictions	32,520	(32,520)	-	-
Total revenues and other support	833,141	(5,270)	827,871	1,082,070
Expenses:				
Program expenses:				
Education, outreach and prevention	689,802	-	689,802	728,365
Juvenile diversion	35,244	-	35,244	29,831
Other program expenses	53,674	-	53,674	45,134
Total program expenses	778,720	-	778,720	803,330
Supporting services:				
Management and general	174,477	-	174,477	237,460
Fundraising	1,708	-	1,708	-
Total supporting services expenses	176,185	-	176,185	237,460
Total expenses	954,905	-	954,905	1,040,790
Change in net assets from operating activities	(121,764)	(5,270)	(127,034)	41,280
Non-operating activities:				
Loss on disposal of property and equipment	-	-	-	(84)
Change in net assets from non-operating activities	-	-	-	(84)
Change in net assets	(121,764)	(5,270)	(127,034)	41,196
Net assets, beginning of year	767,729	34,021	801,750	760,554
Net assets, end of year	$ 645,965	$ 28,751	$ 674,716	$ 801,750

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

Docusign Envelope ID: 4AF41BCF-C8D4-806D-83D7-877A6CDE47A7

CADY, INC.
Statement of Activities and Changes in Net Assets
For the Year Ended December 31, 2023

	Without Donor Restriction	With Donor Restriction	Total
Changes in net assets without donor restrictions:			
Revenues and other support:			
Government grants and contracts	$ 887,987	$ -	$ 887,987
Contributions	92,549	13,450	105,999
Contract revenue	35,234	-	35,234
Social marketing sales	18,900	-	18,900
Program service fees	31,891	-	31,891
Interest income	2,059	-	2,059
	1,068,620	13,450	1,082,070
Net assets released from restriction	35,698	(35,698)	-
Total revenues and other support	1,104,318	(22,248)	1,082,070
Expenses:			
Program services:			
Education, outreach and prevention	728,365	-	728,365
Juvenile diversion	29,831	-	29,831
Other program expenses	45,134	-	45,134
Total program expenses	803,330	-	803,330
Supporting services:			
Management and general	237,460	-	237,460
Total expenses	1,040,790	-	1,040,790
Change in net assets from operating activities	63,528	(22,248)	41,280
Non-operating activities:			
Loss on disposal of property and equipment	(84)	-	(84)
Change in net assets from non-operating activities	(84)	-	(84)
Change in net assets	63,444	(22,248)	41,196
Net assets, beginning of year	704,285	56,269	760,554
Net assets, end of year	$ 767,729	$ 34,021	$ 801,750

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

Docusign Envelope ID: 4AF41BCF-C8D4-806D-83D7-877A6CDE47A7

CADY, INC.

Statements of Functional Expenses

For the Year Ended December 31, 2024 with Comparative Totals for the Year Ended December 31, 2023

	Program Expenses				Supporting Services			
	Education, Outreach & Prevention	Juvenile Diversion	Other	Subtotal	Management & General	Fundraising	2024 Total	2023 Total
Salaries and wages	$ 431,283	$ 29,377	$ 25,438	$ 486,098	$ 66,877	$ -	$ 552,975	$ 599,576
Payroll taxes	29,026	2,017	1,056	32,099	8,941	-	41,040	47,554
Employee benefits	4,098	-	1,289	5,387	26,157	-	31,544	43,329
Professional services	37,771	-	4,480	42,251	16,253	-	58,504	89,234
Marketing and communication	3,926	-	-	3,926	-	-	3,926	23,829
Conferences and meetings	8,295	-	4,359	12,654	-	-	12,654	21,921
Insurance	6,145	-	828	6,973	5,042	-	12,015	26,433
Food	1,524	-	1,314	2,838	3,748	-	6,586	17,740
Occupancy	12,845	-	669	13,514	5,442	-	18,956	33,047
Supplies and other expenses	30,192	3,850	5,741	39,783	6,039	1,708	47,530	51,692
Depreciation	-	-	-	-	9,379	-	9,379	9,600
Interest	-	-	-	-	2,875	-	2,875	2,610
Legal and accounting	22,205	-	2,694	24,899	14,604	-	39,503	33,061
Repairs and maintenance	-	-	133	133	1,831	-	1,964	1,606
Travel	10,203	-	768	10,971	870	-	11,841	17,938
Office	6,387	-	1,754	8,141	6,419	-	14,560	16,801
Training and education	484	-	3,151	3,635	-	-	3,635	4,819
Subcontractors	85,418	-	-	85,418	-	-	85,418	-
	$ 689,802	$ 35,244	$ 53,674	$ 778,720	$ 174,477	$ 1,708	$ 954,905	$ 1,040,790

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

Docusign Envelope ID: 4AF41BCF-C8D4-806D-83D7-877A6CDE47A7

CADY, INC.
Statement of Functional Expenses
For the Year Ended December 31, 2023

	Program Expenses				Supporting Services		
	Education, Outreach & Prevention	Juvenile Diversion	Other	Subtotal	Management & General	Fundraising	Total
Salaries and wages	$ 431,975	$ 12,881	$ 18,410	$ 463,266	$ 136,310	$ -	$ 599,576
Payroll taxes	42,684	418	529	43,631	3,923	-	47,554
Employee benefits	38,948	382	482	39,812	3,517	-	43,329
Professional services	74,285	10,000	180	84,465	4,769	-	89,234
Marketing and communication	23,829	-	-	23,829	-	-	23,829
Conferences and meetings	18,138	-	3,783	21,921	-	-	21,921
Insurance	18,431	-	-	18,431	8,002	-	26,433
Food	-	-	11,132	11,132	6,608	-	17,740
Occupancy	21,312	-	3,392	24,704	8,343	-	33,047
Supplies and other expenses	28,850	6,150	4,677	39,677	12,015	-	51,692
Depreciation	-	-	-	-	9,600	-	9,600
Interest	-	-	-	-	2,610	-	2,610
Legal and accounting	-	-	-	-	33,061	-	33,061
Repairs and maintenance	-	-	13	13	1,593	-	1,606
Travel	16,305	-	849	17,154	784	-	17,938
Office	10,094	-	832	10,926	5,875	-	16,801
Training and education	3,514	-	855	4,369	450	-	4,819
	$ 728,365	$ 29,831	$ 45,134	$ 803,330	$ 237,460	$ -	$ 1,040,790

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

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CADY, INC.
Statements of Cash Flows
For the Years Ended December 31, 2024 and 2023

	2024	2023
Cash flows from operating activities		
Change in net assets	$ (127,034)	$ 41,196
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	9,379	9,600
Amortization on right of use assets	13,767	12,648
Payments on operating lease right of use obligations	(13,767)	(12,648)
Loss on disposal of fixed assets	-	84
(Increase) decrease in the following assets:		
Government grants receivable	(56,180)	9,276
Contracts receivable	(25,994)	10,454
Prepaid expenses	(270)	(140)
Increase (decrease) in the following liabilities:		
Accounts payable	88,695	(3,699)
Accrued salaries and wages	8,285	6,616
Refundable advance	(4,956)	(96,284)
Net cash used in operating activities	(108,075)	(22,897)
Cash flows from investing activities		
Certificate of deposit purchases	(6,103)	(126,938)
Capital expenditures	-	(3,825)
Security deposit	-	1,300
Net cash used in investing activities	(6,103)	(129,463)
Cash flows from financing activities		
Payments on long-term debt	(5,238)	(5,039)
Net cash used in financing activities	(5,238)	(5,039)
Net decrease in cash and cash equivalents	(119,416)	(157,399)
Cash and cash equivalents, beginning of year	543,516	700,915
Cash and cash equivalents, end of year	$ 424,100	$ 543,516
Supplemental Disclosures of Cash Flow Information		
Interest paid	$ 2,875	$ 2,610

Supplemental Disclosures of Non-Cash Investing and Financing Activities

During 2024, the Organization renewed an operating lease right of use asset in exchange for an operating lease right of use obligation in the amount of $39,976 (Note 7).

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

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1. Organization and Summary of Significant Accounting Policies:

Organization

CADY, Inc. (Communities for Alcohol and Drug-Free Youth) (the Organization) is a New Hampshire nonprofit corporation established in 2005. The Organization's mission is: empowering healthy choices, drug-free lifestyles, and promising futures through collaboration, education, and engagement. The Organization's core purpose is to build a resilient, inclusive, and diverse community united in developing and sustaining a healthy environment where youth can grow up alcohol and drug free. The Organization conducts its programs with the following vision: collaborative, caring communities where youth are mentally strong, resilient, and substance-free.

Summary of Significant Accounting Policies

a. Basis of Presentation

The accompanying financial statements, which are presented on the accrual basis of accounting, have been prepared to focus on the Organization as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

- Net assets without donor restrictions – net assets not subject to any donor-imposed stipulations.
- Net assets with donor restrictions:
    - Time or Purpose – Net assets subject to donor-imposed stipulations that may or will be met by actions of the Organization and/or passage of time.
    - Perpetual – Net assets subject to donor-imposed stipulations that they be maintained in perpetuity by the Organization. As of December 31, 2024 and 2023, the Organization did not have any net assets with perpetual donor restrictions.

Revenues are reported as increases in net assets without donor restrictions unless restricted by the donor. Expenses are reported as decreases in net assets without donor restrictions. When a donor's restriction is accomplished by satisfying the restricted purpose or time restriction, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported as net assets released from restriction.

b. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

c. Cash and Cash Equivalents

The Organization considers deposits in financial institutions with maturities of less than 90 days to be cash or cash equivalents.

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1. Organization and Summary of Significant Accounting Policies (continued):

d. Certificate of Deposit

The Organization holds a certificate of deposit with an original maturity term of ten months and therefore is included as a current asset on the statements of financial position.

e. Government Grant Revenue

Government grants, consisting of federal, state, and local grants, are primarily considered to be conditional contribution transactions, the majority of which are cost-reimbursement grants. The Organization has elected the "simultaneous release" accounting policy option, such that, conditional contributions received whose condition lapses simultaneously with the expiration of donor-imposed use restrictions are reported in net assets without donor restrictions. The Organization's costs incurred under its government grants are subject to audit by government agencies. Management believes the disallowance of costs, if any, would not be material to the consolidated financial position or consolidated statement of operations.

The Organization has recorded grants receivable, all of which are expected to be collected in one year.

f. Contract Revenue

The Organization has entered into contracts to provide restorative justice services and to be the administrator for a substance misuse prevention program which both are considered to be exchange transactions and are recognized following the guidance in Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers* (Topic 606). The revenues are recognized over the contract periods.

g. Social Marketing Sales

The Organization sells its social marketing materials. The revenue is accounted for as an exchange transaction and is recognized at the time of the sale.

h. Program Service Fees

The Organization provides various program services to individuals, for which there is a fee to participate. The revenue is accounted for as an exchange transaction and is recognized over the course of the programs.

i. Contributions:

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected over periods in excess of one year are recorded at the present value of the estimated cash flows beyond one year. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met.

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1. Summary of Significant Accounting Policies (continued):

j. Property and Equipment

Property and equipment are stated at cost, if purchased, or fair value, if contributed. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. Maintenance and repairs are charged to operations when incurred. Significant betterments and renewals are capitalized.

The useful lives of property and equipment for purposes of computing depreciation are:

	Years
Buildings	39.5
Improvements	7 - 15
Equipment	5
Furniture and fixtures	5 - 7

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends, and prospects, as well as the effects of obsolescence, demand, competition, and other economic factors.

k. Refundable Advance

Conditional contributions received by the Organization are recorded as a liability under "refundable advance" until the conditions have been substantially met or explicitly waived by the donor.

l. Marketing and Communication

Marketing and communication costs are charged to operations in the year incurred. Marketing and communication costs totaled $3,926 and $23,829 for the years ended December 31, 2024 and 2023, respectively.

m. Functional Expenses

The costs of providing the various programs and other supporting activities have been reported on a functional basis in the statements of activities and changes in net assets and in the statements of functional expenses. Accordingly, certain costs have been allocated among the program and supporting activities benefited. Costs are allocated using reasonable and consistent methods for each type of cost.

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1. Summary of Significant Accounting Policies (continued):

n. Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code and by New Hampshire state law, for activities considered related to its exempt purpose. The Organization remains subject to federal and state taxation, as a corporation, on items of income determined to be unrelated to its exempt purpose. The Organization reviews the positions taken in regard to categorizing revenues as related or not related to its exempt purpose. The Organization recognizes the effect of income tax positions only after determining that the relevant tax authority would more likely than not sustain the position following an audit. For tax positions meeting this standard, the amount recognized in the financial statements is the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement with the relevant tax authority. Management determined that no provision for income taxes was required for the years ended December 31, 2024 and 2023 as it did not identify activities that were not related to the Organization's exempt purpose. The Organization believes it is no longer subject to examinations for years prior to 2021.

o. Change in Accounting Principle

In June 2016, the FASB issued ASU 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments, which eliminates the probable initial recognition threshold and, instead, requires that all financial assets (or group of financial assets) measured at amortized cost basis be presented at the net amount expected to be collected inclusive of the entity's current estimate of all expected credit losses. The ASU also applies to certain off-balance-sheet credit exposures such as unfunded commitments and non-derivative financial guarantees. The allowance for credit losses is a valuation account that is deducted from the amortized cost basis of the financial asset(s) in order to present the net carrying value at the amount expected to be collected on the financial asset. The measurement of expected credit losses is based on relevant information about past events, including historical experience, current conditions, and reasonable and supportable forecasts that affect the collectability of the reported amount. The Company adopted the new standard on January 1, 2023 using the modified retrospective approach. The adoption of the ASU has not had a material impact on the Company's financials.

p. Concentration of Credit Risk

The Organization maintains funds in bank accounts at a financial institution. These balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to a maximum of $250,000. At times during the year, funds carried in the Organization's accounts may exceed FDIC limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant risk related to uninsured funds.

q. Fair Value of Financial Instruments

The Organization's financial instruments consist of cash, grants, contracts and contributions receivables, trade payables and notes payable. The carrying value of all instruments approximates their fair value.

r. Liquidity

Assets are presented in the accompanying statements of financial position according to their nearness of conversion to cash and liabilities according to the nearness of their maturity and resulting use of cash.

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2. Government Grants:

The Organization receives various reimbursement grants from the federal government, State of New Hampshire and other public agencies considered to be conditional contributions (see Note 1). The following is a summary of the grant activity for the years ended December 31:

	Government Grants Revenue		Government Grants Receivable	
	2024	2023	2024	2023
U.S. Department of Health and Human Services				
Drug-Free Communities Support Program	$ -	$ 90,356	$ -	$ -
STOP Act	10,276	46,557	7,008	-
RCORP (Implementation)	-	81,470	-	-
Central NH Partnerships for Prevention	267,134	333,036	-	44,682
State of New Hampshire				
NH Empowers Youth Program	-	101,240	-	-
Other				
Grafton County	26,229	29,831	-	-
Regional Public Health Network Services	304,620	205,497	144,723	50,869
	$ 608,259	$ 887,987	$ 151,731	$ 95,551

3. Property and Equipment:

Property and equipment consisted of the following as of December 31:

	2024	2023
Property and equipment, at cost		
Land	$ 32,177	$ 32,177
Building	88,976	88,976
Building improvements	35,626	35,626
Solar improvements	32,442	32,442
Equipment	3,845	3,845
	193,066	193,066
Less- Accumulated depreciation	57,040	47,661
Property and equipment, net	$ 136,026	$ 145,405

Depreciation expense totaled $9,379 and $9,600 for the years ended December 31, 2024 and 2023, respectively.

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4. Refundable Advance:

During 2023, the Organization received $20,000 from Grafton County's American Rescue Plan funds. The Organization recognized revenue of $3,850 and $16,150, based on actual costs incurred, during the years ended December 31, 2024, and 2023, respectively. These amounts are included in government grants on the statements of activities and changes in net assets for the years ended December 31, 2024, and 2023. The remaining $0 and $3,850 as of December 31, 2024, and 2023, respectively, are reported as a refundable advance on the statements of financial position.

During 2023, the Organization also received $6,250 from Grafton County's general funds covering the period of July 1, 2023 – June 30, 2024. The Organization recognized revenue of $1,106 and $5,144, based on actual costs incurred, during the years ended December 31, 2024, and 2023, respectively. These amounts are included in government grants on the statements of activities and changes in net assets for the years ended December 31, 2024, and 2023. The remaining $0 and $1,106 as of December 31, 2024, and 2023, respectively, are reported as a refundable advance on the statements of financial position.

5. Long-Term Debt:

Long-term debt consisted of the following as of December 31:

	2024	2023
Mortgage note payable, Woodsville Guaranty Savings Bank, payable in 240 monthly installments of $595, including interest initially at 3.8%, to change each January 6th, beginning in 2022, based on Wall Street Journal Prime plus 2%, with a floor of 4%. Renegotiated in January 2022 for monthly payments of $657, including the variable interest rate at 3.8%. Matures January 2037. Secured by real estate.	$ 66,876	$ 72,114
LESS: Current portion	5,437	5,234
Long-term debt, excluding current portion	$ 61,439	$ 66,880

The following are maturities of long-term debt as of December 31, 2024:

2025 (Included in current liabilities)	$ 5,437
2026	5,647
2027	5,865
2028	6,092
2029	6,328
Thereafter	37,507
	$ 66,876

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6. Net Assets with Donor Restrictions:

Net assets with donor restrictions consisted of the following as of December 31:

	2024	2023
Specified purpose restrictions:		
NH Charitable Foundation - Substance Abuse	$ 8,072	$ 9,496
NH Charitable Foundation - Advocacy	7,973	-
NH Charitable Foundation - CHIP	10,000	-
Restorative Justice - Restitution Fund	801	1,201
Speare Memorial Hospital - Prevention Outreach/Education	1,905	3,324
Long-term operational support	-	20,000
	$ 28,751	$ 34,021

Net assets released from restriction consisted of the following for the years ended December 31:

	2024	2023
Specified purpose restrictions:		
NH Charitable Foundation - Substance Abuse	$ 1,424	$ 2,840
NH Charitable Foundation - Advocacy	2,027	-
Speare Memorial Hospital - Prevention Outreach/Education	8,669	12,858
Grafton County - Restorative Justice	400	-
Operational support	20,000	20,000
	$ 32,520	$ 35,698

7. Lease Commitments:

In February 2016, the FASB issued ASU 2016-02 (Topic 842), Leases. Under Topic 842, lessees are required to recognize assets and liabilities on the balance sheet for most leases and provide enhanced disclosures. Leases will be classified as either finance or operating.

The Organization determined if an arrangement is or contains a lease at inception of the contract. Right-of-use asset represents a right to use the underlying asset for the lease term and the right-of-use obligation represents the obligation to make lease payments arising from the leases. The right-of-use asset and right-of-use lease obligation are recognized at commencement date based on the present value of lease payments over the lease term.

The Organization uses the implicit rate noted within the contract. If not readily available, the Organization uses the estimated incremental borrowing rate, which is derived using a collateralized borrowing rate for the same currency and term as the associated lease. A right-of-use asset and right-of-use lease obligation are not recognized for leases with an initial term of 12 months or less and the Organization recognizes lease expense for these leases on a straight-line basis over the lease term as rental expense. The exercise of lease renewal options is at the Company's sole discretion. When determining the lease term, the Company included options to extend or terminate the lease when it is reasonably certain that management will exercise that option.

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7. Lease Commitments (continued):

The Organization's operating leases are for real estate and equipment. The Organization's real estate lease agreement was originally set to terminate on June 30, 2024 and during 2024 was renewed for an additional 36 months with a present value of $39,976. It has a remaining term of 30 months as of December 31, 2024. The Organization's equipment lease agreement has a remaining term of 8 months as of December 31, 2024.

The components of lease expense for the years ended December 31, 2024 and 2023 are as follows:

	2024	2023
Operating lease cost	$ 14,412	$ 14,129
Variable and short term lease cost (a)	-	-
Total lease and rental expense	$ 14,412	$ 14,129

(a) Includes variable consideration and leases with a maturity of less than 12 months.

Cash paid for amounts included in the measurement of the Company's operating lease right-of-use obligations were included in cash flows from operating and totaled $14,412 and $14,129 for the years ended December 31, 2024 and 2023, respectively.

Supplemental balance sheet information related to leases are as follows as of December 31:

	2024	2023
Operating leases		
Operating lease right of use asset	$ 41,721	$ 34,414
Accumulated amortization	(7,867)	(26,769)
Operating lease right-of-use asset, net	$ 33,854	$ 7,645
Current portion of operating lease right-of-use obligation	$ 13,362	$ 7,310
Operating lease right-of-use obligation, less current portion	20,492	335
Total operating lease right-of-use obligation	$ 33,854	$ 7,645
Weighted average remaining lease term, years		
Operating leases	2.48	0.63
Weighted average discount rate		
Operating leases	3.80%	3.80%

Docusign Envelope ID: 4AF41BCF-C8D4-806D-83D7-877A6CDE47A7

7. Lease Commitments (continued):

Future maturities of lease liabilities as of December 31, 2024 are as follows:

	Operating Leases
Year ending December 31:	
2025	$ 14,415
2026	14,076
2027	7,038
2028	-
2029	-
Thereafter	-
Total lease payments	35,529
Less: imputed interest	(1,675)
Total lease payments	$ 33,854

8. Retirement Plan:

During 2022, the Organization adopted a SIMPLE IRA Plan. The Organization contributes to the plan 100% of elective deferrals up to 3% of eligible employees' wages. Retirement plan expense for the years ended December 31, 2024 and 2023 was $11,154 and $16,678, respectively.

9. Economic Dependency:

The Organization has two government grants that represented 37% and 32% of total revenues and other support for the year ended December 31, 2024, respectively. The first grant also represented 95% of government grants receivable as of December 31, 2024, respectively.

Those two grants represented 19% and 31% of total revenues and other support for the year ended December 31, 2023, respectively and 53% and 47% of government grants receivable as of December 31, 2023, respectively.

10. Liquidity:

Operating liquidity comes from government grants, contributions, contract revenue, social marketing sales and program service fees. The Organization has a policy to structure its financial assets to be available as its general expenditures and liabilities come due. The Organization monitors its liquidity so that it is able to meet its operating needs and other contractual commitments.

Financial assets are considered unavailable when not convertible to cash within one year or are subject to donor-imposed use or time restrictions other than for general operations within one year.

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10. Liquidity (continued):

The following presents the Organization's financial assets available for general expenditure, that is, without donor or other restrictions limiting their use for a purpose other than general operating expenditures, within one year of the statement of financial position date:

	2024	2023
Financial assets		
Cash and cash equivalents	$ 424,100	$ 543,516
Government grants receivable	151,731	95,551
Contracts receivable	29,807	3,813
Total financial assets as of December 31:	605,638	642,880
Less amounts not available to be used within one year, due to:		
Net assets with donor restrictions, subject to the passage of time or expenditure for specified purpose other than general operations	28,751	14,021
Financial assets available to meet general expenditures within one year	$ 576,887	$ 628,859

11. Subsequent Events:

The Organization has reviewed events occurring after December 31, 2024, through November 14, 2025, the date the board of directors accepted the final draft of the financial statements and made them available to be issued. The Organization does not believe that any other events requiring recognition or disclosure have occurred between the period of December 31, 2024 and the report date, November 14, 2025. The Organization has not reviewed events occurring after the report date for their potential impact on the information contained in these financial statements.

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Clarissa M. Palmer, Ph.D.

[redacted]

EDUCATION

Ph.D. 2008 University of Rhode Island
Psychology: Behavioral Science/Research Methodology
Dissertation: *Multicultural Awareness in College Freshmen: An examination of measures and interventions*

M.S. 2006 University of Rhode Island
Human Development and Family Studies: Early Childhood Education & Development
Thesis: *Mentor/Apprentice Satisfaction: The Rhode Island Child Development Specialist Apprenticeship Program*

B.S. 2004 University of Rhode Island
Human Development and Family Studies: Child Settings

A.A. 2003 Community College of Rhode Island
Early Childhood Education

EMPLOYMENT:

January 2026 – Communities for Alcohol- and Drug-Free Youth
Executive Director

February 2025 – Dec. 2025 Littleton Historical Museum, Littleton, NH
Curator

August 2024 – Present Plymouth State University
Full Professor - Psychology

August 2020 – August 2024 Plymouth State University
Full Professor Program Coordinator for the MEd in Curriculum & Instruction Program
Education Academic Unit Leader

July 2017 – August 2020 Plymouth State University
Associate Professor, with tenure - Program Coordinator for the MEd in Curriculum & Instruction Program

July 2015 – July 2017 Plymouth State University
Associate Professor, with tenure - Department of Educational Leadership, Learning, and Curriculum

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Program Coordinator of the Higher Education Certificate of Advanced Graduate Studies Program
Faculty Fellow for University Assessment – NEASC Accreditation Liaison (New England Association Schools & Colleges)

August 2014 – June 2015 Plymouth State University
Associate Professor with tenure - Early Childhood Studies Department

August 2008- May 2014 Plymouth State University
Assistant Professor - Early Childhood Studies Department/Education Department

Summer 2006, 2007, 2008, 2009, 2012, and Spring 2007 University of Rhode Island
Instructor - Department of Human Development & Family Studies -Psychology Department

Fall 2005, 2006, 2007 University of Rhode Island
Instructor - Department of Human Development & Family Studies

July 2004 & 2005 URI Multicultural Center
World Voices World Visions, World Village for Children Coordinator

August 2000-June 2004 For Pete's Sake Preschool, Attleboro, MA
Lead Preschool Teacher – Half &Full-day preschool during academic yr. Massachusetts Office of Child Care Services, Lead Teacher Certification

August 1999-August 2000 Bright Horizons, Franklin, MA
Teacher – Preschool room during full year programming Massachusetts Office of Child Care Services, Teacher Certification

Sept. 1993-August 1999 City of Attleboro, MA, Capron Park Zoo
Education Specialist

CERTIFICATIONS.

Food Safety Certification (State of New Hampshire)	2023-2025
Pet Partners International Certification. Instructor (PP ID#: 57406)	2024 - current
Pet Partners International Certification. Team Evaluator (PP ID#: 57406)	2022 – current
Pet Partners International Certification. Handler (PP ID#: 57406)	2012 - current
Equine and Canine Massage Therapy Certifications – Equissage	2021
Pet Nutrition Certification – New Skills Academy	2019
Equine Myo-manipulative Functional Therapy	2019
First Aid/CPR for Non-Humans	2017
Federal Emergency Management Administration (FEMA) Dart Certification	2016

Emergency Management Institute - Disaster Relief Training
Community Emergency Response Team Animal
I & II All Hazards Preparedness for Animals in
Disasters Livestock in Disasters
Search and Rescue in Community Disasters
Enhanced All-Hazards Incident Management/Unified Command

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Collaborative Institutional Training Initiative (CITI) 2019, 2016, 2012, 2009 Investigators, Staff and Students, Basic Course
Group 1 (Basic Course), Basic Course
Working with Dogs in Research Settings, Basic Course Good Clinical Practice Course (US FDA focus), Stage 1
Social and Behavioral Responsible Conduct of Research, RCR IRB Members - Basic/Refresher, Basic Course

Professional Pet Assisted Therapy Certificate 2006 Community College of Rhode Island

FUNDING AWARDS:

PI: Oral and Photographic History of the Working Animals of the White Mountains. (2024). Sabbatical project exploring the role of working animals in New Hampshire's White Mountains and Great North Woods. The main goal is to document the historical and present-day relationships between humans and animals included in tourism, farming, and other activities. The research involves conducting interviews with people who work with animals, like farmers and conservation law enforcement officers. Documenting and preserving archival research such as historical records and photographs to understand how animals worked in the past. Spending time on working animal properties to gain a deeper understanding of these relationships also allows opportunities for community connections while increasing awareness of the practical aspects of working with animals in various environments. Funded: One semester sabbatical support.

PI: Student Services in Institutes of Higher Education. (2017). Sabbatical research surveying best practices at institutes of higher education. A survey was designed based on the service areas defined by the National Association for Student Personal Administrators (NASPA) and was distributed through blog links, email link, and posts to social media. This work was conducted with assistance from a graduate student. Funded: One semester sabbatical support.

Program Evaluator: SAMHSA Grant. Garrett Lee Smith Memorial Campus Suicide Prevention Grant. Cohort VI. (2012). Served as initial program evaluator on multidisciplinary team delivering professional development training, student awareness programming, and development of materials to increase awareness of suicide risk in college students and to prepare first responders to appropriately respond when incidences arise. Funded amount. $277,000.00.

PI: Multicultural Awareness in College Students. (2012). The purpose of this study was to assess levels of awareness of multicultural and diversity issues on the PSU campuses. This work was undertaken as part of my work as the appointed PSU Diversity Faculty Fellow for 2012-2013 and served to inform University policies, procedures, resources, and financial allocations. I created a protocol to gather data in a mixed-method design that included constituents from across multiple campuses and multiple grade levels. Expansion of this work involved faculty, staff, and administration. Funded amount: $3850.00.

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PI: Reviewing 25 Years of Research and Review Articles Published in Anthrozoös: A content analysis of several key demographic variables. (2012). Facilitated collaboration with journal editor to access journal and determine variables to include in content analysis of Research and Review articles.
Designed and conducted content analysis of 25 years of academic journal including 448 individual articles. Determined historical participation in publishing by gender, country of participation, and by academic discipline of the main authors. Funded amount: $4600.00.

PI: Development of a Measure to Assess the Use of Animals in Early Childhood Classrooms in the
U.S. (2010-2011). Plymouth State University Faculty Research and Development Fund. Created, piloted, and validated a measure designed specifically to assess the utilization of animals in early childhood classrooms with a national sample (6798 sites nation-wide). Supervised 2 undergraduate research assistants. Funded amount: $3906.00.

PI: Investigating Student Perceptions of Campus Climate at Plymouth State University. (2010-2011). Led team of researchers to conduct undergraduate student focus groups designed to understand the student perception of acceptance, belonging, and safety on the PSU campus. Conducted group and individual interviews. Expanded project focus to include campus-wide quantitative diversity survey to assess multicultural attitudes. Funded amount: $3850.00.

PI: Social Emotional Development in University Child Care Center Children. (2009-2010). Approved research design through both Plymouth State University and the University of Rhode Island. Collected data using Ages and Stages: Social Emotional Questionnaire from both parent and teacher reports at three time points throughout the 2009-2010 academic year. Supervised undergraduate research assistant. Funded amount: $4370.86.

Project Coordinator: Early Intervention Recruitment & Retention. (2004-2008). Established recruitment and retention efforts in the state of Rhode Island to enhance and maintain effective workforce in Early Intervention in early childhood. Developed research protocol, training manuals, and professional development opportunities for university students, pre-service educators, and in- service educators. Mentored and supervised graduate and undergraduate students in the delivery of informational workshops. Managed subcontract budget from Rhode Island College that included various budget lines: travel, personnel, etc. Funded amount: $18500.00.

GRANT REVIEW EXPERIENCE

2025 AmeriCorps State and National External Peer Review.
Serving as Panel Reviewer for off-site review (April 2025)
2024 AmeriCorps State and National External Peer Review.
Serving as Panel Reviewer for off-site review (Feb. 2024)
2023 AmeriCorps State and National External Peer Review.
Serving as Panel Reviewer for off-site review (Feb. – March 2023)
2015 AmeriCorps State and National External Peer Review.
Served as Panel Coordinator for off-site review (March 25 – April 17)
2014 AmeriCorps State and National External Peer Review.
Served as Panel Coordinator for 2-week off-site review (August 1- 14)

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2014 AmeriCorps State and National External Peer Review.
Served as Panel Coordinator for 2-week off-site review (Feb. 1 – Feb. 13)
2013 AmeriCorps State and National External Peer Review.
Served as Panel Coordinator for 2-week off-site review (Feb. 20 – March 8)
2012 AmeriCorps State and National External Peer Review.
Served as Panel Coordinator for 2-week off-site review (Feb. 1 - 16)
2011 Department of Education. Race to the Top. Early Learning Challenge
Served as Panel Reviewer October – November.
2011 Administration for Children and Families. Head Start Replacement Grant Review.
Served as Panel Chair for 1-week on-site review (August 8 -12)
2011 AmeriCorps State and National External Peer Review.
Served as Panel Reviewer for 2-week off-site review (Feb. 9 – 24)
2010 National Institute of Child Health and Human Development.
2011 Research Fellows Application Reviewer
2010 Administration for Children and Families. Head Start Replacement Grant Review.
Served as Panel Reviewer for 1-week on-site review (June 20-25)
2009 Administration for Children and Families Head Start Expansion.
Served as Panel Chair for 2 weeks of on-site grant review process (July 11-24)
2009 Administration for Children and Families Early Head Start Expansion.
Served as Panel Chair for 1 week of on-site grant review process (August 8-14)

VOLUNTEER & OUTSIDE SERVICE EXPERIENCES

March 2023 – Nov. 2024	Speare Memorial Hospital Pet Assisted Therapy Volunteer
March 2020 – March 2026	Elected to Town of Thornton Supervisor of Checklist
July 13-19, 2019	Humane Society of the United States Deployment to East Texas Equine Rescue (159 horses, mules, donkeys)
June 2017 – August 2018	Humane Society of the United States Deployment in New Hampshire Great Dane Rescue (75-81 dogs, 45 days in total)

Publications, Presentations, Speaker Engagements, Media Appearance list, etc. available upon request

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LISA A. LEARY

[redacted]

Engaging and collaborative leader with 25+ years of experience in systems improvement, facilitation, and professional development across healthcare and nonprofit sectors. Skilled in delivering impactful training, fostering inclusive learning environments, and strengthening team performance through thoughtful strategy and execution. Known for helping organizations build **healthy, productive cultures** by aligning people, processes, and purpose.

KEY SKILLS

- Strategic Planning & Systems Design
- Evaluative Methods (Qualitative & Quantitative)
- Quality & Process Improvement
- Corporate Wellbeing Strategy
- Training & Adult Learning Facilitation
- Collaborative Leadership & Multi-Sector Coordination
- Statistical Process Control Methodology
- Healthcare Transformation

PROFESSIONAL EXPERIENCE

Associate Director Communities for Alcohol and Drug Free Youth Sept 2025 - Present
Provide visionary leadership to advance the organization's mission and strategic direction. Oversee programs, staff, operations, partnerships, and fund development to ensure excellence across all areas of the organization. Implement long-range strategies and manage state and federal grants to sustain impact and financial health. Ensure strong organizational systems, data-driven decision-making, and regulatory compliance while fostering a positive, high-performing workplace culture. Serve as Facilitator for the Central NH Regional Public Health Network, strengthening regional collaboration and community outcomes.

Performance Improvement Consultant Nov 2016-Present
Design and deliver interactive trainings sessions, and leadership development workshops to support performance improvement and culture change. Lead focus groups, community conversations, and stakeholder engagement activities to gather insights and design collaborative solutions. Coach teams in improvement methods and systems thinking to help organizations identify strategic priorities and implement changes that boost effectiveness, resilience, and results.

Director of Systems Integration Partnership for Public Health Aug 2015 - Nov 2016
Partnered with social service organizations to integrate care systems for individuals affected by substance use disorder (SUD). Led collaborative conversations with providers, clients, and community members to inform systems change. Produced reports for regulatory agencies to demonstrate progress, compliance, and alignment with state and federal standards.

Director of Performance Improvement Robert Wood Johnson Nov 2014-Nov 2016
Contributed to securing $1.9 million grant funding to integrate Project ECHO, a tele-mentoring program into primary care practices. Provided training to clinical staff regarding healthcare transformation goals and improvement strategy. Conducted assessments of utilization data to drive improvement initiatives.

Quality Improvement Coach HealthTeamWorks Apr 2013-Oct 2014
Managed a portfolio of 20+ clients engaged in clinical transformation including shared savings initiatives and Patient Centered Medical Home (PCMH) recognition. Conducted practice assessments and provided value-based improvement recommendations. Facilitated staff trainings on quality improvement tools and methodology including PDSA cycles, process mapping and root cause analysis. Provided educational content to company employees specific to data analytics and statistical process control.

Quality Improvement Coach The Dartmouth Institute Jun 2010 – Mar 2013
Designed and presented quality improvement curriculum for Dartmouth "Coach the Coach" training program. Coached inter-professional healthcare team to implement nurse run annual wellness visits resulting in projected

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annual revenue of $248,000. Faculty presenter for "Fundamentals of Measurement" for the Cystic Fibrosis Foundation. Teaching assistant for "Statistical Measurement and Analysis" at the Dartmouth Institute.

Research Manager Dartmouth Hitchcock Medical Center Aug 2004-Jun 2010
Managed grant program, including successful completion of over 40 active grants focused on improving clinical quality. Increased grant completion rate from 60% to 95% ensuring that all projects were completed on time and on budget. Advised grant applications on study design and measurement. Ensured compliance with regulatory requirements including IRB updates.

EDUCATION AND CERTIFICATIONS

Master of Science– Evaluative Clinical Science
Dartmouth College: The Institute for Health Policy and Clinical Practice (Hanover, NH) June 2010

Bachelor of Science – Business Management
University System of New Hampshire, Granite State College (Lebanon, NH) June 2004

Associate Degree– Animal Science
Newbury College (Brookline, MA) June 1985

Certified Corporate Wellness Specialist
CCWS® April 2025

Six Sigma Green Belt - Certification
Thayer School of Engineering, Dartmouth College (Hanover, NH) May 2010

PUBLICATIONS AND PRESENTATIONS

"Understanding and Addressing Secondary Exposure to Trauma Among New Hampshire's Behavioral Health Workforce" NH Behavioral Health Summit, November 2024.
"Practical Evaluation Methods in Public Health" Child Injury Action Group, Ohio Department of Health. Annual Meeting, April 2022.
"Empowering Employees: Three Lessons, Three Tools" New England Federation of Humane Societies, Annual Meeting, Nashua, NH., April 2018
"Using Microsystems to Transform Practice: Fundamentals to Advance Practice" Institute of Healthcare Improvement, Annual Summit on Improving Care in the Office Practice and the Community, Washington, DC, March 18, 2012
"Understanding Perception and Management of Quality in Rural New England Nursing Homes" American Medical Directors Association, Annual Meeting, Tampa, FL, March 17, 2011
Palac D, Patchett L, Jensen C, Flanagan M, **Leary L,** Stashwick C, Byock I, Meehan K, "Bone Marrow ProcedureRelated Pain and Anxiety Improved with Propofol Protocol". Blood Nov 2005; (106) 1325
MacKenzie, T., **Leary, L.**, and Brooks, W.B. "The Effect of an Extract of Green Tea on Glucose Control in Adults With Type 2 Diabetes: Blinded Randomized Study" Metabolism May 2007; (56) 1340-44

BEYOND THE OFFICE

Podcast co-host "The Genuine Leader/Permaculture Design Certified/Meditation Practitioner/Backgammon Enthusiast

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ELIZABETH BROCHU

[redacted]

PROFESSIONAL EXPERIENCE

Communities for Alcohol - and Drug-Free Youth (CADY)
June 2007 – Present

Getting to "Y" New Hampshire Project Director

December 2024 – Present

Administrative responsibility for the overall management and functioning of the Getting to "Y" New Hampshire (GTY NH) programming including planning, program development, staff oversight, and community relations.

Senior Director of Training, Education, and Programs

September 2023 – Present

Administrative responsibility for the overall management and functioning of Substance Misuse Prevention programming including planning, program development, staff oversight, and community relations.

Youth Services Director & Substance Misuse Prevention Coordinator for Central New Hampshire

September 2011 – September 2023

Work with key sectors of the community and state to implement a public health primary prevention and SUD intervention approach to prevent substance misuse, and reduce related risk factors, and consequences in the community. Oversight of evidence-based programing including Restorative Juvenile Justice; Youth Empowerment and Leadership Development; In-School Lion's Quest curriculum, and Young Adult Diversion Prime for Life Collaboration with NH Liquor Enforcement. Mentoring and oversight of youth development staff, PSU interns, and program volunteers.

AmeriCorps VISTA Program Placement with CADY | Youth Services Coordinator
Plus-Time NH – Concord, NH | June 2007 – August 2008
Families in Transition – Manchester, NH | August 2010 – August 2011
Under the umbrella of these two agencies, I completed two years of national service dedicated to community building, positive youth development, and prevention education. I was placed with CADY to expand capacity of the organization and provide direct-service with three youth programs: The Launch Youth Entrepreneurship Program; The Youth Advisory and Advocacy Council (YAAC); and LIFE (Living Intelligently for Excellence) a former in-school collaboration with Newfound Regional High School and Newfound Memorial Middle School.

EDUCATION

Master of Education, Elementary Education | May 2014
Plymouth State University – Plymouth, New Hampshire

Bachelor of Arts, Studio Art | December 2007
University of New Hampshire – Durham, New Hampshire

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Credentials and Professional Development

NH Advanced Certified Prevention Specialist
Mid-State Health Center Board of Directors | June 2022 – June 2025
Certified Prime for Life Under 21 Instructor: Evidence-Based Alcohol and Drug Education Curriculum – Trainer/Educator | 2011
Certified AmeriCorps Vista – Completion of Two Full Years of National Service
New Futures Community Leadership Institute | 2008

Awards and Special Recognition

Community Partner Award | Newfound Regional High School, 2022: This award was given by the Newfound Regional High School senior class of 2022 for implementation of the Getting to Y program.

NH "40 Under 40" Statewide Leadership Award | Class of 2021: 40 millennial generation leaders in the state are selected each year from hundreds of nominations and recognized for their career achievements, community involvement, and contributions to New Hampshire. I was honored to receive this professional award in 2021 for advancing the substance misuse prevention field and making a significant difference in the lives of hundreds of NH youth.

NH Prevention Specialist of the Year | 2021: This award was given by the Prevention Certification Board of NH for making outstanding contributions in the field of Substance Misuse Prevention.

Skills | Strengths

- Responsible Leader and Positive Thinker Dedicated to Excellence.
- Passionate Primary Prevention Leader: Ability to create a culture of optimism through collaboration, flexibility, and adaptability.
- Authenticity: Ability to lead by example and build lasting relationships; unify teams through kindness, inspiration, and respect.
- Persistent: Willing to go beyond where others may stop.
- Advanced Organizational Planning, Coordination, and Implementation Skills.
- Innovative and Forward Thinking: Capacity to see possibilities and spark creativity.
- Community Organizer and Capacity Builder.
- Communications: Empathetic Listener; Strong Written and Oral Communication Skills.
- Seasoned Public Speaker including Extensive Experience with Legislative Testimony.
- Energetic and Enthusiastic Personality and Lifelong Learner.
- Strong Work Ethic: Results-Oriented Professional.
- Proficient with Microsoft Office Suite and Graphic Design.

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Ann M. Stark

[redacted]

Ann M. Stark, BS, is data manager with more than 38 years' experience in a variety of settings. She has more than 19 years' experience in a public health environment specializing in substance misuse prevention and continuum of care. She has advanced data coordination and tracking expertise, and more than fifteen years' experience coordinating and facilitation training and education events including large regional conferences focusing on substance abuse and addiction.

PROFESSIONAL EXPERIENCE

CADY Data Manager December 2006 - Present
Responsibilities include grant project management, organizational activity tracking, data collection, and management of web-based reporting; report coordination and filings, and grants management; data research; communications and outreach; meeting and event facilitation and coordination.

Manager/Customer Care 1999 – 2006) Parent's Helper Inc, Waterville Valley, NH. Designer of The Be Alert Children Driveway Sign
Customer inquiries, and processing of internet and phone orders, maintaining and producing sales, invoice, and inventory reports, and organizing various marketing packages for mailing and presentation.

Operations Supervisor 1998-1999 and Teller 1997-1999 Fleet Bank, Plymouth NH (DBA Bank of New Hampshire)

Distribution/Warehouse Administrator 1996-1997 WB Mason Co., Brockton MA. Office Furniture Dealership ($40 million in furniture annually)
Direct report to Operations Vice-President; created and launched furniture damage program to expedite customer service; tracked and measured daily delivery success; administered delivery control measures to improve quality

Project Manager 1992-1995 – Affordable Interior Systems, Hudson MA Remanufacturer and dealer of systems office furniture, seating, and case goods. Worked with clients to manage large furniture projects; liaison between clients, manufacturers, and contractors.

Corporate Account Representative 1986-1991 Business Interiors, Boston MA (DBA Office Environments) Steelcase and Kimball Office Furniture Dealership – managed large, contracted accounts.

EDUCATION

Bachelor of Science in Business Management 1986 Westfield State College, Westfield MA
Minor in Psychology
Class Treasurer, 2 years

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Angel Ekstrom, EdD

[redacted]

EDUCATION

Doctor of Education - Curriculum and Instruction
Argosy University, Sarasota, Florida, 2008
Dissertation: *Environmental Literacy: A Study of First Year and Senior Students at Plymouth State University*

Certificate of Advanced Graduate Studies - Educational Leadership
Plymouth State University, Plymouth, New Hampshire, 2004

Master of Science – Recreation Administration
University of Nebraska at Omaha, Omaha, Nebraska, 1998
Thesis: *An Investigation into the Relationship between PVA/NWBA Wheelchair Basketball Skills Test and Evaluative Observations*

Bachelor of Science – Interdisciplinary, Physical Education and Health
Southwest State University, Marshall, Minnesota, 1996

Associate of Arts – Anoka Ramsey Community College, Anoka, Minnesota, 1993

PROFESSIONAL EXPERIENCE

2015 – present Central NH Public Health & Emergency Preparedness Regional Coordinator,
Mid-State Health Center, Plymouth, NH
Set strategies and direction for regional public health emergency planning and response capacities for the 18 communities within the Central New Hampshire (NH) Regional Public Health Network (RPHN). Ensure fiscal responsibility and forge collaborative partner relationships. Initiate and manage the regional coordinating committee's efforts for public health emergency planning. Support and enhance regional partnerships. Provide outreach and facilitate trainings and activities for emergency responders and volunteers. Liaison for the NH Department of Health and Human Services and Homeland Security Emergency Management representing the Central NH network. Plan and execute emergency response efforts throughout the region. Direct, support, and activate Central NH's Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC) units to meet the surrounding communities' needs. Research and write grants in support of Central NH public health emergency preparedness efforts. Implement and report on grant deliverables. Other duties include: track and disseminate relevant information to regional stakeholders, procure regional supplies and equipment, and order and manage medical countermeasures.

2002 - 2017 *Teaching Lecturer (Undergraduate & Graduate)*
Skills Application Teacher (2002–2014) split position between Academic Affairs and Student Affairs
Plymouth State University, Plymouth, NH
Manage the challenge course (2002–2008)
Health and Human Performance Department - Adventure Education: half time faculty appointment: instruct academic Adventure Education courses, academic advising (2002–2009), supervise practicum and clinical students, manage indoor climbing wall.
Outdoor Center Coordinator (2002–2014): founded the Outdoor Center in 2002, developed and managed the Outdoor Center personal (hire, supervise, train, mentor, schedule, and evaluate student employees and volunteer student trip leaders), operations, data (collection, evaluation, assessment, and reporting), budget, purchasing, technology, marketing, and programs including:

- Equipment Use program – serving PSU students, staff/faculty, & alumni
- White Mountain Orientation (WMO) trips – New Student Orientation Trip program
- Student Orientation Adventure Program (SOAP) – First Year Student Pre-Orientation program
- Student Outdoor Adventure Recreation (SOAR) programs – Fall/Spring programs serving all PSU Students

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SELECTED TRAININGS

- FEMA Courses:
  - 0418 Mass Care / Emergency Assistance (MC/EA) Planning and Operations, 2026
  - Public Assistance & Hazard Mitigation, 8/2025
  - MGT 416: Introduction to Continuity of Government Planning for Rural Jurisdictions, 2022
  - Grants Management, 2019
  - MGT 403; Access & Functional Needs Preparedness Planning for Rural Communities, 2019
  - Strategic National Stockpile (SNS) Preparedness, 2018
  - EMO / 98 ICE, 2018
  - Homeland Security Exercise & Evaluation Program (HSEEP)
  - IS Courses: 100b, 120, 130, 700, 200, 300, 317, 400, 909
- Critical Incident Stress Management Certification, 8/2025
- FP – MGT348-862: Medical Preparedness & Response for Bombing Incidents 11/5/2025
- Cultural Competency, 2019
- Motivational Interviewing, 2019, 2016
- Community Emergency Response Team (CERT) Program Manager, 2019
- Community Emergency Response Team (CERT) Train-the-Trainer, 2019
- Recovery Coach Academy, 2019
- Infection Prevention Fundamentals, 2017
- Train-the-Trainer Infectious Disease Readiness & Patient Transport, 2017
- Management of Spontaneous Volunteers in Disaster, 2016
- NH Institute for Local Public Health 5 course series: (1) Core Public Health Concepts, (2) Principles of Epidemiology, Applied Communicable Disease Investigation, (3) Control, & Microbiology, (4) Principles of Environmental Health Practice, (5) Local Public Health Emergency Preparedness & Response), 2016
- Mental Health First Aid, 2016

FORM NUMBER P-37 (version 2/23/2023)

Subject: Regional Public Health Networks (RFA-2027-DPH-01-REGIO-03)

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 The Cheshire Medical Center		1.4 Contractor Address 580-90 Court Street Keene, NH 03431	
1.5 Contractor Phone Number 603-354-5400	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2028	1.8 Price Limitation $553,262
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: 90DCE11C1D5D43C... Date: 5/11/2026		1.12 Name and Title of Contractor Signatory Joseph Perras, M.D. CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB63E9704C7... 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: DocuSigned by: Robyn Guarino 748734844941460...		On: 5/19/2026	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials Initial
Date 5/11/2026

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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.

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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.

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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.

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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 four (4) 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 9, Termination, Subparagraph 9.2., is amended as follows:

9.2. Termination Procedure

9.2.1. In the event of the termination pursuant to Subparagraph 9.1., the Contractor shall immediately stop all work hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. The State will pay for cost of all Services and Deliverables for which Acceptance has been given by the State, provided through the date of termination but will not be liable for any costs for incomplete Services or winding down the Contract activities. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

9.2.2. Upon termination of the Contract, the State, in addition to any other rights provided in the Contract, may require Contractor to deliver to the State any property, including without limitation, Software and Written Deliverables, for such part of the Contract as has been terminated. After receipt of a notice

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of termination, and except as otherwise directed by the State, Contractor shall:

a. Stop work under the Contract on the date, and to the extent specified, in the notice;

b. Promptly, but in no event longer than ten (10) days after termination, terminate its orders and subcontracts related to the work which has been terminated, and settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of the State to the extent required, which approval or ratification shall be final for the purpose of this Section;

c. Take such action as the State directs, or as necessary to preserve and protect the property related to the Contract which is in the possession of Contractor and in which the State has an interest;

d. Take no action to intentionally erase or destroy any State Data, which includes State Data held by the Contractor's subcontractors;

e. Transfer title to the State and deliver in the manner, at the times, and to the extent directed by the State, any property which is required to be furnished to the State and which has been accepted or requested by the State;

f. Work with the State to develop a Services and Data Transition Plan per the "Contract End-of-Life Transition" requirements within this Contract; and

g. Provide written Certification to the State that Contractor has surrendered to the State all said property.

9.2.3. If the Contract has expired, or terminated prior to the Completion Date, for any reason, the Contractor must provide, for a period up to ninety (90) days after the expiration or termination, all transition services requested by the State, at no additional cost, to allow for the expired or terminated portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees ("Transition Services").

9.2.4. This covenant in paragraph 9 shall survive the termination of this Contract.

1.5. Paragraph 10, Property Ownership/Disclosure, Subparagraphs 10.2., through 10.8., is amended as follows:

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. The data must be returned to the State in a manner and format agreeable to the State.

10.3. Disclosure of data, information and other records shall be governed by NH RSA chapter 91- A and/or other applicable law, and Exhibit E - DHHS Information Security Requirements. Disclosure requires prior written approval of the State.

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10.4. In performing its obligations under this Agreement, Contractor may gain access to Confidential Information of the State. Confidential Information is defined in Exhibit E - DHHS Information Security Requirements.

10.5. Subject to applicable federal or State laws and regulations, Confidential Information shall not include information which:

10.5.1. Shall have otherwise become publicly available other than as a result of disclosure by the receiving Party in breach hereof;

10.5.2. Was disclosed to the receiving Party on a non-confidential basis from a source other than the disclosing Party, which the receiving Party believes is not prohibited from disclosing such information as a result of an obligation in favor of the disclosing Party; or

10.5.3. Is disclosed with the written consent of the disclosing Party.

10.6. A receiving Party also may disclose the disclosing Party's Confidential Information to the extent required by law or an order of a court of competent jurisdiction. Any disclosure of the Confidential Information shall require the prior written approval of the State. Contractor shall immediately notify the State if any request, subpoena or other legal process is served upon Contractor regarding the Confidential Information, and Contractor shall cooperate with the State in any effort the State undertakes to contest the request, subpoena or other legal process, at no additional cost to the State.

10.7. Contractor Confidential Information. Contractor shall clearly identify in writing all information it claims to be confidential or proprietary upon providing such information to the State. For the purposes of complying with its legal obligations, the State is under no obligation to accept the Contractor's designation of material as confidential. Contractor acknowledges that the State is subject to State and federal laws governing disclosure of information including, but not limited to, RSA Chapter 91-A. In the event the State receives a request for the information identified by Contractor as confidential, the State shall notify Contractor and specify the date the State will be releasing the requested information. At the request of the State, Contractor shall cooperate and assist the State with the collection and review of Contractor's information, at no additional expense to the State. Any effort to prohibit or enjoin the release of the information shall be Contractor's sole responsibility and at Contractor's sole expense. If Contractor fails to obtain a court order enjoining the disclosure, the State shall release the information on the date specified in the State's notice to Contractor, without any liability to the State.

10.8. This covenant in paragraph 10 shall survive the termination of this Contract.

1.6. Paragraph 12, Assignment/Delegation/Subcontracts, Subparagraph 12.1., is amended as follows:

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. In the event that the State does not consent to the assignment the State shall have the option to

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immediately terminate the Agreement without liability to or further compensation owed to Contractor, its successors or assigns.

1.7. 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 must 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 must manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor must annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance. Failure to enter into Business Associate Agreements with its subcontractors that create or receive protected health information on the behalf of the State through this Contract, and failure to comply with the implementation specifications for such agreements is a direct HIPAA violation by the Contractor.

1.8. The following Paragraphs are added and made part of the P37:

27. Force Majeure

27.1. Neither Contractor nor the State shall be responsible for delays or failures in performance resulting from events beyond the control of such Party and without fault or negligence of such Party. Such events shall include, but not be limited to, acts of God, strikes, lock outs, riots, and acts of War, epidemics, acts of Government, fire, power failures, nuclear accidents, earthquakes, and unusually severe weather.

27.2. Except in the event of the foregoing, Force Majeure events shall not include the Contractor's inability to hire or provide personnel needed for the Contractor's performance under the Contract.

28. Requirements for Web Content and Mobile Application Accessibility.

28.1. Under Title II of the Americans with Disabilities Act, the State is required to provide equal access to all of its services, programs, and activities that are provided or made available to the public (whether directly or through contractual, licensing, or other arrangements) via the web and mobile applications. Accordingly, all web content and mobile applications developed, delivered, or otherwise furnished by Contractor pursuant to the terms and conditions of this Agreement shall comply with all applicable accessibility requirements under 28 C.F.R. § 35.200 and the technical standards for web content and mobile application accessibility specified in version 2.1., of the Web Content Accessibility Guidelines at Level AA conformance.

28.2. Contractor acknowledges and agrees that the State may require Contractor's compliance with the web content and mobile application accessibility standards

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set forth in Paragraph 28.1., to be determined by a third-party selected by the State in its sole and discretion.

29. Exhibits/Attachments

The Exhibits and Attachments referred to in and attached to the Contract are incorporated by reference as if fully included in the text of the Contract.

30. Non-Exclusive Contract

The State reserves the right, at its discretion, to retain other vendors to provide any of the Services or Deliverables identified under this Agreement. Contractor shall make best efforts to coordinate work with all other State vendors performing Services which relate to the work or Deliverables set forth in the Agreement. The State intends to use, whenever possible, existing Software and hardware contracts to acquire supporting Software and hardware.

31. Prohibited Technologies

a. No equipment or services listed on the State of New Hampshire's Prohibited Technologies List may be used, as required by in Executive Order 2022-09; and

b. No equipment or services on the FCC Covered List may be used as required by The Secure and Trusted Communications Networks Act of 2019, Pub. L. No. 116-124, 133 Stat. 158 (2020) (codified as amended at 47 U.S.C. §§ 1601–1609).

32. Order Of Precedence

In the event of conflict or ambiguity among any of the text within this agreement, the following Order of Precedence shall govern:

In the event of conflict or ambiguity among any of the text within the awarded Agreement, the following Order of Precedence shall govern:

i. State of New Hampshire, Department of Health and Human Services Contract Agreement.

ii. State of New Hampshire, Department of Health and Human Services RFP.

iii. Vendor Proposal Response.

iv. Additional Contractor Provided Documents, if applicable.

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Scope of Services

1. Statement of Work

1.1. The Contractor must serve as a lead organization to oversee a Regional Public Health Network (RPHN) and ensure the delivery of public and behavioral health services within the Monadnock region The Contractor must provide a broad range of public health services for the following Department programs:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care (CoC) Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Public Health Advisory Council (PHAC).

1.1.5. Public Health Emergency Preparedness, including:

1.1.5.1. Community Preparedness;

1.1.5.2. Regional Stakeholder Engagement;

1.1.5.3. Regional Community Engagement;

1.1.5.4. Response Readiness;

1.1.5.5. Training and Exercises;

1.1.5.6. Response Capacity; and

1.1.5.7. Volunteer Management.

1.2. **Substance Misuse Prevention**. The Contractor must provide the following services:

1.2.1. Leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-informed primary prevention approaches, programs, policies, and services in collaboration with the Department's Bureau of Drug and Alcohol Services (BDAS), including:

1.2.1.1. Implementation of the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework which includes assessment, capacity development, planning, implementation, and evaluation.

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1.2.1.2. Ensuring focus on collaboration with other prevention statewide funded programs, including but not limited to: Juvenile Justice Network, Getting to Y- NH, NH Harm Reduction Coalition, Multi-tiered System of Support-Behavioral Health, Student Assistance Network, and Young Adult Strategies.

1.2.1.3. Utilizing a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. The Contractor must ensure regional data driven primary prevention approaches are consistent with the Center for Substance Abuse Prevention (CSAP) categories, but do not need to include all CSAP categories.

1.2.1.4. Supporting and advancing the implementation of evidenced-informed approaches, programs, policies, and services within the region served through community engagement and mobilization.

1.2.1.5. Advancement, promotion, and implementation of substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.1.6. Compliance with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.1.7. Ensuring substance misuse prevention is addressed at PHAC meetings, and with a bi-directional exchange of

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information, to advance efforts of substance misuse prevention initiatives.

1.2.1.8. Assisting, as directed by the Department's BDAS, with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.3. Substance Misuse Prevention Coordination and CoC Facilitation. The Contractor must:

1.3.1. Consider and apply the SPF and Assets and Gaps Analysis, and in collaboration with the Department's BDAS, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year Strategic Plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.3.2. Develop a bi- annual Work Plan for Department approval that guides actions and includes outcome-based performance measures and alignment with the three (3) year Strategic Plan. Based on changing and emerging local conditions, the Contractor must adapt Work Plans as necessary with approval by the Department.

1.3.3. Report progress on the Work Plan and three (3) year Strategic Plan including outcomes via a secure depository system approved or directed by the Department.

1.3.4. Report activity data accurately into a system designated or approved by the Department on a monthly basis.

1.3.5. Maintain a substance misuse leadership team consisting of regional representatives with special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.3.6. Produce and disseminate an Annual Report that demonstrates successes, challenges, outcomes from the previous year and projected deliverables for the following year, as directed and approved by BDAS.

1.3.7. Participate in RPHN Substance Misuse meetings as directed by

BDAS.

1.4. Continuum of Care

1.4.1. The Contractor must facilitate implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), in collaboration with the Department's BDAS, ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.4.2. The Contractor must provide leadership and support for activities that assist the Department's BDAS in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor must:

1.4.2.1. Engage regional partners in conducting a regional asset and gap analysis, and ongoing update of regional assets and gaps. The Contractor must ensure regional partners include:

1.4.2.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.4.2.1.2. Primary health care providers.

1.4.2.1.3. Behavioral health care providers.

1.4.2.1.4. Other interested and/or affected parties approved by the Department.

1.4.2.2. Facilitate and/or provide support for initiatives that result in:

1.4.2.2.1. Increased awareness of and access to services.

1.4.2.2.2. Increased communication and collaboration among providers.

1.4.2.2.3. Increased capacity and delivery of services.

1.4.2.3. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.4.2.4. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorways.

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1.4.2.5. Collaborate with the Contractor's partnering stakeholders/organizations to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.4.2.5.1. Health service providers.

1.4.2.5.2. Public and charter schools and institutes of higher education.

1.4.2.5.3. Police and fire stations.

1.4.2.5.4. Municipal government buildings.

1.4.2.5.5. Businesses in every community of the region.

1.4.2.5.6. Other organizations, as directed by the Department.

1.4.2.6. Disseminate and distribute overdose prevention education resources, Naloxone, testing strips and Naloxone kits to reach high-need, high-risk populations within the region served.

1.4.2.7. Engage regional stakeholders to assist with information dissemination.

1.5. The Contractor must provide Substance Misuse Prevention and CoC technical assistance and training, as requested, in formats specified by the Department, including but not limited to, the following:

1.5.1. Attendance at community of practice meetings and/or activities.

1.5.2. Working with designated BDAS technical assistance and data and/or evaluation contractors to develop metrics and measures to evaluate outcomes and use aggregate data and tools to demonstrate outcomes.

1.5.3. Attendance at all regularly scheduled Department RPHN substance misuse meetings.

1.5.4. Attendance at additional meetings, conference calls, and webinars as required by the Department.

1.5.5. Ensuring the Substance Misuse Prevention Coordination (SMPC) lead staff are credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium

(IC&RC), and the New Hampshire Prevention Certification Board.

1.5.6. Ensuring SMPC lead staff attend required trainings, including Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.5.7. Ensuring CoC facilitation lead staff are familiar with the SPF and RROSC systems development within NH.

1.6. **Overdose Prevention Response.** The Contractor must:

1.6.1. Conduct an initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN, at the direction of the Department, for the project period.

1.6.2. Conduct a needs assessment to inform response efforts that include:

1.6.2.1. Gathering regional and local level data related to alcohol and other drug overdoses.

1.6.2.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.6.2.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include:

1.6.2.3.1. Doorways.

1.6.2.3.2. Recovery care organizations.

1.6.2.3.3. Treatment providers.

1.6.2.3.4. Law enforcement.

1.6.2.3.5. Hospitals.

1.6.2.3.6. Other organizations, as directed by the Department.

1.6.3. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care and distribute and disseminate resources.

1.6.4. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

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1.6.5. Participate in other training courses and meetings, as requested by the Department.

1.7. **Public Health Advisory Council**. The Contractor must:

1.7.1. Coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction for public health activities within the region served.

1.7.2. Maintain a set of operating guidelines or by-laws for the PHAC.

1.7.3. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team to complete the following:

1.7.3.1. Approve regional health priorities and implement high-level deliverables and strategies.

1.7.3.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.7.3.3. Form and/or identify already existing committees and workgroups to address specific strategies and public health topics.

1.7.3.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.7.3.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.7.3.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.7.4. Ensure the PHAC leadership team meets at least quarterly to complete the following:

1.7.4.1. Draft and share of meeting minutes are available to the public upon request.

1.7.4.2. Ensure all members of the PHAC sign a conflict- of-interest statement, as provided by the Department.

1.7.4.3. Coordinate with the Department to collect, analyze, and disseminate data related to the health status of the

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region, educate network partners about on-line and other sources of data, and participate in community health assessments.

1.7.4.4. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complementary and shared public health outcomes.

1.7.4.5. Review the regional CHIP and SHIP annually and develop action plans for the services in this RFA, as advised by the PHAC.

1.7.4.6. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.7.4.7. Publish an Annual Report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.7.4.8. Advance the work of RPHNs by conducting educational and training programs annually to RPHN partners and others.

1.7.4.9. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.7.4.10. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.8. The Contractor must provide PHAC technical assistance and training, as requested, in formats specified by the Department. This includes, but is not limited to:

1.8.1. Attendance at semi-annual meetings of PHAC leadership

convened by Department's Division of Public Health and/or BDAS.

1.8.2. Completion of a PHAC technical assistance needs assessment in a format approved by the Department.

1.9. **Public Health Emergency Preparedness.** The Contractor must provide the following services:

Community Preparedness

1.9.1. The Contractor must provide leadership and coordination to improve regional public health emergency response plans and ensure partner organizations have the capacity to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor must:

1.9.1.1. Submit an annual Work Plan by July 30th in Year 1 of the Agreement, and thereafter, submit an annual a 12-month Work Plan by June 1st utilizing a Department-provided template addressing regional preparedness priorities that are aligned with the Scope of Services in this Agreement and reflect the Center for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

1.9.1.2. Attend and participate in all statewide and regional meetings as directed by the Department, including:

1.9.1.2.1. Public Health Emergency Preparedness (PHEP)/Volunteer Management meetings held every two (2) months and led by the Department.

1.9.1.2.2. Monthly Regional Public Health Network (RPHN)/State Coordination Calls led by the Department.

1.9.1.2.3. Quarterly Hospital Emergency Management Coordination (HEMC)/RPHN meetings led by the Granite State Healthcare Coalition and the Department.

1.9.1.3. Facilitate other meetings as directed by the Department.

1.9.1.4. Participate in the following projects, as directed by the Department:

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1.9.1.4.1. The annual RPHN PHEP site visit with the RPHN Administrator to assess contract and programmatic compliance, including:

1.9.1.4.1.1. Compliance with contract requirements, including planning, training, exercise, response readiness, volunteer management, financial reporting, and reporting on Work Plan activities.

1.9.1.4.1.2. Implementation of preparedness activities outlined in the regional Work Plan.

1.9.1.4.1.3. Tracking and reporting on progress for any corrective actions identified during the visit indicating which corrective actions have been resolved.

1.9.1.5. Participate in a biennial site visit with the Department's Strategic National Stockpile (SNS) coordinator and RPHN program administrator to assess capacity and readiness, which includes:

1.9.1.5.1. Completing the Department-provided evaluation workbook.

1.9.1.5.2. Attending the SNS site visit to review the workbook, verify its components, and discuss findings.

1.9.1.5.3. Identifying at least one (1) area for improvement within the program area, by the end of each biennial SNS site visit,

1.9.1.5.4. Developing and submitting an improvement plan within 30 days of the SNS site visit including a timeline for completion.

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1.9.1.5.5. Incorporating corrective actions identified in the SNS Improvement Plan into regional priorities and plans.

1.9.1.5.6. Reporting on progress on corrective actions at three (3), six (6), nine (9), and twelve (12) month intervals indicating which corrective actions have been resolved.

1.9.1.5.7. Participation in at least 90% of Department-led Regional Public Health Emergency Annex (RPHEA) template project meetings to support the development of new and revision of current RPHEA template components.

1.9.1.5.8. Reviewing and updating the RPHEA Base Plan every two (2) years, making sure to incorporate partner feedback.

1.9.1.5.9. Submitting the updated RPHEA Base Plan to the Department's SharePoint site by April 1st every two (2) years for review and feedback.

1.9.1.5.10. Incorporating feedback into the final RPHEA Base Plan and uploading it to the Department's SharePoint site by June 30 of each contract year.

1.9.1.6. In collaboration with regional partners and designated workgroups, conduct an annual review and update of the RPHEA Annexes and Attachments, including the Critical Contact Sheet, Facility Activation Attachments, and other RPHEA components prioritized by the Department. This process must include the following actions:

1.9.1.6.1. Submitting updated Annexes and Attachments to the Department's SharePoint site for review and feedback.

1.9.1.6.2. Incorporating feedback into the RPHEA Annexes and Attachments and uploading the final versions to the Department's SharePoint site each contract year.

1.9.2. The Contractor must disseminate the Department-approved updated RPHEA plan to all identified regional partners and conduct at least two (2) training or education sessions to ensure that a minimum of 80% of partners demonstrate awareness of their roles and responsibilities outlined in the RPHEA, as assessed through a post-training evaluation, by June 30th of each contract year.

1.9.3. The Contractor must participate in the development of the Statewide Jurisdictional Risk Assessment (JRA), as directed by the Department, ensuring regional risks are identified and incorporated into the State JRA report, which includes:

1.9.3.1. Attending scheduled JRA sessions.

1.9.3.2. Providing regional input during JRA sessions.

1.9.3.3. Within three (3) business days of receiving the Department's request, distributing surveys to partners to gather input for the JRA, ensuring at least 75% of identified regional partner organizations respond

1.9.4. The Contractor must participate in the development of the Statewide Integrated Preparedness Plan (IPP) by attending the IPP workshop and providing regional input.

1.9.5. The Contractor must hold regional workshops to gather partner input on public health and health care priorities, including:

1.9.5.1. Using the Department-provided template, annually updating the regional IPP, ensuring it includes a four (4)-year calendar that addresses all PHEP elements including Preparedness (P), Skills/Training/Exercises (S/T/Ex), and Equipment and Technology (E/T).

1.9.5.2. Submitting the finalized regional IPP to the Department by May 1st annually for review and approval.

1.9.5.3. Uploading the final regional IPP to the Department's SharePoint site by June 1st annually.

1.9.6. The Contractor must maintain active access to and operational capability in all required systems designated or approved by the Department, ensuring readiness through regular monthly or quarterly logins and completion of associated reporting requirements.

1.9.7. The Contractor must promote training opportunities at least twice

annually for applicable systems designated or approved by the Department and related modules to community organizations, partners, and volunteers. Training announcements must be distributed to all identified partners and volunteer groups, as appropriate, by June 30th of each contract year.

1.9.8. The Contractor must ensure all account information is up to date and inform the Department about any personnel or access changes as soon as possible, but no later than three (3) business days.

Regional Partner Engagement

1.9.9. The Contractor must identify, engage, integrate, strengthen, and sustain community partnerships to improve public health preparedness, community resilience, and the capacity of partnering organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. This includes, at a minimum, the following activities:

1.9.9.1. Ensuring the PHEP Planning Committee has multidisciplinary partner representation, including at least one (1) representative from each of the following sectors within the RPHN catchment area:

1.9.9.1.1. Long-Term Care Facilities (LTCFs).

1.9.9.1.2. Home Health Agencies.

1.9.9.1.3. Behavioral Health Providers (must include a representative from a Community Mental Health Center).

1.9.9.1.4. Urgent Care Centers (at least one representative from each chain).

1.9.9.1.5. Pharmacy Chains.

1.9.9.1.6. Independent Pharmacies.

1.9.9.1.7. Correctional Facilities (where applicable).

1.9.9.1.8. A school district or school superintendent.

1.9.9.1.9. Local fire department official.

1.9.9.1.10. Emergency Medical Services (EMS), including volunteer, fire-based, private, and municipality-based services.

1.9.9.1.11. Law Enforcement officials.

1.9.9.1.12. Representation from each organization/partner in the following sectors:

1.9.9.1.12.1. Hospitals.

1.9.9.1.12.2. Local Emergency Management Agencies or officials.

1.9.9.1.12.3. Homeland Security and Emergency Management (HSEM) Community Stakeholder Liaisons serving the RPHN catchment area.

1.9.9.1.12.4. Local Health Officers.

1.9.9.2. Convening Regional PHEP Planning Committee meetings at least every other month, with participating from the sectors outlined in Section 1.9.9.1.

1.9.9.3. Consulting additional regional partners (e.g., faith-based organizations, key business partners, civic groups) to inform plan development.

1.9.9.4. Maintaining an up-to-date contact list by sector, as outlined in Section 1.8.7.1.

1.9.9.5. Discussing workforce challenges and gaps related to volunteer management and incorporate partner feedback into volunteer training.

1.9.10. The Contractor must disseminate all Health Alert Network (HAN) messages to eligible local partners within one (1) business day for non-emergency messages and within two (2) hours for urgent messages, for each contract year. This includes:

1.9.10.1. Promoting enrollment into the HAN system to eligible regional partners. Eligible HAN partners include, but are not limited to:

1.9.10.1.1. State and local health officers,

1.9.10.1.2. Hospitals and healthcare facilities,

1.9.10.1.3. Emergency medical services (EMS),

1.9.10.1.4. Local public health and safety officials,

1.9.10.1.5. Clinical providers,

1.9.10.1.6. Emergency management agencies, and

1.9.10.1.7. Other public health, healthcare, and emergency response organizations identified by the Department as critical to public health preparedness and response.

Regional Community Engagement

1.9.11. The Contractor must complete the following Regional Community Engagement activities:

1.9.11.1. By June 30th of each contract year, coordinate at least eight (8) community preparedness training courses on the following topics:

1.9.11.1.1. Family, individual, and pet preparedness sessions (minimum of two (2) per year).

1.9.11.1.2. “Stop the Bleed” training (minimum of four (4) per year).

1.9.11.1.3. CPR/First Aid (minimum of two (2) per year).

1.9.11.2. For each Community Preparedness training, the Contractor must:

1.9.11.2.1. Coordinate training logistics including securing training venue, coordinating trainers, developing and disseminating promotional materials, and managing training registration.

1.9.11.2.2. Develop training content, if applicable.

1.9.11.2.3. Ensure training materials are prepared and available during the preparedness training. Any existing materials should be used with minor adjustments allowed to tailor content for specific audiences.

1.9.11.2.4. Collect and submit post-training evaluation documentation in a format approved by the Department.

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1.9.11.2.5. Participate in the Department's annual community preparedness awareness activities, including:

1.9.11.2.5.1. Sharing all of the Department's social media and community preparedness press releases.

1.9.11.2.5.2. Attending at least one (1) regional emergency preparedness awareness event annually to promote individual, family, or pet preparedness, either in coordination with the Department or at an independently identified event that meets the same goal, using Department-provided or Department-approved materials.

1.9.11.2.5.3. Promoting NH Alerts enrollment via partner channels and social media at least twice per year, using methods such as email campaigns, newsletters, RPHN presentations, and meetings.

Response Readiness

1.9.12. The Contractor must maintain the capability to respond to all-hazard emergencies with public health and healthcare impacts by directly managing small-scale response activities, defined as activities that can be managed and resolved using available local or regional resources, and participating in Department-led larger scale responses. All hazard emergencies may include, but are not limited to:

1.9.12.1. Biological Incidents: Accidental or natural outbreaks of high-consequence diseases, or the intentional release

of pathogens (e.g., bacteria, viruses, or toxins) that may cause widespread illness, disability, or death in humans or animals.

1.9.12.2. Natural Hazards: Hurricanes, floods, earthquakes, wildfires, severe storms, tornadoes, winter weather events, and other natural disasters that disrupt community health and healthcare services.

1.9.12.3. Technological and Infrastructure Hazards: Dam or levee failures, chemical or radiological spills or releases, nuclear accidents, and other technological or infrastructure failures that threaten public health and safety.

1.9.12.4. Human-Caused Incidents: Intentional acts such as terrorism, mass violence, or other deliberate disruptions.

Training and Exercises

1.9.13. The Contractor must ensure participation in all Department-led open and closed Points of Dispensing (POD) planning activities, as requested. This includes meetings, trainings, workshops, and exercises for each contract year. PODs include:

1.9.13.1. Open PODs: Public locations such as schools, community centers, municipal buildings, public clinics, etc.

1.9.13.2. Closed PODs: Targeted sites not open to the public that offer Medical Countermeasures (MCMs), such as long-term Care facilities, businesses, and police/fire departments, and that dispense medication or MCMs to a specific population (e.g., residents or employees).

1.9.14. The Contractor must participate in statewide full-scale exercises testing medical surge and/or POD response plans as requested by the Department. This includes:

1.9.14.1. Coordinating with the Department on emergency scenarios and the scope of the exercise.

1.9.14.2. Serving as the regional exercise lead, establishing and guiding a planning team to coordinate local and regional

participation, and overseeing the successful design, conduct, and evaluation of the exercise.

1.9.14.3. Participating in exercises, such as open POD activities or volunteer management coordination at medical surge locations.

1.9.14.4. Participating in after-action meetings and providing regional feedback.

1.9.15. The Contractor must conduct a minimum of one (1) regional partner POD training and one (1) regional POD exercise per contract year, following the Homeland Security Exercise and Evaluation Program (HSEEP) framework, which includes:

1.9.15.1. Developing an annual POD training and exercise calendar and distributing it to all regional partners.

1.9.15.2. Managing exercise design and implementation in accordance with the HSEEP framework.

1.9.15.3. Managing training and exercise logistics, including securing space if held in person.

1.9.15.4. Inviting all open and closed POD partners to participate in at least one (1) training or exercise annually and ensuring that at least 75% of both open and closed POD partners attend.

1.9.15.5. Sending invitations and save-the-dates at least 60 days in advance, with regular reminders to maximize partner participation.

1.9.15.6. Managing and tracking registrations and participation.

1.9.15.7. Developing and submitting a corrective action plan to the Department to improve engagement if the 75% participation threshold in Section 1.9.15.4. is not met, to be delivered to the Department within fifteen (15) business days.

1.9.15.8. Implementation of the corrective action plan must be within 30 business days of Department approval unless additional time is approved by the Department in writing.

1.9.16. The Contractor must conduct post-training and post-exercise evaluations using Department-provided templates (e.g., surveys, hotwash/debriefing sessions), which includes:

1.9.16.1. Participating in other Department-led exercises (discussion-based, functional, or full-scale).

1.9.16.2. Completing all required after-action processes within 60 calendar days of each RPHN-led regional exercise.

1.9.16.3. Conducting a debriefing session immediately following the event.

1.9.16.4. Holding at least one (1) after-action meeting with stakeholders for every exercise conducted.

1.9.17. The Contractor must develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within sixty (60) business days of the exercise. The report must summarize objectives, strengths, areas for improvement, and corrective actions, and be used to track progress and apply lessons learned to future planning, training, and exercises.

Response Capacity

1.9.18. The Contractor must ensure readiness and capacity for PHEP and small-scale response events, including the following:

1.9.18.1. Operation of small-scale PODS;

1.9.18.2. Support for large-scale public health operations, such as PODs and other types of public health clinics;

1.9.18.3. Support for medical countermeasure distribution to home-based populations;

1.9.18.4. Disaster sheltering operations; and

1.9.18.5. Surge capacity through Neighborhood Emergency Health Center (NEHC), Alternate Health System (AHS), and Family Assistance Center (FAC)/Family Reunification Centers (FRC).

1.9.19. The Contractor must plan for and maintain small-scale response capability, including the ability to independently operate an open POD serving up to 250 people per day for three (3) consecutive days within 72 hours of notice, as directed by the Department and per Department guidance. PODs must be located in areas accessible to at-risk populations and people with disabilities. This includes:

1.9.19.1. Identifying and maintaining agreements with Open POD facilities.

1.9.19.2. Maintaining Open POD operational plans and agreements.

1.9.19.3. Updating Open POD facility point-of-contact lists annually.

1.9.19.4. Operating under the medical direction (if applicable) of the Department or its designated medical contractor.

1.9.19.5. Making copies of standing orders, emergency protocols, and Vaccine Adverse Event Reporting System (VAERS) instructions available at all clinics.

1.9.19.6. Independently managing all operational aspects, including site set up and logistics, staffing and role assignments, client flow and operations, implementation of medical guidance and standing orders, communication with the Medical Director or designee, inventory management, responder safety and health, communications and information management, throughput and efficiency, and demobilization and recovery, as outlined in the RPHEA.

1.9.20. The Contractor must recruit, train, and retain qualified medical and non-medical volunteers to support clinic operations. Qualified medical staff must have the following credentials:

1.9.20.1. Clinical license or copy from the NH online license verification showing the license type, expiration, and status (e.g. RNs, APRNs, FNP-Cs, MDs, DOs).

1.9.20.2. Current Basic Life Support (BLS) certification.

1.9.21. The Contractor must procure necessary supplies to conduct vaccine clinics, including but not limited to emergency management medications, equipment, and needles.

1.9.22. The Contractor must complete the required clinic operational reports within thirty (30) business days of the event, including the final throughput report and final inventory usage report.

1.9.23. The Contractor must report any adverse events or incidents:

1.9.23.1. Within two (2) business days for unusual events not related to individual safety

1.9.23.2. As soon as possible, but within 24 hours, for events impacting individual safety, including adverse reactions, medication

errors, patient consent errors, or any other life safety event compromising care or safety.

1.9.24. Within sixty (60) business days after an incident closes, the Contractor must complete all required after-action processes, including:

1.9.24.1. Conducting a debriefing immediately following the event.

1.9.24.2. Holding at least one (1) after-action meeting with stakeholders.

1.9.24.3. Developing and submitting an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.25. The Contractor must ensure proper vaccine storage, handling, and management, and must:

1.9.25.1. Submit a signed Vaccine/Immunoglobulin (IG)/Pharmaceutical Management Agreement to New Hampshire Immunization Program (NHIP) annually, ensuring all listed requirements are met by providers administering vaccines, IG, or other NHIP-supplied pharmaceuticals.

1.9.25.2. Submit a signed Vaccination Provider Agreement to NHIP annually.

1.9.25.3. Ensure the PHEP Coordinator completes the NHIP vaccination training annually.

1.9.25.4. Retain a copy of PHEP Coordinator training certificates on file.

1.9.25.5. Use NHIP training materials or other Department-approved materials to train POD staff on vaccine administration, ordering, storage, and handling.

1.9.25.6. Retain a copy of all training materials on site for reference during PODs.

1.9.25.7. Ensure vaccine is stored at the manufacturer's recommended temperatures at all times while in the Contractor's custody.

1.9.25.8. Record temperatures twice daily, AM and PM, during normal business hours for the primary refrigerator, and hourly when the vaccine is stored outside the primary refrigerator.

1.9.25.9. Maintain an emergency backup plan in case of primary refrigerator failure.

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1.9.25.10. Use temperature data logger for all vaccine monitoring, including while stored in the primary refrigerator and during any time outside of it.

1.9.25.11. Complete the following for the vaccine supply:

1.9.25.11.1. Account for every dose of vaccine.

1.9.25.11.2. Submit a monthly temperature log for the vaccine storage refrigerator.

1.9.25.11.3. In the event of a vaccine temperature excursion (i.e., when stored vaccine experiences temperatures outside the manufacturer's recommended range), the Contractor must:

1.9.25.11.3.1. Immediately quarantine the vaccine in an appropriate temperature-controlled setting, separate it from other vaccine, and label it "DO NOT USE."

1.9.25.11.3.2. Contact the manufacturer immediately to explain the duration and temperature details of the event to determine if the vaccine is still viable.

1.9.25.11.3.3. Notify NHIP immediately after contacting the manufacturer.

1.9.25.11.3.4. Submit a Cold Chain Incident Report and Data Logger Report to NHIP within 24 hours of the temperature excursion.

1.9.25.12. Ensure consent for vaccination, medication administration, infectious disease testing, and participation in New Hampshire Immunization Information System (NHIIS). The Contractor must:

1.9.25.12.1. Use the consent processes provided by medical direction, approved by the Department, to obtain consent from parents/legal guardians of individuals under age 18, and for individuals over the age of 18 who have a legal guardian.

1.9.25.12.2. Distribute, obtain, verify, and store written or electronic consent forms prior to vaccine administration, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations.

1.9.25.12.3. Ensure a signed consent form is obtained before any vaccine, medication, or infectious disease outbreak testing is administered.

1.9.25.12.4. Maintain a written or electronic record of consent via a secure depository system approved or directed by the Department.

1.9.25.12.5. Maintain vaccine administration records for all individuals vaccinated, in compliance with HIPAA and other state and federal regulations.

1.9.25.12.6. Ensure individuals are notified that they may elect not to participate in vaccinations, NHIIS, treatment, and/or testing at any time.

1.9.25.12.7. Provide each patient, or the patients' parent/legal guardian, if applicable, the opportunity to opt-in or opt-out of NHIIS in accordance with RSA 141-C:20-f, II-a.

1.9.25.12.8. Obtain explicit consent before sending any personal information to NHIIS.

1.9.25.12.9. Only enter vaccine administration records for individuals who have opted in and provided explicit consent.

1.9.25.12.10. Maintain all completed opt-in consent forms, in either paper or electronic format.

1.9.25.12.11. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a Vaccine Information Sheet (VIS) to the patient, legal guardian, or parent on the day of vaccination.

1.9.25.13. The Contractor must perform the following tasks within 24 hours of completing each clinic:

1.9.25.13.1. Update the NHIIS with vaccines administered and wasted, as outlined in Section 1.9.25.12.

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and in accordance with RSA 141-C:20-f, II-a. This includes:

1.9.25.13.1.1. Ensuring doses entered match the clinical documentation.

1.9.25.13.1.2. Submitting the hourly vaccine temperature log for the period the vaccine was stored outside of the primary refrigerator.

1.9.25.13.1.3. Submitting totals to NHIP outside of the vaccine ordering system, including:

1.9.25.13.1.3.1. Individuals vaccinated, by age group and vaccineformulation/ lot number.

1.9.25.13.1.3.2. Vaccines wasted, by formulation/lot number.

1.9.26. The Contractor must develop and maintain capacity to vaccinate and/or dispense medication to at least 50% of identified home-based populations who do not have access through alternate means, within Department- established timelines, which includes:

1.9.26.1. Developing and annually updating a home health agency contact list.

1.9.26.2. Developing operational procedures and protocols for home-based vaccination/medication dispensing in accordance with the Department's medical direction. These procedures and protocols must, at a minimum, address:

1.9.26.2.1. Criteria for defining "home-based populations" (e.g., homebound individuals, individuals with disabilities, or those lacking transportation).

1.9.26.2.2. Methods for identifying eligible individuals (e.g., home health agency referrals, local registries, social service partners).

1.9.26.2.3. Establishing and maintaining, including annual review and update of, Memorandums of Understanding (MOUs) with home health agencies, visiting nurse services, and other community-based organizations.

1.9.26.2.4. Defining roles and responsibilities for RPHN, volunteers, and partner agency staff.

1.9.26.2.5. Resource planning, including cold chain management, PPE, and communication tools.

1.9.26.2.6. How teams are activated, assigned, and tracked.

1.9.26.2.7. Client communication, including notification of eligibility, appointment scheduling, and consent procedures.

1.9.26.2.8. Delivery, transport, storage, and administration of MCMs in home settings, including infection control practices.

1.9.26.2.9. Documentation of doses administered, inventory used, and client follow-up in Department-approved systems.

1.9.26.2.10. Responder safety procedures, including PPE use, exposure control, and staff check-ins.

1.9.26.2.11. Real-time communication protocols between dispensing teams, Medical Director/clinical oversight, and the Department.

1.9.26.2.12. Access considerations for individuals with limited English proficiency, low literacy, or hearing/vision impairments.

1.9.26.2.13. Verification of client identity and eligibility.

1.9.26.2.14. Medication/vaccine safety protocols, including proper handling and adverse event response procedures.

1.9.26.2.15. Security of medical supplies during transport and dispensing.

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1.9.26.2.16. Annual review and update of home-based dispensing operational procedures and protocols.

1.9.26.2.17. Pre-deployment review of procedures and protocols to ensure alignment with incident-specific response needs.

1.9.26.2.18. Volunteer training on home-based vaccination/medication dispensing procedures and protocols.

1.9.26.2.19. Maintenance of trained volunteer rosters.

1.9.26.2.20. Maintenance of Department-required resources in accordance with specified baseline inventory levels for successful operation, including:

1.9.26.2.20.1. Medical resources (e.g., vaccine administration supplies, basic first aid equipment);

1.9.26.2.20.2. Cold chain and storage equipment (e.g., vaccine refrigerators, data loggers);

1.9.26.2.20.3. Technology and documentation equipment (e.g., laptops, printers);

1.9.26.2.20.4. Transportation and logistics (e.g., secured containers to store documents or medical supplies);

1.9.26.2.20.5. Personal protective equipment (PPE);

1.9.26.2.20.6. Safety and security (e.g., identification badges);

1.9.26.2.20.7. Client support and education materials; and

1.9.26.2.20.8. Administrative and operational resources.

1.9.26.2.21. Conducting at least one (1) annual drill or exercise to test operational readiness.

1.9.26.2.22. Within sixty (60) days after the exercise or incident, completing all required after-action processes, including conducting a hotwash/debriefing immediately following the event, at least one (1) after-action meeting with stakeholders, and submission of an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.26.2.23. Participating in any Department-led After-Action Meetings (AAMs) to provide regional input.

1.9.27. The Contractor must assist the Department in collecting public feedback on public health initiatives during emergency response, as requested, to inform response activities by:

1.9.27.1. Disseminating Department-developed feedback forms during and after major incidents, as requested.

1.9.27.2. Compiling and submitting completed surveys to the Department.

1.9.27.3. Developing and submitting a summary report within thirty (30) business days of the survey closing date, documenting recommendations or corrective actions based on feedback.

1.9.28. The Contractor must, for each contract year, establish and maintain Closed Point of Dispensing (POD) agreements with at least 75% of healthcare entities, 75% of educational institutions, and other organizations within the catchment area that are capable of independently receiving and administering medical countermeasures. To achieve this, the Contractor must implement the following activities to identify, engage, and formalize agreements with eligible organizations, including:

1.9.28.1. Hospitals and health systems;

1.9.28.2. Long-Term Care and Residential Facilities (e.g., nursing homes, assisted living facilities, and group homes);

1.9.28.3. Outpatient and ambulatory clinics (e.g., community health centers, FQHCs, primary care practices, dialysis centers, specialty clinics with established patient populations);

1.9.28.4. Pharmacies (independent and chain pharmacies with established dispensing infrastructure); and

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1.9.28.5. Home health agencies able to provide in-home dispensing for homebound clients.

1.9.29. The Contractor must carry out the following tasks to support the establishment and maintenance of these Closed POD agreements:

1.9.29.1. Recruit and onboard organizations for Closed POD operation to reach target deliverables.

1.9.29.2. Ensure all Closed POD agreements and contact lists are reviewed and updated annually, including verification of each organization's continued ability to administer countermeasures.

1.9.29.3. Track participation in Closed POD enrollments and provide the Department with an annual list of all participating organizations.

1.9.29.4. Upload new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.5. Provide the Department with a list of all organizations in the catchment area eligible to serve as Closed PODs but without a signed agreement due to lack of current capability or capacity .

1.9.29.6. For each contract year, establish and maintain Closed POD agreements with all of first responder organizations (local police, fire, and EMS) in the catchment area, which includes:

1.9.29.6.1. Maintaining a list of all first responder agencies in the catchment area.

1.9.29.6.2. Recruiting and onboarding first responder organizations to meet the target goal.

1.9.29.6.3. Contacting uncovered agencies annually to revisit participation.

1.9.29.6.4. Providing the Department with an annual list of participating and non-participating first responder agencies.

1.9.29.6.5. Uploading new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.7. Facilitate delivery of medical countermeasures to all of Closed POD sites, including direct federal shipments when applicable, ensuring receipt and timely reporting to the Department, which includes:

1.9.29.7.1. Tracking countermeasure shipments within the region.

1.9.29.7.2. Confirming receipt of shipment with the Closed POD lead within 24 hours.

1.9.29.7.3. Documenting and resolving shipment discrepancies.

1.9.29.7.4. Submitting a report to the Department that includes a distribution summary, receipt verification, and inventory and supply tracking.

1.9.30. The Contractor must maintain at least one (1) emergency response trailer at inventory levels approved by the Department, keeping trailers in a state of operational readiness so that municipal organizations may access them within 24 hours of request. To meet this requirement, the Contractor must:

1.9.30.1. Inspect trailers quarterly for damage and perform preventative maintenance as needed, or at a minimum annually, to reduce deployment delays, as funding allows.

1.9.30.2. Stock trailers with pre-approved medical surge or disaster sheltering equipment and supplies; regularly check for expiration or wear and replenish items after each use to maintain required inventory levels, as funding allows.

1.9.30.3. Keep an updated inventory list inside each trailer.

1.9.30.4. Verify mutual aid agreements and MOUs with partners to ensure towing vehicles and drivers are available.

1.9.30.5. Coordinate annual trailer deployment to practice hitching, transporting, and demobilizing trailers.

1.9.30.6. Maintain trailer readiness logs documenting inspections, repairs, and supply restocking.

1.9.30.7. Provide safety equipment (e.g., fire extinguishers, wheel chocks, reflective vests, cones) in each trailer, as funding allows.

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1.9.30.8. Provide insurance to cover the cost of replacing the trailer and supplies, if necessary.

Sheltering

1.9.31. The Contractor must maintain capacity to deploy trained volunteers to community or state-based disaster shelters within 24 hours of Department or local municipality requests by:

1.9.31.1. Maintaining a roster of volunteers trained in shelter operations.

1.9.31.2. Providing annual shelter training for volunteers.

1.9.31.3. Coordinating with local emergency management for staffing requests.

1.9.31.4. Ensuring all assigned volunteers complete just-in-time training (JITT) at the beginning of each shift, as requested by the Department or partner agency.

1.9.31.5. Tracking and documenting volunteer deployments.

1.9.31.6. Conducting a hotwash/debriefing with all volunteers after each shift.

1.9.31.7. Participating in AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.31.8. Participating in any Department led After-Action Meetings to provide regional input.

Family Assistance Center (FAC)/Family Reunification Center (FRC)

1.9.32. The Contractor must maintain capacity to deploy volunteers to Family Assistance Centers (FAC) and Family Reunification Centers (FRC) to fill pre-identified positions within 24 hours of request by maintaining updated volunteer rosters and ensuring role-specific training, which requires:

1.9.32.1. Maintaining a roster of volunteers trained in FAC/FRC positions and operations.

1.9.32.2. Providing annual FAC/FRC training for volunteers.

1.9.32.3. Coordinating with local emergency management for staffing requests.

1.9.32.4. Tracking and documenting volunteer deployments.

1.9.32.5. Using Department-provided templates, ensuring all assigned FAC/FRC volunteers complete JITT prior to shift start.

1.9.32.6. Liaising with the FAC/FRC Manager and/or Incident Commander during operations.

1.9.32.7. Participating in the AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.32.8. Conducting debriefings with volunteers after each shift.

1.9.32.9. Participating in any department led After-Action Meetings (AAM) to provide regional input.

1.9.32.10. Participating in at least 50% of regional and state-level FAC/FRC planning activities annually as requested and 75% of annual FAC/FRC training and exercises.

Neighborhood Emergency Health Center (NEHC)

1.9.33. The Contractor must maintain capacity to deploy and schedule volunteers to Neighborhood Emergency Health Center (NEHC) sites each contract year to fill pre-identified positions within 24 hours of request by:

1.9.33.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.33.2. Maintaining a roster of volunteers trained in NEHC positions and operations.

1.9.33.3. Providing annual NEHC training for volunteers.

1.9.33.4. Coordinating with local emergency management for staffing requests.

1.9.33.5. Tracking and documenting volunteer deployments.

1.9.33.6. Using Department-provided templates to ensure JITT is completed for all assigned NEHC volunteers prior to shift start.

1.9.33.7. Liaising with the NEHC Manager and/or Incident Commander during operations.

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1.9.33.8. Conducting a hotwash with volunteers after each shift.

1.9.33.9. Participating in an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions, as requested by the Department.

1.9.33.10. Participating in any Department led After-Action Meetings to provide regional input.

Alternate Health System (AHS)

1.9.34. The Contractor must maintain capacity to deploy and schedule trained volunteers to Alternate Health System (AHS) sites to augment clinical and non-clinical staffing within 24 hours of Department request by:

1.9.34.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.34.2. Maintaining a roster of clinical and non-clinical volunteers trained in AHS operations.

1.9.34.3. Providing annual AHS training for volunteers.

1.9.34.4. Coordinating with local and state partners for staffing requests.

1.9.34.5. Tracking and documenting volunteer deployments.

1.9.34.6. Using Department-provided templates to ensure JITT is completed for all assigned AHS volunteers prior to shift start.

1.9.34.7. Liaising with the AHS Incident Commander during operations.

1.9.34.8. Conducting a hotwash with volunteers after each shift.

1.9.34.9. Participating in the development of an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.34.10. Participating in any Department led After-Action Meetings to provide regional input.

Inventory Management

1.9.35. The Contractor must, by June 30th of each contract year, update and upload a complete annual inventory of all regional assets into the

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Administration for Strategic Preparedness & Response (ASPR's) current inventory management system, as directed by the Department, and update inventory records within five (5) business days of any supply usage, redistribution, or replenishment. To support this requirement, the Contractor must:

1.9.35.1. Monitor, document, and report all regional inventory distribution rates as directed by the Department, to guide purchasing decisions and future preparedness planning.

1.9.35.2. Assess supply levels to ensure Department-required inventories are maintained for PODs, medical surge activities, mass casualty incident (MCI), and disaster sheltering operations, and document results in ASPR's current inventory management system.

1.9.35.3. Compare inventory against required supply list.

1.9.35.4. Reorder supplies from the pre-approved inventory list developed by the Department with Contractor input to ensure regional needs are addressed.

1.9.35.5. Maintain documentation of approvals and purchase records for submission in quarterly financial and logistics reports.

1.9.35.6. By June 30th of each contract year, review and update agreements with all trailer and cache host agencies, ensuring that all of agreements clearly define agency roles and responsibilities, and maintain updated contact information in regional records and the Department's SharePoint system.

1.9.35.7. Once each quarter, test all specialized equipment (e.g., generators, radios, cooling units, refrigerators) to verify operational readiness, document results in equipment logs, and report any deficiencies within two (2) business days, with a written corrective actions report submitted to the Department within fifteen (15) business days.

1.9.35.8. Review current inventory and par levels before drafting purchase requests to confirm actual need.

1.9.35.9. Confirm that all requested items are on the Department's approved inventory list and align with applicable funding

guidance. If an item is required but not listed, obtain Department approval prior to purchase to ensure compliance with grant requirements and funding limitations.

1.9.35.10. Document price quotes from three (3) Contractors for items over $250 to ensure cost-effectiveness.

1.9.35.11. Draft purchase requests with justification and submit to the Department for approval.

1.9.35.12. Retain written or email purchase approval records.

Volunteer Recruitment and Retention

1.9.36. The Contractor must maintain the capability to manage and deploy volunteers for small-scale incidents and provide support to the State during medium and large-scale public health emergencies. The Contractor must provide the following volunteer management services:

1.9.36.1. For each contract year, hold a minimum of twelve (12) volunteer engagement activities (one per month), which may include meetings, trainings, exercises, or response activities. Ensure at least 75% of active Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers attend 50% of engagement opportunities, and document outcomes within two (2) weeks of each session.

1.9.36.2. Maintain updated rosters of MRC and, if applicable, CERT volunteers.

1.9.36.3. Develop and publish an annual volunteer engagement calendar by July 30th each year, ensuring a variety of engagement activities to maintain volunteer interest.

1.9.36.4. Track volunteer participation in engagement activities.

1.9.36.5. Document outcomes based on pre- and post- knowledge evaluations and training feedback.

1.9.37. The Contractor must ensure all of active MRC and CERT (if applicable) volunteers are registered and credentialed in the Department-provided volunteer management system, by June 30th of each contract year, with quarterly audits conducted to verify accuracy and completeness of records. To meet this requirement, the Contractor must complete the following activities:

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1.9.37.1. Provide instruction or a brief orientation to volunteers on how to use the system.

1.9.37.2. Support the registration of new volunteers, ensuring they are registered in the system within fourteen (14) business days of orientation and that their accounts are complete.

1.9.37.3. Provide technical assistance for access and other system-related issues.

1.9.37.4. Conduct a baseline audit of all current volunteers to identify missing or incomplete accounts.

1.9.37.5. Send quarterly reminders to volunteers to review and update their profiles (e.g., contact info, licenses, certifications).

1.9.37.6. Before each exercise or real-world event, verify that assigned volunteers are fully registered and credentialed in the system.

1.9.37.7. Review records quarterly to ensure accuracy, completeness, and credential validity.

1.9.37.8. Verify that all active volunteers maintain all position-required credentials (e.g., clinical licenses, CPR certification), document compliance in the system, and follow-up with volunteers within 30 days of any expired or missing credentials.

1.9.37.9. Track and report progress toward the 100% registration and credentialing goal.

1.9.38. The Contractor must, by June 30th of each contract year, implement recruitment activities to expand the active MRC and CERT (if applicable) volunteer teams. To support this effort, the Contractor must complete the following activities:

1.9.38.1. Annually assess the type, quantity, and skillsets required of volunteers to meet program requirements.

1.9.38.2. Engage with the region's first responders (police, fire, emergency medical services) to augment workforces during an emergency.

1.9.38.3. Develop volunteer recruitment materials, with Department approval.

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1.9.38.4. Partner with local organizations to distribute recruitment materials.

1.9.38.5. Track recruitment using volunteer sign-up forms and entries in the volunteer management system.

1.9.38.6. Provide quarterly reports highlighting progress toward recruitment and retention deliverables.

1.9.38.7. Within the first 12 months, increase volunteer numbers by at least 25% compared to the current baseline.

1.9.38.8. In each subsequent contract year, increase the volunteer roster(s) by 5%.

1.9.38.9. Maintain a volunteer attrition rate of no more than 2.5% annually and report barriers to meeting this requirement to the Department.

1.9.38.10. Prioritize recruitment of clinical and healthcare-experienced individuals by conducting quarterly outreach events at healthcare facilities and schools, and community events.

1.9.39. The Contractor must offer to conduct exit surveys or interviews with all departing volunteers and:

1.9.39.1. Compile and analyze results on a quarterly basis and submit a summary report to the Department that includes identified trends and recommendations for program improvement.

1.9.39.2. Send the Department-provided exit survey to volunteers within five (5) business days of their departure.

1.9.39.3. Conduct follow-up phone interviews if no survey response is received.

1.9.39.4. Compile findings and submit a quarterly report to the Department, including the following key areas:

1.9.39.4.1. Number of volunteers who have resigned;

1.9.39.4.2. Reasons for leaving, highlighting positive and negative trends and recurring issues; and

1.9.39.4.3. Actionable recommendations for program improvement.

1.9.40. The Contractor must ensure that all volunteer applicants meet

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Department eligibility criteria and that required background checks are completed at the time of application and renewed a minimum of every three (3) years thereafter.

1.9.41. The Contractor must complete the following activities to ensure readiness of PHEP Volunteers for deployment upon a public health emergency event:

1.9.41.1. Maintain a current roster of volunteers trained in POD operations.

1.9.41.2. Activate volunteers upon request from the Department.

1.9.41.3. Complete JITT for volunteers as requested by the Department using Department-provided training materials.

1.9.41.4. Track and report volunteer hours.

1.9.42. The Contractor must deliver a Department-approved volunteer orientation program to all of new volunteers within two (2) months of onboarding that covers the PHEP program overview, volunteer utilization, training/exercise requirements, credentialing, participation standards, deployment processes, and organizational structure, including the following:

1.9.42.1.1. Host orientation sessions.

1.9.42.1.2. Maintain attendance and completion records.

1.9.42.1.3. Follow-up with volunteers who miss orientation deadlines.

1.9.42.1.4. Review and update orientation content annually to reflect program changes.

1.9.42.1.5. Maintain documentation of completion in the Department's volunteer management system (NH Responds).

1.9.42.1.6. Include the number of volunteers who completed orientation in the quarterly report.

1.9.43. The Contractor must conduct quarterly volunteer notification drills with 75% response rate for each contract year, including:

1.9.43.1. Sending notification messages via email, text message, or phone.

1.9.43.2. Recording response rates and address barriers to communication within 30 business days of identification.

1.9.43.3. After each volunteer drill, notifying the Department if fewer than 50% of volunteers respond, and submitting a corrective action summary within 30 business days outlining identified barriers and strategies to improve volunteer responsiveness.

1.9.44. The Contractor must, from November through May of each contract year, facilitate participation of regional volunteers in the Department-led annual training series by promoting all training opportunities to all active volunteers. To achieve this requirement, the Contractor must:

1.9.44.1. Distribute the training calendar to all volunteers.

1.9.44.2. Issue training announcements and provide regular reminders to encourage participation.

1.9.45. The Contractor must, by June 30th of each contract year, provide volunteers with access to training for each of the following topics: Incident Command System (ICS) courses, inventory management, FAC, FRC, disaster sheltering, NEHC, open PODs, Responder Safety and Health, and other training topics as identified by the Department. To meet this requirement, the Contractor must:

1.9.45.1. Develop and publish a regional volunteer training schedule.

1.9.45.2. Recruit qualified instructors.

1.9.45.3. Manage registration and accurately record attendance.

1.9.45.4. Conduct post-training evaluations and compile results.

1.9.45.5. Maintain training records and submit quarterly participation summaries to the Department.

1.9.46. The Contractor must, by June 30, 2028, and every two (2) years thereafter, as requested by the Department, participate in Volunteer Training Needs Assessment (TNA), to include:

1.9.46.1. Providing formal feedback on survey content.

1.9.46.2. Promoting and encouraging participation in the state-led Volunteer Training Needs Assessment (TNA).

1.9.46.3. Reviewing survey results and updating the regional IPP and volunteer training calendar accordingly.

1.9.46.4. Publishing the updated IPP and volunteer training calendar to address identified gaps.

1.9.47. The Contractor must require all volunteers activated to attend, Just-in-Time Training (JITT), in collaboration with the Department, prior to deployment, for every emergency response, ensuring all assigned volunteers complete the training, which includes:

1.9.47.1. Preparing JITT modules for PODs, disaster shelters, FAC/FRC, NEHC, and AHS using Department-provided templates.

1.9.47.2. Providing JITT immediately prior to deployment.

1.9.47.3. Tracking volunteer completion of JITT training.

1.9.47.4. Updating JITT training as needed and communicating changes promptly to all volunteers.

1.9.48. The Contractor must, by June 30th of each contract year, conduct at least one (1) annual volunteer exercise (drill, discussion-based, functional, or full-scale) in addition to call-down drill and POD exercise requirements, focusing on disaster sheltering, FAC/FRC operations, or medical surge responses, ensuring participation from at least 75% of active volunteers. To ensure accountability and continuous improvement, the Contractor must complete the following actions after each exercise:

1.9.48.1. Within 60 business days of each exercise, complete all the following required after-action processes:

1.9.48.1.1. Conduct a debriefing immediately following the exercise.

1.9.48.1.2. Hold at least one (1) after-action meeting with volunteers and stakeholders for each exercise conducted.

1.9.48.1.3. Develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within 90 business days of the exercise, documenting objectives, strengths, areas for improvement, and corrective actions.

1.9.48.1.4. Track corrective actions and verify implementation of improvements.

1.9.48.1.5. Incorporate lessons learned into future training and exercises.

Volunteer Health, Safety, and Resilience

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1.9.49. The Contractor must, by June 30th of each contract year and in coordination with the Department, implement and maintain a standardized process to track and monitor the health and safety of all volunteers before, during, and after deployments, to include:

1.9.49.1. Distributing a pre-deployment health checklist and require volunteers to complete it prior to deployment.

1.9.49.2. Requiring volunteers to provide proof of required vaccinations prior to deployment, when applicable.

1.9.49.3. Delivering incident-specific safety briefings and reminders at volunteer check-in.

1.9.49.4. Conducting wellness check-ins at regular intervals during operations.

1.9.49.5. Tracking hours worked to prevent fatigue and enforce rest breaks during active work hours.

1.9.49.6. Developing standards and procedures to ensure adequate time off between deployment shifts.

1.9.49.7. Documenting any incidents, injuries, or exposures immediately upon occurrence and reporting them to the Department.

1.9.49.8. Developing plans and protocols for managing occupational health exposures and injuries as directed by the Department and aligned with the Department's medical direction program.

1.9.49.9. Collecting post-deployment health surveys and solicit feedback on health and safety concerns to inform future responses.

1.9.49.10. Maintaining health and safety records related to deployments for all deployed volunteers in the Department-provided system.

1.9.49.11. Submitting summary reports with de-identified data to the Department within thirty (30) calendar days of each deployment.

1.9.49.12. Tracking trends in health and safety issues and recommend opportunities for program improvement.

1.9.49.13. Offering annual training on responder health and safety, including stress management, resilience, and self-care practices.

1.9.49.14. Ensuring compliance with all Department-issued health and safety guidance during public health incidents and emergencies by distributing updated guidance to volunteers within 24 hours of receipt and incorporating requirements into pre-deployment briefings.

1.9.49.15. Increasing volunteer awareness and access to mental health and resiliency resources, including community programs, behavioral health services, critical incident stress management, peer support, and the 9-8-8 crisis line, by distributing resource information annually and after every deployment through at least two (2) distinct communication channels (e.g., email, trainings, newsletters).

1.9.50. The Contractor must attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.9.51. The Contractor must attend a minimum of two (2) trainings per year offered by Department's training programs on topics relevant to this scope of work.

1.9.52. The Contractor must provide PHEP with a technical assistance needs assessment report in a format approved in advance by the Department, and update this report on an ongoing basis to ensure it reflects current needs and priorities.

Public Health Emergency Preparedness Reporting

1.9.53. The Contractor must complete quarterly and annual reports that include progress toward meeting the program services outlined in this Agreement including activities identified in the Department-approved annual Work Plan, including but not limited to:

1.9.53.1. Response plan updates, including:

1.9.53.1.1. Indicating completion of biennial RPHEA Base Plan update and uploading the plan to the Department's SharePoint site by required deadlines (annual reporting requirement).

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1.9.53.1.2. Indicating completion of annual RPHEA Annexes and Attachments updates (i.e. Critical Contact Sheets, etc.) and uploading the updated documents to the Department's SharePoint site (annual reporting requirement).

1.9.53.2. Delivery of training sessions for partners, volunteers, and the public, to include:

1.9.53.2.1. Number and topic of training sessions delivered quarterly (quarterly reporting requirement).

1.9.53.2.2. The number of people trained by type (partner, volunteers, and public), quarterly (quarterly reporting requirement).

1.9.53.2.3. Training sessions rating summaries based on post-training evaluations, quarterly (quarterly reporting requirement).

1.9.53.3. Coordination and delivery of required exercises, including:

1.9.53.3.1. Number and types of exercises conducted quarterly (quarterly reporting requirement).

1.9.53.3.2. Submit After-Action Reports and Improvement Plans (AAR/IPs) utilizing Federal Emergency Management Agency's (FEMA) template, written as a result of an exercise or real-world event, to the Department within 60 calendar days of the event.

1.9.53.3.3. Number of improvement items identified and closed within three (3), six (6), nine (9), and twelve (12) months (annual reporting requirement).

1.9.53.4. Regional partner engagement.

1.9.53.5. Document outcomes of PHEP Committee meetings held at least every two (2) months (annual reporting requirement).

1.9.53.6. Identify which sectors have been invited to participate but do not participate, including providing details if targeted sector participation is not achieved, and document what corrective action items are implemented (annual reporting requirement).

Response Capacity Reporting Requirements

1.9.54. For Closed POD agreements, the Contractor must provide an annual list of participating and non-participating entities, organized by target sectors (healthcare entities, educational institutions, first responder agencies, and other organizations). The list must also document each entity's eligibility to

serve as a Closed POD and indicate whether the entity currently has the capacity and capability to do so (annual reporting requirement).

1.9.54.1. An annual inventory of all regional assets, including reporting on supply distribution rates (annual reporting requirement).

1.9.54.2. Equipment deficiencies and corrective actions open and closed within three (3), six (6), nine (9), and twelve (12) months, as needed (quarterly reporting requirement).

1.9.54.3. Trailer agreements renewals are to be uploaded by June 30th of each contract year to the Department's SharePoint site (annual reporting requirement).

Volunteer Management Reporting Requirements

1.9.55. The Contractor must prepare an annual volunteer recruitment and retention report that clearly indicates whether recruitment targets have been met (annual reporting requirement), to include:

1.9.55.1. Identification and summary of volunteer recruitment activities conducted by the RPHN.

1.9.55.2. Identification and summary of volunteer retention activities conducted by the RPHN.

1.9.55.3. Total number and percentages of volunteers recruited, retained, and separated.

1.9.55.4. Corrective action plan developed by the Contractor if 25% recruitment (and 5% every year thereafter) is not achieved.

1.9.55.5. Skills set analysis to identify strengths and gaps in volunteer capacity based on response requirements.

1.9.55.6. Strategies implemented to improve retention and engagement.

1.9.55.7. Records of volunteer attrition, including reason for separation (e.g., relocation, loss of interest, credential lapses).

1.9.55.8. Percent of volunteers who are deployment ready (annual reporting requirement), including:

1.9.55.8.1. The percentage of volunteers registered and credentialed in NH Responds.

1.9.55.8.2. The percentage of volunteers who have completed background checks and other onboarding steps (e.g. orientation).

1.9.55.8.3. The percentage of volunteers with verified licenses.

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1.9.55.8.4. The percentage of volunteers who have completed training requirements for shelter, POD, AHS, NEHC, FAC/FRC operations.

Responder Safety and Health Reporting Requirements

1.9.56. The Contractor must:

1.9.56.1. Prepare and submit an annual summary of responder safety and health monitoring activities.

1.9.56.2. Report promptly on any incidents, exposures, or injuries that occur during responses, drills, or exercises, as needed.

1.9.57. The Contractor may be required to provide other data and metrics to the Department in a format specified by the Department.

1.9.58. The Contractor must submit all reports electronically through a secure depository system approved or directed by the Department by the established deadlines within this Agreement.

2. Background Checks

2.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:

2.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;

2.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

2.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

2.2. Confidential Data

2.2.1. 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.

2.2.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with

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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.

2.3. Privacy Impact Assessment

2.3.1. 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:

2.3.1.1. How PII is gathered and stored;

2.3.1.2. Who will have access to PII;

2.3.1.3. How PII will be used in the system;

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

2.3.1.5. Privacy practices.

2.3.2. 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.

2.4. Department Owned Devices, Systems and Network Usage

2.4.1. Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfilment of this Agreement, must:

2.4.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures and guidelines, and complete applicable trainings as required;

2.4.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden

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including, but not limited, to personal or other private and non-Department use, and that at no time must they access or attempt to access information without having the express authority of the Department to do so;

2.4.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

2.4.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

2.4.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;

2.4.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;

2.4.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "Department-funded email systems."

2.4.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and

2.4.1.9. Agree when utilizing the Department's email system:

To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".

2.4.1.9.1. Include in the signature lines information identifying the End User as a non-Department workforce member; and

2.4.1.9.2. Ensure the following confidentiality notice is embedded underneath the signature line:

CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

2.4.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

2.4.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

2.4.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

2.4.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

2.4.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

2.4.1.12. Contractor agrees to notify the Department a minimum of three (3) business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees to

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notify the Department's Information Security Office or designee immediately.

2.5. Contract End-of-Life Transition Services

2.5.1. General Requirements

2.5.1.1. 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 Department must provide the DTP template to the Contractor.

2.5.1.2. 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.

2.5.1.3. If a system, portal, 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.

2.5.1.4. The internal planning of the Transition Services by the Contractor and its End Users must be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Agreement.

2.5.1.5. 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.

2.5.1.6. 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.

2.5.2. Completion of Transition Services

2.5.2.1. Each service or transition phase must 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.

2.5.2.2. 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.

2.5.3. Disagreement over Transition Services Results

2.5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department must notify the Contractor, in writing, stating the reason for the lack of

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satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties must discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department must be entitled to initiate actions in accordance with the Agreement.

2.6. Website and Social Media

2.6.1. The Contractor must provide a website approved by the Department to disseminate RPHN program information and public health resources to the public and agency partners, which includes information on the PHAC, Community Health Improvement Plan (CHIP), Substance Misuse Prevention Coordinator(SMPC), CoC facilitation, and PHEP programs.

2.6.2. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

2.6.3. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

2.7. State of New Hampshire's Website Copyright

2.7.1. All right, title and interest in the State WWW site, including copyright to all data and information, must remain with the State of New Hampshire. The State of New Hampshire must also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information must, where applicable, display the State of New Hampshire's copyright.

3. Exhibits Incorporated

3.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

3.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.

3.3. 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 F, Business Associate Agreement, which has been executed by the parties.

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

4.2.1. The Contractor must submit:

4.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

4.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors); and

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

4.3. Credits and Copyright Ownership

4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "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."

4.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

4.3.3. 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.

4.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

4.4. Operation of Facilities: Compliance with Laws and Regulations

4.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire

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Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

5. Records

5.1. The Contractor must keep records that include, but are not limited to:

5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to 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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

5.1.4. Medical records on each patient/recipient of services.

5.2. 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.

5.3. 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.

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Payment Terms

1. This Agreement is funded by:
   1.1. 84% Federal funds, including:
      1.1.1. Preventative Health Block Grant, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.991, FAIN # NB01OT009381, and
      1.1.2. Public Health Emergency Preparedness, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.069, FAIN # NU90TU000009, and
      1.1.3. Substance Use Prevention, Treatment, and Recovery Block Grant,
      as awarded on January 28, 2026, by the US Department of Health and Human Services, ALN # 93.959, FAIN # B08TI088484,and
      1.1.4. Strengthening NH Public Health Infrastructure, Workforce, and Data Systems, as awarded on 11/29/2022, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.967; FAIN # NE11OE000077.
   1.2. 16% 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 Agreement as NON-R&D, in accordance with 2 CFR §200.332.
   2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual paid allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-2.
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 of allowable costs, labeled by budgeted line item with each invoice that may include, but are not limited

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to, timesheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

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 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 only upon receipt and approval of the submitted invoice and required supporting documentation.

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.

7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

8.1.3. Condition C - The Contractor is a public company and required by Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to 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.

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8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. 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.

8.5. 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 shall 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.

9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

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Exhibit C-1, Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	*The Cheshire Medical Center*
Budget Request for:(Pull-down)	Greater Monadnock
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$10,000	$60,000	$0	$0	$60,000
2. Fringe Benefits	$3,410	$20,460	$0	$0	$20,460
3. Consultants	$7,000	$2,000	$0	$0	$10,000
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	$0	$0
5.(a) Supplies - Educational	$500	$2,000	$3,852	$4,348	$5,000
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$0	$500	$0	$0	$2,000
7. Software	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$5,000	$2,000	$0	$0	$9,044
8. (b) Other - Education and Training	$177	$3,450	$0	$4,348	$5,000
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$26,087	$90,410	$3,852	$8,696	$111,504
Total Indirect Costs	$3,913	$13,561	$578	$1,304	$16,726
Subtotals	**$30,000**	**$103,971**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$276,631**

Contractor Initials

Date 5/11/2026

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New Hampshire Department of Health and Human Services	
Contractor Name:	*The Cheshire Medical Center*
Budget Request for:(Pull-down)	Greater Monadnock
Budget Period(Pull-down):	SFY 2028 (7/1/27-6/30/2028)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$10,200	$61,200	$0	$0	$61,200
2. Fringe Benefits	$3,478	$20,870	$0	$0	$20,869
3. Consultants	$6,909	$0	$0	$0	$10,000
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	$0	$0
5.(a) Supplies - Educational	$0	$2,000	$3,852	$4,348	$5,000
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$0	$500	$0	$0	$2,000
7. Software	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$5,000	$2,000	$0	$0	$9,044
8. (b) Other - Education and Training	$500	$3,840	$0	$4,348	$3,391
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$26,087	$90,410	$3,852	$8,696	$111,504
Total Indirect Costs	$3,913	$13,561	$578	$1,304	$16,726
Subtotals	**$30,000**	**$103,971**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$276,631**

Contractor Initials

Date 5/11/2026

Docusign Envelope ID: 80D96BD9-6B4F-8E83-80BE-7C6F5B95DA67

New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub- contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

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

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1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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

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

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SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see https://omb.report/icr/201009-0348-022/doc/20388401

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context.

6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) https://www.ecfr.gov/current/title-22/chapter-V/part-513.

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9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).

14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

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

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SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

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SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

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New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: LMJHH55FKJM6/4MXG3

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

   X NO _____ YES

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

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Cheshire medical Center

5/11/2026
Date:

Signed by:
90DCE11C1D5D43C...
Name: Joseph Perras, M.D.
Title: CEO

New Hampshire Department of Health and Human Services

Exhibit E

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 DS JP

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.

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.

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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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.).

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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

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/doit/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.

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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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

Docusign Envelope ID: 45078BFF-0DEA-8664-835B-D997DCE0341A

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 b[illegible]

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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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 priv

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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

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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

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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	Cheshire Medical Center
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	DocuSigned by: Joseph Perras 90DCE11C1D5D43C...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Joseph Perras
Name of Authorized Representative	Name of Authorized Representative
Director - DPH	CEO and President
Title of Authorized Representative	Title of Authorized Representative
5/28/2026	5/28/2026
Date	Date

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Date 5/28/2026

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State of New Hampshire
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that THE CHESHIRE MEDICAL CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 31, 1980. 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: **62567**

Certificate Number: **0007886421**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 31st day of March A.D. 2026.

David M. Scanlan
Secretary of State

Docusign Envelope ID: 80D96BD9-6B4F-8E83-80BE-7C6F5B95DA67

CERTIFICATE OF AUTHORITY

I, Mark Gavin, 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 Cheshire Medical Center
(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 March 26, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Joseph Perras, MD, Kathryn Willbarger or Todd Roberts (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Cheshire Medical Center 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: 4/30/2026

Signature of Elected Officer
Name: Mark Gavin
Title: Chair

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CERTIFICATE OF INSURANCE

DATE: March 27, 2026

COMPANY AFFORDING COVERAGE
Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

INSURED
Cheshire Medical Center
580 Court Street
Keene, NH 03431
603-354-5400

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002025-A	7/1/2025	7/1/2026	EACH OCCURRENCE	$1,000,000
					DAMAGE TO RENTED PREMISES	$1,000,000
X	**CLAIMS MADE**				MEDICAL EXPENSES	N/A
					PERSONAL & ADV INJURY	$1,000,000
	OCCURRENCE				GENERAL AGGREGATE	$3,000,000
OTHER					PRODUCTS-COMP/OP AGG	$1,000,000
PROFESSIONAL LIABILITY		0002025-A	7/1/2025	7/1/2026	EACH CLAIM	$1,000,000
X	**CLAIMS MADE**				ANNUAL AGGREGATE	$3,000,000
	OCCURENCE					
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES

DARTHIT-01 CMENDOZA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1780862 HUB International New England 30 Donald B Dean Dr South Portland, ME 04106	CONTACT NAME: Autumn Reynolds PHONE (A/C, No, Ext): (207) 699-4643 FAX (A/C, No): E-MAIL ADDRESS: autumn.reynolds@hubinternational.com
INSURED Cheshire Medical Center 590 Court Street Keene, NH 03431	INSURER A : The Gray Insurance Company — NAIC # 36307 INSURER B : Midwest Employers Casualty Company — NAIC # 23612 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**						X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N **N** **(Mandatory in NH)**	N / A		SPX0702603	7/1/2025	7/1/2026	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
B	**Excess Workers' Comp**			EWC010235	7/1/2024	7/1/2026	NH Only	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Workers Compensation coverage for Cheshire Medical Center

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NONPROFIT COVER SHEET

A. **Entity Name:** Cheshire Medical Center

B. Entity's Contact Information:

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

Name / Phone / Email: Tricia Zahn / 603-354-5454 x3030 / tzahn@cheshire-med.com

Person responsible for Accuracy and Completeness of information provided:
Name: Tricia Zahn Title: Senior Director; Population Health

Signature:

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses)	Affiliations
Mark Bodin (Treasurer)	Savings Bank of Walpole
Michael Chelstowski	Local Community Member
Elizabeth Cotter (Secretary)	Local Community Member
Barbara Duckett	Local Community Member
Alan Kintisch (Vice Chair)	C&S Wholesale Grocers
Gina O'Brien, MD (Ex-Officio)	CMO - Cheshire Medical Center
Joseph Perras, MD (Ex-Officio)	CEO & President - Cheshire Medical Center
Serena Shomody, DPM (Ex-Officio)	Physician, Med Staff President- Cheshire
Andrew Tremblay, MD	Physician at Cheshire Medical Center
Paige Walker	Local Community Member
Michael Waters	Treasurer-Dartmouth Health
Mark Gavin (Chair)	Local Community Member
Sally Malay	Keene Housing Kids Collaborative

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

Name	Role	Annual Salary	Amount Paid From This Contract
Maera Cramer	Program Assistant	$49,816	75%
Kerry Kelley	Program Assistant	$41,150	100%
Marissa Mannion-King	Senior Program Coordinator	$60,590	50%
John Letendre	Continuum of Care Facilitator	$24,887	100%
Sara Fisher	Senior Program Coordinator	$71,822	20%
Megan Welnak	Content Manager	$35,183	75%
Lea Kablik	Community Health Education Coordinator	N/A	0%: In-kind Funded Support
Magdalynn Graul	Epidemiologist and Program Evaluator	N/A	0%: In-kind Funded Support
Tammy Dwyer	Director of Community Engagement	N/A	0%: In-kind Funded Support
Tricia Zahn	Senior Director	N/A	0%: In-kind Funded Support

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

E. Check one of the following:

[x] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

_____

_____

_____

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

New Hampshire Department of Justice — Registered Charities List — Charitable Trusts Unit

G = Good Standing; X = Not in Good Standing; S = Suspended

Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
4865	Chesco, Inc.	145 Gilbo Ave Unit 101	Keene	NH	03431	G	11/15/2026
18344	Cheshire Children's Museum	149 Emerald Street	Keene	NH	03431	G	5/15/2026
11131	Cheshire County Literacy Coalition	60 Winter Street	Keene	NH	03431	G	5/15/2026
18842	Cheshire County Shooting Sports Education Foundation	PO Box 1327	Keene	NH	03431	G	5/15/2026
10487	Cheshire Fair Association, Inc.	247 Monadnock Highway	Swanzey	NH	03445-2134	G	5/15/2026
3554	Cheshire Health Foundation	580 Court Street	Keene	NH	03431	G	5/15/2026
2237	Cheshire Housing Opportunities	831 Court Street	Keene	NH	03431	X	5/15/2022
6269	Cheshire Medical Center	580 Court Street	Keene	NH	03431	G	5/15/2026
15282	Cheshire United Soccer Club	PO Box 355	Keene	NH	03431	X	5/15/2019
34867	Chess in Education - US LLC	23 Hosta Lane	Hendersonville	NC	28739	X	2/15/2025
19364	Chester Academy PTA	22 Murphy Drive	Chester	NH	03036	G	11/14/2026
19130	Chester Baseball & Softball Association, Inc.	237 Jennifer Drive	Chester	NH	03036	X	5/15/2023
11145	Chester Charitable Foundation, Inc.	PO Box 333	Chester	NH	03036	X	5/15/2024
3079	Chester Firefighters Association	27 Murphy Drive	Chester	NH	03036	G	2/15/2026
12826	Chester G Larson Charitable Trust	300 FRANKLIN STREETMANCHESTER, NH 03101	MANCHESTER	NH	03101	G	5/15/2026
2238	Chester Historical Society	PO Box 34	Chester	NH	03036	G	5/15/2026
15116	Chester Police Benevolent Association	84 Chester Street	Chester	NH	03036	G	5/15/2027
30786	Chester Public Library Foundation	PO Box 277	Chester	NH	03036	G	11/15/2025
19228	Chesterfield Fire & Rescue Association	PO Box 95 492 Route 63	Chesterfield	NH	03443	G	5/15/2026
3349	Chesterfield Historical Society	Box 204	Chesterfield	NH	03443-0204	G	5/15/2026
14722	Chesterfield Library Endowment Fund	524 Rte 63	Chesterfield	NH	03443	G	5/15/2026
11428	Chesterfield Lions Club	PO Box 151	Chesterfield	NH	03443	G	11/14/2026
12796	Chesterfield Public School Foundation	PO Box 75	Spofford	NH	03462	G	5/15/2026
12976	Chesterfield Public School Foundation	1830 COLONIAL VILLAGE LANELancaster, PA 17601	Lancaster	PA	17601	X	5/15/2025
10494	Chestnut Christian Preschool, Inc.	219 Chestnut Hill Road	New Boston	NH	03070	X	12/15/2021
15822	Chestnut Hill Benevolent Association	910 Boylston Street	Chestnut Hill	MA	02467-2400	G	5/15/2026
31858	Chestnut Hill College	9601 Germantown Avenue	Philadelphia	PA	19118	X	11/15/2022
19102	Chi Omega Foundation	3395 Players Club Parkway	Memphis	TN	38125	G	9/15/2026
14082	Chicago Community Foundation	33 South State StreetChicago, IL 60603	Chicago	IL	60603	G	8/15/2026
31813	Chicago Foundation for Women	140 South Dearborn Street, Suite 400	Chicago	IL	60603	X	5/15/2025
34945	Chicago School of Professional Psychology (The)	325 North Wells	Chicago	IL	60654	G	10/15/2025

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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

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

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2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

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Cheshire Medical Center – Misson Statement

Cheshire's mission is to deliver compassionate and exceptional care to all we serve.

Source: [Mission and Vision | About | Cheshire Medical Center](https://www.cheshiremed.org/about/mission-and-vision) / https://www.cheshiremed.org/about/mission-and-vision

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Financial Statements
September 30, 2025

Docusign Envelope ID: 80D96BD9-6B4F-8E83-80BE-7C6F5B95DA67

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
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September 30, 2025

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Report of Independent Auditors

To the Board of Trustees of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and subsidiaries

Opinion

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and its subsidiaries (the Dartmouth Health System), which comprise the consolidated balance sheet as of September 30, 2025, and the related consolidated statement of operations, of changes in net assets and of cash flows for the year then ended, including the related notes (collectively referred to as the "consolidated financial statements").

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Dartmouth Health System as of September 30, 2025, and the results of its operations, changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Dartmouth Health System 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 Consolidated 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 Dartmouth Health System's ability to continue as a going concern for one year after the date the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated 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 auditors' 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 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.

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In performing an audit in accordance with US GAAS, 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 consolidated 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 Dartmouth Health System'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 Dartmouth Health System'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.

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The accompanying consolidating balance sheets and consolidating statements of operations and changes in net assets without donor restrictions as of and for the year ended September 30, 2025 (the “supplemental information”) is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. The consolidating information is not intended to present, and we do not express an opinion on, the financial position, results of operations and cash flows of the individual companies. The supplemental 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 supplemental information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including 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 auditing standards generally accepted in the United States of America. In our opinion, the supplemental information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

PricewaterhouseCoopers LLP

Boston, Massachusetts
January 27, 2026

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidated Balance Sheet
September 30, 2025

(in thousands of dollars)

Assets		
Current assets		
Cash and cash equivalents	$	212,857
Patient accounts receivable, net (Note 3)		330,415
Prepaid expenses and other current assets		256,851
Total current assets		800,123
Assets limited as to use (Notes 4 and 6)		1,664,369
Other investments for restricted activities (Notes 4 and 6)		278,899
Property, plant, and equipment, net (Note 5)		1,011,504
Right-of-use assets, net (Note 15)		55,122
Other assets		300,462
Total assets	$	4,110,479
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 9)	$	10,974
Current portion of right-of-use obligations (Note 15)		10,396
Line of credit (Note 12)		26,500
Accounts payable and accrued expenses		174,450
Accrued compensation and related benefits		210,903
Estimated third-party settlements (Note 3)		104,066
Total current liabilities		537,289
Long-term debt, excluding current portion (Note 9)		1,468,497
Right-of-use obligations, excluding current portion (Note 15)		47,528
Insurance deposits and related liabilities (Note 11)		109,951
Liability for pension and other postretirement plan benefits, excluding current portion (Note 10)		191,278
Other liabilities		231,527
Total liabilities		2,586,070
Commitments and contingencies (Notes 3, 5, 6, 9, 12, and 15)		
Net assets		
Net assets without donor restrictions (Note 8)		1,189,453
Net assets with donor restrictions (Notes 7 and 8)		334,956
Total net assets		1,524,409
Total liabilities and net assets	$	4,110,479

The accompanying notes are an integral part of these Consolidated Financial Statements.

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Statement of Operations and Changes in Net Assets

Year Ended September 30, 2025

(in thousands of dollars)

Operating revenue and other support	
Net patient service revenue (Note 3)	$ 3,241,840
Contracted revenue	12,245
Other operating revenue	1,002,138
Net assets released from restrictions	20,023
Total operating revenue and other support	4,276,246
Operating expenses	
Salaries	1,892,241
Employee benefits	445,839
Medications and medical supplies	1,056,778
Purchased services and other	587,338
Medicaid enhancement and provider tax (Note 3)	123,503
Depreciation and amortization (Note 5)	99,200
Interest (Note 9)	41,780
Total operating expenses	4,246,679
Operating gain	29,567
Non-operating gains (losses)	
Investment gains, net (Note 4)	141,396
Other components of net periodic pension and post retirement benefit income (cost) (Note 10 and 13)	(19,343)
Other losses, net	(22,325)
Total non-operating gains, net	99,728
Excess of revenue over expenses	$ 129,295

Consolidated Statement of Operations and Changes in Net Assets – continues on next page

The accompanying notes are an integral part of these Consolidated Financial Statements.

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Statement of Operations and Changes in Net Assets - Continued

Year Ended September 30, 2025

(in thousands of dollars)

Net assets without donor restrictions		
Excess of revenue over expenses	$	129,295
Net assets released from restrictions for capital		1,525
Change in funded status of pension and other postretirement benefits (Note 10)		6,906
Other changes in net assets		(64)
Increase in net assets without donor restrictions		137,662
Net assets with donor restrictions		
Gifts, bequests, sponsored activities		36,736
Investment gains, net		15,653
Net assets released from restrictions		(21,822)
Increase in net assets with donor restrictions		30,567
Change in net assets		168,229
Net assets		
Beginning of year		1,356,180
End of year	$	1,524,409

The accompanying notes are an integral part of these Consolidated Financial Statements.

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidated Statement of Cash Flows
Year Ended September 30, 2025

(in thousands of dollars)

Cash flows from operating activities		
Change in net assets	$	168,229
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Depreciation and amortization		99,388
Amortization of bond premium, discount, and issuance cost, net		(2,919)
Amortization of right-of-use asset		7,038
Payments on right-of-use lease obligations - operating		(7,233)
Change in funded status of pension and other postretirement benefits		(6,906)
Loss on disposal of fixed assets		890
Net realized gains and change in net unrealized gains on investments		(173,770)
Restricted contributions and investment earnings		(15,396)
Proceeds from sales of donated securities		6,261
Loss from debt extinguishment		1,388
Changes in assets and liabilities, excluding the effects of acquisition		
Patient accounts receivable, net		(33,002)
Prepaid expenses and other current assets		(14,791)
Other assets, net		(39,240)
Accounts payable and accrued expenses		25,604
Accrued compensation and related benefits		3,991
Estimated third-party settlements		6,790
Insurance deposits and related liabilities		11,530
Liability for pension and other postretirement benefits		(12,147)
Other liabilities		24,351
Net cash provided by (used in) operating activities		50,056
Cash flows from investing activities		
Purchase of property, plant, and equipment		(175,231)
Proceeds from sale of property, plant, and equipment		341
Purchases of investments		(299,024)
Proceeds from maturities and sales of investments		85,216
Net cash provided by (used in) investing activities		(388,698)
Cash flows from financing activities		
Proceeds from line of credit		1,652,000
Payments on line of credit		(1,661,950)
Repayment of long-term debt		(165,019)
Proceeds from issuance of debt		430,397
Repayment of finance leases		(4,139)
Payment of debt issuance costs		(3,241)
Restricted contributions and investment earnings		15,396
Net cash provided by (used in) financing activities		263,444
Increase (decrease) in cash and cash equivalents		(75,198)
Cash and cash equivalents, beginning of year		289,462
Cash and cash equivalents, end of year	$	214,264
Supplemental cash flow information		
Interest paid	$	55,268
Construction in progress included in accounts payable and accrued expenses		1,574
Donated securities		6,261

The following table reconciles cash and cash equivalents on the Consolidated Balance Sheet to cash, cash equivalents and restricted cash on the Consolidated Statement of Cash Flows.

Cash and cash equivalents	$	212,857
Restricted cash and cash equivalents included in other investments for restricted activities		1,407
Total of cash, cash equivalents, and restricted cash shown in the consolidated statement of cash flows	$	214,264

The accompanying notes are an integral part of these Consolidated Financial Statements.

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1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health), its members, and their Subsidiaries (collectively referred to as "the Dartmouth Health System") is a system of hospitals, clinics, and other healthcare service providers across New Hampshire (NH) and Vermont (VT). The Dartmouth Health System advances health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time. The Dartmouth Health System seeks to achieve the healthiest population possible, leading the transformation of health care in the region and setting the standard for the nation. The Dartmouth Health System's expanding network of services are the fabric of its commitment to serve the region with exceptional medical care.

Dartmouth Health serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic (DHC) and Subsidiaries, Mary Hitchcock Memorial Hospital (MHMH) and Subsidiaries, (DHC and MHMH together are referred to as Dartmouth-Hitchcock or D-H), The New London Hospital Association, Inc. (NLH), Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, The Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, Visiting Nurse Association and Hospice of Vermont and New Hampshire (VNH) and Subsidiaries, Southwestern Vermont Health Care Corporation and Subsidiaries (SVHC), and Valley Regional Healthcare, Inc. and its Subsidiary (VRHC). In July, 2025, the Board of Trustees of Dartmouth Health approved, and management executed, a signed letter of intent to integrate Littleton Regional Healthcare, in Littleton, NH, into the Dartmouth Health System.

The Dartmouth Health System currently operates one tertiary, two community, and four acute care (critical access) hospitals in NH and VT. One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Dartmouth Health System also operates multiple physician practices, a continuing care retirement community, and a home health and hospice service. The Dartmouth Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

Dartmouth Health, DHC, MHMH, NLH, Cheshire, VRHC, and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC, VNH, and SVHC are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC. On April 17, 2025, the Dartmouth Health System Board of Trustees approved the change of fiscal year end from June 30th to September 30th to align all of the System's members to the same fiscal year end.

Community Benefits

The Dartmouth Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Dartmouth Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Dartmouth Health System seeks to work collaboratively with other area healthcare providers to improve the health status of the region. Certain members of the Dartmouth Health

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System provide significant support for academic and research programs, as components of an integrated academic medical center.

Certain member hospitals of the Dartmouth Health System file annual Community Benefits Reports with the State of NH, which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state Community Benefit Report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *The Uncompensated Cost of Care for Medicaid* patients is the unreimbursed cost of providing care to Medicaid patients by the System. The System uses filed Community Benefits Reports, where available, and also tax filings, where necessary, to calculate this amount. The 2025 Community Benefits Reports are expected to be filed in February 2026.

- *Health Professions Education* includes uncompensated costs of training medical students, residents, nurses, and other health care professionals

- *Subsidized Health Services* are services provided by the Dartmouth Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.

- *Charity Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs.

- *Community Health Improvement Services* include activities carried out to improve community health, and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

- *Research* includes costs, in excess of awards, for numerous health research and service initiatives within the Dartmouth Health System.

- *Cash and In-Kind Contributions* occur outside of the System through various financial contributions of cash, in-kind donations, and grants to local organizations.

- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges, as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.

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The following table summarizes the value of the community benefit initiatives outlined for the year ended June 30, 2024:

(in thousands of dollars)		
Uncompensated cost of care for Medicaid	$	305,661
Health professional education		47,595
Subsidized health services		30,119
Charity care		20,848
Community health improvement services		13,308
Research		36,239
Cash and in-kind contributions		2,640
Community building activities		1,709
Total community benefit value	$	458,119

For fiscal year ended September 30, 2025, funds received to offset or subsidize charity care costs provided were approximately $752,000.

For fiscal year ended September 30, 2025, Medicaid and Medicare costs exceeding reimbursement totaled approximately $1,047,652,000.

2. Summary of Significant Accounting Policies

Basis of Presentation

The Consolidated Financial Statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, gains, and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the Consolidated Financial Statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the dates of the Consolidated Financial Statements, and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

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Excess of Revenue over Expenses
The Consolidated Statement of Operations and Changes in Net Assets include the excess of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income (loss) on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating gains (losses).

Changes in net assets without donor restrictions which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and change in funded status of pension and other postretirement benefit plans.

Charity Care
The Dartmouth Health System provides care to patients who meet certain criteria under their financial assistance policies without charge, or at amounts less than their established rates. Because the Dartmouth Health System does not anticipate collection of amounts qualifying as charity care, they are not reported as revenue.

The Dartmouth Health System grants credit, without collateral, to patients. Most are local residents and are insured under third-party arrangements. The charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 3).

Patient Service Revenue
The Dartmouth Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Dartmouth Health System expects to be entitled from patients, third party payors, and others, for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 3).

Contracted Revenue
The Dartmouth Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Dartmouth Health System and also lease space and equipment. Revenue pursuant to these PSAs, and certain facility and equipment leases and other professional service contracts, have been classified as contracted revenue in the accompanying Consolidated Statement of Operations and Changes in Net Assets.

Other Revenue
The Dartmouth Health System recognizes other revenue, which is not related to patient medical care but is central to the day-to-day operations of the Dartmouth Health System. Other revenue, which consists primarily of revenue from retail pharmacy, specialty pharmacy, and contract pharmacy, is recorded in the amounts to which it expects to be entitled in exchange for the

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prescriptions. Other revenue also includes Coronavirus Aid, Relief, and Economic Securities Act (CARES Act) Employee Retention Credit Funds, Federal Emergency Management Agency assistance, grant revenue, cafeteria sales, and other support service revenue (Note 3).

Cash Equivalents
Cash and cash equivalents include amounts on deposit with financial institutions, short-term investments with maturities of three months or less at the time of purchase, and other highly liquid investments (primarily cash management funds), which would be considered level 1 investments under the fair value hierarchy. All short-term, highly liquid, investments included within the Dartmouth Health System's endowment and similar investment pools, otherwise qualifying as cash equivalents, are classified as investments at fair value and, therefore, are excluded from cash and cash equivalents in the Consolidated Statement of Cash Flows.

Investments and Investment Income (Loss)
Investments in equity securities with readily determinable fair values, mutual funds, governmental securities, debt securities, and pooled/commingled funds are reported at fair value with changes in fair value included in the excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 6).

Investments in pooled/commingled investment funds, private equity funds, and hedge funds that represent investments where the Dartmouth Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the excess of revenue over expenses.

Certain members of the Dartmouth Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Dartmouth Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the excess of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 7).

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Fair Value Measurement of Financial Instruments
The Dartmouth Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.

Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.

Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The carrying amounts of patient accounts receivable, prepaid and other current assets, and accounts payable and accrued expenses approximate fair value due to the short maturity of these instruments.

Property, plant, and equipment
Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Dartmouth Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method, at rates which are intended to amortize the cost of assets over their estimated useful lives. Estimated useful lives range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of capital assets such as land, buildings, or equipment are reported as support, and excluded from the excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs
Bond issuance costs, classified on the Consolidated Balance Sheet within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the Consolidated Statement of Operations and Changes in Net Assets using the straight-line method, which approximates the effective interest method.

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Intangible Assets and Goodwill
The Dartmouth Health System records goodwill and intangible assets, such as trade names and leases-in-place, within other assets on the Consolidated Balance Sheet. The Dartmouth Health System considers goodwill and trade names to be indefinite-lived assets, assesses them at least annually for impairment, or more frequently if certain events or circumstances warrant, and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Dartmouth Health System has recorded approximately $9,441,000 as intangible assets as of September 30, 2025.

Gifts
Gifts without donor restrictions are recorded as operating income. Conditional promises to give and indications of intentions to give to the Dartmouth Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the Consolidated Statement of Operations and Changes in Net Assets as net assets released from restrictions.

3. Net Patient Service Revenue and Accounts Receivable

The Dartmouth Health System reports net patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including managed care payors and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Dartmouth Health System bills patients and third-party payors several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts, by providing healthcare services to patients.

The Dartmouth Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred, in relation to total expected charges, as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Dartmouth Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Dartmouth Health System has elected to apply the optional exemption provided in ASC 606-10-50-14a and, as such, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to

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inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Dartmouth Health System's Consolidated Statement of Operations and Changes in Net Assets.

Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions
Revenues for the Dartmouth Health System under the traditional fee-for-service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system (PPS) to determine rates-per-discharge. These rates vary according to a patient classification system (DRG), based on diagnostic, clinical, and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Dartmouth Health System's payments for inpatient services rendered to NH and VT Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis, or fee schedules, for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.

- Inpatient acute, swing, and outpatient services furnished by Critical Access Hospitals (CAH) are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.

- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.

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- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.

- The Dartmouth Health System's cost-based services to Medicare and Medicaid are reimbursed during the year, based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.

- Revenues under Managed Care Plans (MCPs) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for-service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The MCPs are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments, in accordance with contractual terms in place with the MCPs following their review and adjudication of each bill.

The Dartmouth Health System is not aware of any claims, disputes, or unsettled matters with any payor, that would materially affect its revenues, for which it has not adequately provided in the accompanying Consolidated Financial Statements.

The Dartmouth Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Dartmouth Health System's policy is to treat amounts qualified as charity care as explicit price concessions and, as such, they are not reported in net patient service revenue.

Implicit Price Concessions
Generally, patients who are covered by third-party payor contracts are responsible for related co-pays, co-insurance, and deductibles, which vary depending on the contractual obligations of patients. The Dartmouth Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Dartmouth Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles, and for those who are uninsured, based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient services revenue in the period of change.

The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Dartmouth Health System expects to collect, based on collection history with similar patients. Although outcomes vary, the Dartmouth Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance, and deductibles due from insurance at the time of service while complying with all

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federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Dartmouth Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations.

For the year ended September 30, 2025, additional increases in revenue of approximately $6,967,000 were recognized, due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans, as well as patients covered under the Dartmouth Health System's uninsured discount and charity care programs.

The table below shows the Dartmouth Health System's sources of total operating revenue and other support presented at the net transaction price for the year ended September 30, 2025.

(in thousands of dollars)	PPS	CAH	Total
Hospital			
Medicare	$ 782,195	$ 163,279	$ 945,474
Medicaid	224,643	32,774	257,417
Commercial	1,361,141	110,253	1,471,394
Self-pay	14,243	839	15,082
Subtotal	2,382,222	307,145	2,689,367
Professional	491,765	49,822	541,587
Subtotal	2,873,987	356,967	3,230,954
Home based care			10,886
Total net patient service revenue			$ 3,241,840

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Medicaid Enhancement Tax & Disproportionate Share Hospital

On May 22, 2018, the State of NH and all NH hospitals agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the event of legislative changes to the DSH program. The agreement with the State expired on June 30, 2024. On May 22, 2025, hospitals in New Hampshire and the State of New Hampshire agreed to a term sheet that updated the agreement until June 30, 2027. The State of New Hampshire and the New Hampshire Hospital Association are finalizing the agreement.

During the year ended September 30, 2025, the Dartmouth Health System received DSH payments of approximately $96,702,000. DSH payments are subject to audit and, therefore, for the year ended September 30, 2025, the Dartmouth Health System recognized as revenue DSH receipts of approximately $106,422,000.

During the year ended September 30, 2025, the Dartmouth Health System paid and recorded $123,503,000 of NH MET and VT provider taxes. The taxes are calculated at 5.4%, for NH, and 6.0%, for VT, of certain patient service revenues. The NH MET and VT provider taxes are included in operating expenses in the Consolidated Statement of Operations and Changes in Net Assets.

Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of September 30, 2025:

Medicare	40%
Medicaid	11%
Commercial	36%
Self Pay	13%
Total	100%

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4. Investments

The composition of investments at September 30, 2025 is set forth in the following table:

(in thousands of dollars)	
Assets limited as to use	
Internally designated by board	
Cash and short-term investments	$ 23,741
U.S. government securities	79,917
Domestic corporate debt securities	314,610
Global debt securities	32,598
Domestic equities	335,026
International equities	106,579
Emerging markets equities	52,998
Global equities	113,926
Real Estate Investment Trust	164
Private equity funds	180,102
Hedge funds	81,989
Other	183
Subtotal	1,321,833
Investments held by captive insurance companies (Note 12)	
U.S. government securities	45,935
Domestic corporate debt securities	14,666
Global debt securities	13,435
Domestic equities	16,713
International equities	7,904
Subtotal	98,653
Held by trustee under indenture agreement (Note 10)	
Cash and short-term investments	243,883
Total assets limited as to use	1,664,369
Other investments for restricted activities	
Cash and short-term investments	7,542
U.S. government securities	33,154
Domestic corporate debt securities	68,441
Global debt securities	5,229
Domestic equities	64,321
International equities	20,718
Emerging markets equities	10,069
Global equities	20,819
Real Estate Investment Trust	-
Private equity funds	32,912
Hedge funds	15,645
Other	49
Total other investments for restricted activities	278,899
Total investments	$ 1,943,268

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case-by-case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above.

The following tables summarize investments by the accounting method utilized as of September 30, 2025. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 6.

(in thousands of dollars)	Fair Value	Equity	Total
Cash and short-term investments	$ 275,166	$ -	$ 275,166
U.S. government securities	159,006	-	159,006
Domestic corporate debt securities	127,517	270,200	397,717
Global debt securities	51,262	-	51,262
Domestic equities	341,653	74,407	416,060
International equities	80,815	54,386	135,201
Emerging markets equities	722	62,345	63,067
Global equities	-	134,745	134,745
Real Estate Investment Trust	164	-	164
Private equity funds	-	213,014	213,014
Hedge funds	662	96,972	97,634
Other	232	-	232
Total investments	$ 1,037,199	$ 906,069	$ 1,943,268

For the year ended September 30, 2025, investment income is reflected in the accompanying Consolidated Statement of Operations and Changes in Net Assets as other operating revenue of approximately $539,000, and as non-operating gains of approximately $141,396,000.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner. It is the intent of the Dartmouth Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreements expire. Under the terms of these agreements, the Dartmouth Health System has committed to contribute a specified level of capital over a defined period of time. Through September 30, 2025, the Dartmouth Health System has outstanding commitments of approximately $118,489,000.

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5. Property, Plant, and Equipment

Property, plant, and equipment consists of the following at September 30, 2025:

(in thousands of dollars)		
Land	$	57,496
Construction in progress		105,145
Land improvements		64,422
Buildings and improvements		1,391,751
Equipment		1,244,790
Subtotal property, plant, and equipment		2,863,604
Less accumulated depreciation		(1,852,100)
Total property, plant, and equipment, net	$	1,011,504

As of September 30, 2025, construction in progress primarily consists of four projects; completion of the Pavilion buildout in Lebanon, NH (including inpatient rooms, inpatient radiology, renovation of MICI and neuro areas, and Pavilion support projects); the Manchester Radiation Therapy Project in Manchester, NH; the relocation and renovation of clinic space in Bedford, NH; and the Medical Office Building for Valley Regional Hospital in Claremont, NH. The estimated cost to complete the construction in progress is approximately $203,714,000.

Capitalized interest of approximately $1,132,000 and is included in construction in progress as of September 30, 2025.

Depreciation expense included in operating activities was approximately $98,244,000 for the year ended September 30, 2025.

6. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

- *Cash and Short-Term Investments* consists of money market funds and are valued at net asset value (NAV) reported by the financial institution and cash which will be used for future investment opportunities.

- *Domestic, Emerging Markets and International Equities* consist of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

- *U.S. Government Securities, Domestic Corporate and Global Debt Securities* consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and

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global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third-party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of September 30, 2025:

(in thousands of dollars)	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	$ 275,166	$ -	$ -	$ 275,166
U.S. government securities	159,006	-	-	159,006
Domestic corporate debt securities	46,938	80,579	-	127,517
Global debt securities	26,258	25,004	-	51,262
Domestic equities	312,595	29,058	-	341,653
International equities	10,546	70,269	-	80,815
Emerging market equities	722	-	-	722
Real estate investment trust	164	-	-	164
Hedge funds	662	-	-	662
Other	196	36	-	232
Total fair value investments	832,253	204,946	-	1,037,199
Deferred compensation plan assets				
Cash and short-term investments	14,717	-	-	14,717
Domestic corporate debt securities	14,375	-	-	14,375
Domestic equities	70,091	-	-	70,091
International equities	9,471	-	-	9,471
Multi strategy fund	82,170	-	-	82,170
Total deferred compensation plan assets	190,824	-	-	190,824
Beneficial interest in trusts	-	-	27,737	27,737
Total assets	$ 1,023,077	$ 204,946	$ 27,737	$ 1,255,760

There were no transfers into or out of Level 1, 2, or 3 measurements due to changes in valuation methodologies during the year ended September 30, 2025.

There were no liquidations of Level 3 measurements during the year ended September 30, 2025.

7. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30, 2025:

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(in thousands of dollars)	
Investments held in perpetuity	$ 132,342
Healthcare services	75,780
Research	32,564
Health education	29,289
Other	26,455
Purchase of equipment	22,348
Charity care	16,178
Total net assets with donor restrictions	$ 334,956

Income earned on donor restricted net assets held in perpetuity is available for these purposes.

8. Board Designated and Endowment Funds

Net assets include funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Dartmouth Health System has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Dartmouth Health System's net assets with donor restrictions, which are to be held in perpetuity, consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments, the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Dartmouth Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic

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conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Dartmouth Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Dartmouth Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Dartmouth Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Dartmouth Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of September 30, 2025.

Endowment net asset composition by type of fund consists of the following at September 30, 2025:

(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 190,191	$ 190,191
Board-designated endowment funds	25,519	-	25,519
Total endowed net assets	$ 25,519	$ 190,191	$ 215,710

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Changes in endowment net assets for the year ended September 30, 2025 are as follows:

(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Beginning of year balances	$ 30,234	$ 161,788	$ 192,022
Net investment return	428	15,417	15,845
Contributions	12,000	8,222	20,222
Transfers	(17,090)	6,609	(10,481)
Release of appropriated funds	(53)	(1,845)	(1,898)
End of year balances	$ 25,519	$ 190,191	$ 215,710
Beneficial interest in perpetual trusts		26,760	
Net assets with donor restrictions		$ 216,951	

9. Long-Term Debt

The Dartmouth-Hitchcock Obligated Group (DHOG) was established for the purpose of issuing bonds financed through New Hampshire Health and Education Facilities Authority (NHHEFA) or the "Authority". The members of the obligated group at September 30, 2025 consist of Dartmouth Health, MHMH, DHC, NLH, MAHHC, and APD. Dartmouth Health is designated as the obligated group agent.

Revenue bonds, issued by members of the DHOG, are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

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A summary of long-term debt at September 30, 2025 is as follows:

(in thousands of dollars)		
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds:		
Series 2025, principal maturing in varying annual amounts, through August 2055 (1)	$	416,205
Series 2018B, principal maturing in varying annual amounts, through August 2048 (2)		303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (3)		125,000
Series 2017A, principal maturing in varying annual amounts, through August 2040 (4)		122,435
Series 2019A, principal maturing in varying annual amounts, through August 2043 (5)		99,165
Series 2018A, principal maturing in varying annual amounts, through August 2037 (2)		74,025
Note payable		
Note payable to a financial institution due in varying annual amounts through 2035 (6)		119,300
Note payable to a financial institution due in varying annual amounts through 2035 (7)		100,000
Total obligated group debt	$	1,359,232

(continued)

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(continued)		
Other		
2021 Series B Hospital Bonds, including monthly payments of $227,000, including interest of 2.68%, maturing in December, 2031.	$	16,970
A mortgage note payable to the US Dept of Agriculture including monthly payments of $77,406, including interest of 3.25%, maturing in January, 2053.		16,545
2021 Series A Hospital Bonds, including monthly payments ranging from $24,167 to $32,917, including interest of 2.75%, maturing in December, 2031.		5,185
Mortgage note payable to the US Dept of Agriculture including monthly payments of $10,892, including interest of 2.375%, maturing in November, 2046.		2,170
Note payable to the Town of Bennington, VT, with a fixed interest rate of 3%. Payment of principal and interest are deferred until March 1, 2026, at which time annual payments will be made.		215
Note payable to a financial institution, with principal balance due in full in June, 2034; collateralized by land and building. The note payable is interest free.		511
Total nonobligated group debt		41,596
Total long-term debt		1,400,828
Add original issue premium and discounts, net		87,054
Less: Current portion		(10,974)
Debt issuance costs, net		(8,411)
Total long-term debt, net	$	1,468,497

(1) Series 2025 Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2025, in May, 2025. The Series 2025 revenue bonds mature in variable amounts through 2055 and are being used primarily to fund Phase 2 of construction of the inpatient pavilion in Lebanon, NH, as well as various equipment, to refund a portion of Series 2012 revenue bonds, Series 2014B revenue bonds, 2016B revenue bonds, Series 2017B revenue bonds, and Series 2018C revenue bonds. The interest on the Series 2025 revenue bonds is fixed, based on the maturity of the annual amounts, with a current interest rate of 5.00%.

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(2) Series 2018A and Series 2018B Revenue Bonds
The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B, in February, 2018. The Series 2018A revenue bonds mature in variable amounts through 2037 and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds. The Series 2018B revenue bonds mature in variable amounts through 2048, and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds, revolving line of credit, Series 2012 bank loan, and the Series 2015A and Series 2016A swap terminations. The interest on the Series 2018A revenue bonds is fixed, based on the maturity of the annual amounts, with a current interest rate of 5.00%. The interest on the Series 2018B revenue bonds is fixed, with an interest rate of 4.18%, and matures in variable amounts through 2048.

(3) Series 2020A Revenue Bonds
The DHOG issued NHHEFA Revenue Bonds, Series 2020A, in February, 2020. The Series 2020A revenue bonds mature in variable amounts through 2059 and the proceeds were used primarily to fund Phase 1 of the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH, as well as various equipment. The interest on the Series 2020A revenue bonds is fixed, with an interest rate of 5.00%.

(4) Series 2017A and Series 2017B Revenue Bonds
The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B, in December, 2017. The Series 2017A revenue bonds mature in variable amounts through 2040 and were used primarily to refund Series 2009 and Series 2010 revenue bonds. The Series 2017B revenue bonds mature in variable amounts through 2031 and were used to refund Series 2012A and Series 2012B revenue bonds. The interest on the Series 2017A revenue bonds is fixed, with an interest rate of 5.00%. The interest on the Series 2017B revenue bonds is fixed, with an interest rate of 2.54%. The Series 2017B revenue bonds were extinguished in May, 2025.

(5) Series 2019A Revenue Bonds
The DHOG issued NHHEFA Revenue Bonds, Series 2019A, in October, 2019. The Series 2019A revenue bonds mature in variable amounts through 2043 and were used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH, to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A revenue bonds is fixed, with an interest rate of 4.00%.

(6) 2020 note payable to financial institution
The DHOG issued a note payable to TD Bank in the amount of $125,000,000 in May, 2020. The note matures at various dates through 2035 and is fixed, with an interest rate of 2.56%.

(7) 2023 note payable to financial institution
The DHOG issued a note payable to TD Bank in the amount of $100,000,000 in October, 2023. The note matures at various dates through 2040 and is fixed, with an interest rate of 4.86%.

Series 2018C Revenue Bonds (issued in August, 2018) and Series 2016B Revenue Bonds (issued in July, 2016) were extinguished in May, 2025. Series 2012 Revenue Bonds (issued in November, 2012) and Series 2014B Revenue Bonds (issued in August, 2014) were defeased in May, 2025.

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Outstanding joint and several indebtedness of the DHOG at September 30, 2025 is approximately $1,359,232,000.

Aggregate annual principal payments of total long-term debt for the next five years ending September 30 and thereafter are as follows:

(in thousands of dollars)		
Year ending:		
2026	$	10,974
2027		11,473
2028		11,934
2029		12,781
2030		10,458
Thereafter		1,343,208
Total	$	1,400,828

The Dartmouth Health System Indenture Agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately $243,883,000, at September 30, 2025, are classified as assets limited as to use in the accompanying Consolidated Balance Sheet (Note 5). In addition, debt service reserves of approximately $17,651,000, at September 30, 2025, are classified as other current assets in the accompanying Consolidated Balance Sheet. The debt service reserves are mainly comprised of escrowed construction funds at September 30, 2025.

For the year ended September 30, 2025, interest expense on the Dartmouth Health System's long-term debt is reflected in the accompanying Consolidated Statement of Operations and Changes in Net Assets as operating expenses of approximately $41,780,000, and other non-operating losses of approximately $8,956,000, net of amounts capitalized.

10. Employee Benefits

Eligible employees of the Dartmouth Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain members provide postretirement medical and life insurance benefit plans to certain active and former employees who meet eligibility requirements.

A summary of the liability for postretirement and other postretirement plan benefits reported in the Consolidated Balance Sheet at September 30, 2025 is as follows:

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(in thousands of dollars)	
Current portion of liability for postretirement medical and life benefits*	$ (3,004)
Current portion of liability for pension and other postretirement plan benefits	$ (3,004)
Long-term portion of liability for pension	$ (168,834)
Long-term portion of liability for postretirement medical and life benefits	(22,444)
Liability for pension and other postretirement plan benefits, excluding current portion	$ (191,278)
Total liability for pension and other postretirement plan benefits	$ (194,282)

* Included within accrued compensation and related benefits on the Consolidated and Consolidating Balance Sheet.

Defined Benefit Plans
The Dartmouth Health System's defined benefit plans have been frozen and, therefore, there are no remaining participants earning benefits in any of the Dartmouth Health System's defined benefit plans.

Net periodic pension expense included in employee benefits expense, in the Consolidated Statement of Operations and Changes in Net Assets, is comprised of the following components for the year ended September 30, 2025:

(in thousands of dollars)	
Interest cost on projected benefit obligation	$ 43,863
Expected return on plan assets	(42,487)
Net loss amortization	16,111
Total net periodic pension expense	$ 17,487

The following assumptions were used to determine net periodic pension expense as of September 30, 2025:

Discount rates	5.40%
Rate of increase in compensation	N/A
Expected long-term rates of return on plan assets	7.25%

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The following table sets forth the funded status and amounts recognized in the Dartmouth Health System's Consolidated Financial Statements for the defined benefit pension plans at September 30, 2025:

(in thousands of dollars)		
Change in benefit obligation		
Benefit obligation, beginning of year	$	842,584
Interest cost		43,863
Benefits paid		(59,500)
Actuarial (gain)/loss		(17,981)
Benefit obligation, end of year		808,966
Change in plan assets		
Fair value of plan assets, beginning of year		649,995
Actual return on plan assets		19,137
Benefits paid		(59,500)
Employer contributions		30,500
Fair value of plan assets, end of year		640,132
Funded status of the plans	$	(168,834)
Current portion of liability for pension	$	-
Long-term portion of liability for pension		(168,834)
Liability for pension	$	(168,834)

During the year ended September 30, 2025, the benefit obligation for the pension plan decreased $17,981,000 from actuarial gains resulting from an increase in the discount rate from 5.40% to 5.70% (reflecting current market conditions), demographic experience (retirements, terminations, deaths) at different rates than expected, and a retirement rate assumption update.

As of September 30, 2025, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheet.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include approximately $479,131,000 of net actuarial loss as of September 30, 2025.

The amounts amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2025 for net actuarial losses was approximately $16,111,000.

The following table sets forth the assumptions used to determine the accumulated benefit obligation at September 30, 2025:

Discount rates	5.70%
Rate of increase in compensation	N/A

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The primary investment objective for the defined benefit plans' assets is to support the pension liabilities of the pension plans for employees of the Dartmouth Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing (LDI) strategy to partially hedge the impact fluctuating interest rates have on the value of the pension plan's liabilities. As of September 30, 2025, it is expected that the LDI strategy will hedge approximately 75% of the interest rate risk associated with pension liabilities. To achieve the appreciation and hedging objectives, the pension plans utilize a diversified structure of asset classes. The asset classes are designed to achieve stated performance objectives, measured on a total return basis which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	2%
U.S. government securities	0–20	16
Domestic debt securities	20–58	40
Global debt securities	0–26	0
Domestic equities	5–35	15
International equities	5–15	6
Emerging market equities	3–13	4
Global Equities	0-10	7
Real estate investment trust funds	0-5	0
Private equity funds	0-5	0
Hedge funds	5-18	10

To the extent an asset class falls outside of its target range on a quarterly basis, the Dartmouth Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

The Boards of Trustees of the Dartmouth Health System, as plan sponsors, oversee the design, structure, and prudent professional management of the Dartmouth Health System's pension plans' assets, in accordance with Board approved investment policies, roles, responsibilities, and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

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The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient.

The following table sets forth the Dartmouth Health System's pension plans' investments that were accounted for at fair value as of September 30, 2025:

(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ -	$ 10,036	$ -	$ 10,036	Daily	1
U.S. government securities	47,156	-	-	47,156	Daily–Monthly	1–15
Domestic debt securities	70,594	214,852	-	285,446	Daily–Monthly	1–15
Domestic equities	63,812	32,951	-	96,763	Daily–Monthly	1–10
International equities	-	42,266	-	42,266	Daily–Monthly	1–11
Emerging market equities	-	29,294	-	29,294	Daily–Monthly	1–17
Global equities	-	52,558	-	52,558	Daily–Monthly	1–17
Total investments	$ 181,562	$ 381,957	$ -	$ 563,519		

Additionally, private equity and hedge funds, valued at NAV, totaled approximately $76,613,000 as of September 30, 2025. Private equity and hedge funds, maintained in the pension plans' investments, have redemption terms that vary between quarterly and annually, and generally require between 60-96 days' notice.

There were no transfers into or out of Level 1, 2, or 3 measurements due to changes in valuation methodologies during the year ended September 30, 2025.

The weighted average asset allocation, by asset category, for the Dartmouth Health System's pension plans is as follows at September 30, 2025:

Cash and short-term investments	2 %
U.S. government securities	16
Domestic debt securities	40
Global debt securities	0
Domestic equities	15
International equities	6
Emerging market equities	4
Global equities	7
Hedge funds	10
Total	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic

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environment. Based on these factors, it is expected that the pension assets will earn an average of 7.25% per annum.

The Dartmouth Health System is expected to contribute approximately $32,000,000 to the Plans in 2026, however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending September 30 and thereafter:

(in thousands of dollars)	
Year ending:	
2026	$ 62,149
2027	63,581
2028	64,549
2029	65,187
2030	65,440
2031 - 2035	319,381

Defined Contribution Plans
The Dartmouth Health System has employer-sponsored plans for certain of its members, under which the employer makes contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately $90,050,000, in 2025, are included in employee benefits expenses in the accompanying Consolidated Statement of Operations and Changes in Net Assets.

Postretirement Medical and Life Insurance Benefits
The Dartmouth Health System has postretirement medical and life insurance benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

11. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, Cheshire, NLH, APD, MAHHC, SVHC, and VNH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company.

RRG cedes the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda, and HAC cedes a portion of this risk to a variety of commercial reinsurers. D-H has majority ownership interest in both HAC and RRG. The insurance program provides coverage to the covered institutions, named insureds and their employees on a modified claims-made basis, which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined, based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

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Selected financial data of HAC and RRG, taken from the latest available financial statements at September 30, 2025, are summarized as follows:

(in thousands of dollars)	HAC	RRG	Total
Assets	$ 117,642	$ 2,764	$ 120,406
Shareholders' equity	13,620	50	13,670

12. Commitments and Contingencies

Litigation

The Dartmouth Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. It is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Dartmouth Health System.

Lines of Credit

The Dartmouth Health System entered into two loan agreements with financial institutions, establishing access to revolving lines of credit up to $115,000,000, expiring September 30, 2025 and October 1, 2026. Interest is variable and determined using the Bloomberg Short-Term Bank Yield Index, the Wall Street Journal Prime Rate, or the Secured Overnight Financing Rate. The outstanding balances on the lines of credit totaled approximately $26,500,000 as of September 30, 2025. Interest expense was approximately $2,125,000 for the year ended September 30, 2025, and is included in the Consolidated Statement of Operations and Changes in Net Assets.

13. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Dartmouth Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated based on usage of debt-financed space. Depreciation and amortization are allocated based on square footage and specific identification of equipment used by department.

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Operating expenses of the Dartmouth Health System by functional and natural basis are as follows for the year ended September 30, 2025:

(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating				
Salaries	$ 1,629,401	$ 260,709	$ 2,131	$ 1,892,241
Employee benefits	391,653	53,954	232	445,839
Medical supplies and medications	1,049,876	6,898	4	1,056,778
Purchased services and other	450,485	126,779	10,074	587,338
Medicaid enhancement tax	123,503	-	-	123,503
Depreciation and amortization	47,882	51,280	38	99,200
Interest	7,914	33,860	6	41,780
Total operating	$ 3,700,714	$ 533,480	$ 12,485	$ 4,246,679

	Program Services	Management and General	Fundraising	Total
Non-operating				
Employee benefits	$ 16,849	$ 2,412	$ -	$ 19,261
Interest	-	8,956	-	8,956
Development	-	-	11,152	11,152
Total non-operating	$ 16,849	$ 11,368	$ 11,152	$ 39,369

14. Liquidity

The Dartmouth Health System is substantially supported by cash generated from operations. In addition, the Dartmouth Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying Consolidated Balance Sheet may not be available for general expenditure within one year of the balance sheet date.

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The Dartmouth Health System's financial assets available at September 30, 2025 to meet cash needs for general expenditures within one year of September 30, 2025, are as follows:

(in thousands of dollars)	
Cash and cash equivalents	$ 212,857
Patient accounts receivable	330,415
Assets limited as to use	1,664,369
Other investments for restricted activities	278,899
Total financial assets	2,486,540
Less those unavailable for general expenditure within one year:	
Investments held by captive insurance companies	(98,653)
Investments for restricted activities	(278,899)
Bond proceeds held for capital projects	(243,883)
Other investments with liquidity horizons greater than one year	(180,266)
Total financial assets available within one year	$ 1,684,839

The Dartmouth Health System generated cash flow from operations of approximately $50,056,000 for the year ended September 30, 2025. In addition, the Dartmouth Health System's liquidity management plan includes investing excess daily cash in intermediate or long-term investments based on anticipated liquidity needs. As of September 30, 2025, the Dartmouth Health System has an available line of credit of up to $100,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the line of credit.

15. Lease Commitments

Dartmouth Health determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date, based on the present value of lease payments over the lease term. The Dartmouth Health System uses the implicit rate noted within the contract. If not readily available, the Dartmouth Health System uses an estimated incremental borrowing rate, which is derived using a collateralized borrowing rate, for the same currency and term, as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less, rather the Dartmouth Health System recognizes lease expense for these leases on a straight-line basis, over the lease term, within lease and rental expense.

Operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Real estate lease agreements typically have initial terms of 3 to 8 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5

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years. The exercise of lease renewal options is at the Dartmouth Health System's sole discretion. When determining the lease term, management includes options to extend or terminate the lease when it is reasonably certain that the Dartmouth Health System will exercise that option.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or rental payments adjusted periodically for inflation. These variable lease payments are recognized in other occupancy costs in the Consolidated Statement of Operations and Changes in Net Assets, but are not included in the right-of-use asset or liability balances in our Consolidated Balance Sheet. Lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

The components of lease expense for the year ended September 30, 2025 are as follows:

(in thousands of dollars)	
Operating lease cost	$ 8,583
Variable and short term lease cost (a)	11,059
Total lease and rental expense	$ 19,642
Finance lease cost:	
Depreciation of property under finance lease	$ 4,296
Interest on debt of property under finance lease	1,124
Total finance lease cost	$ 5,420

(a) Includes equipment, month-to-month and leases with a maturity of less than 12 months.

Supplemental cash flow information related to leases for the year ended September 30, 2025 is as follows:

(in thousands of dollars)	
Cash paid for amounts included in the measurement of lease liabilities:	
Operating cash flows from operating leases	$ 8,863
Operating cash flows from finance leases	1,207
Financing cash flows from finance leases	4,139
Total	$ 14,209

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Supplemental balance sheet information related to leases as of September 30, 2025 is as follows:

(in thousands of dollars)	
Operating Leases	
Right-of-use assets - operating leases	$ 74,592
Accumulated amortization	(40,301)
Right-of-use assets - operating leases, net	34,291
Current portion of right-of-use obligations	6,373
Long-term right-of-use obligations, excluding current portion	28,762
Total operating lease liabilities	35,135
Finance Leases	
Right-of-use assets - finance leases	33,940
Accumulated depreciation	(13,109)
Right-of-use assets - finance leases, net	20,831
Current portion of right-of-use obligations	4,023
Long-term right-of-use obligations, excluding current portion	18,766
Total finance lease liabilities	$ 22,789
Weighted Average remaining lease term, years	
Operating leases	4.44
Finance leases	15.44
Weighted Average discount rate	
Operating leases	4.20%
Finance leases	3.14%

The Dartmouth Health System obtained approximately $10,203,000 and $219,000 of new and modified operating and financing leases, respectively, during the year ended September 30, 2025.

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Future maturities of lease liabilities as of September 30, 2025 are as follows:

(in thousands of dollars) Year ending:	Operating Leases	Finance Leases
2026	$ 7,713	$ 4,931
2027	5,478	3,317
2028	6,627	2,531
2029	4,861	2,789
2030	4,300	1,643
Thereafter	11,076	17,278
Total lease payments	40,055	32,489
Less imputed interest	(4,920)	(9,700)
Total lease obligations	$ 35,135	$ 22,789

16. Subsequent Events

The Dartmouth Health System has assessed the impact of subsequent events through January 27, 2026, the date the audited Consolidated Financial Statements were issued, and has concluded that there were no such events that require adjustment to the audited Consolidated Financial Statements or disclosure in the notes to the audited Consolidated Financial Statements other than as noted below.

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Consolidating Supplemental Information

Docusign Envelope ID: 80D96BD9-6B4F-8E83-80BE-7C6F5B95DA67

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Balance Sheets
September 30, 2025

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Obligated Group Affiliates	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	$ 101,176	$ -	$ 11,921	$ 8,196	$ 25,950	$ -	$ 147,243	$ 65,614	$ -	$ 212,857
Patient accounts receivable, net	-	254,051	10,595	7,127	13,303	-	285,076	45,339	-	330,415
Prepaid expenses and other current assets	54,213	249,746	2,446	378	2,469	(65,433)	243,819	22,347	(9,315)	256,851
Total current assets	155,389	503,797	24,962	15,701	41,722	(65,433)	676,138	133,300	(9,315)	800,123
Assets limited as to use	347,772	1,231,944	61,777	35,612	52,978	(236,519)	1,493,564	192,805	(22,000)	1,664,369
Notes receivable, related party	1,102,209	11,046	3,079	-	-	(1,072,792)	43,542	(3,078)	(40,464)	-
Other investments for restricted activities	734	162,308	8,018	7,844	3,786	-	182,690	96,209	-	278,899
Property, plant, and equipment, net	-	705,998	36,021	22,505	43,862	-	808,386	203,118	-	1,011,504
Right-of-use assets, net	-	30,877	12,949	4,567	1,134	-	49,527	5,595	-	55,122
Other assets	5,525	231,607	16,559	5,575	6,426	-	265,692	34,770	-	300,462
Total assets	$ 1,611,629	$ 2,877,577	$ 163,365	$ 91,804	$ 149,908	$ (1,374,744)	$ 3,519,539	$ 662,719	$ (71,779)	$ 4,110,479
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	$ 7,405	$ -	$ -	$ 25	$ -	$ -	$ 7,430	$ 3,544	$ -	$ 10,974
Current portion of right-of-use obligations	-	7,121	700	513	253	-	8,587	1,809	-	10,396
Line of credit	-	79,800	-	-	-	(53,800)	26,000	22,500	(22,000)	26,500
Accounts payable and accrued expenses	224,455	159,438	2,680	3,354	3,174	(248,152)	144,949	38,816	(9,315)	174,450
Accrued compensation and related benefits	-	177,677	4,761	3,462	4,152	-	190,052	20,851	-	210,903
Estimated third-party settlements	-	52,477	12,412	2,019	22,313	-	89,221	14,845	-	104,066
Total current liabilities	231,860	476,513	20,553	9,373	29,892	(301,952)	466,239	102,365	(31,315)	537,289
Notes payable, related party	-	1,008,204	22,750	17,570	24,268	(1,072,792)	-	40,464	(40,464)	-
Long-term debt, excluding current portion	1,430,656	-	36	(48)	-	-	1,430,644	37,853	-	1,468,497
Right-of-use obligations, excluding current portion	-	24,580	13,083	4,328	952	-	42,943	4,585	-	47,528
Insurance deposits and related liabilities	-	108,311	373	285	271	-	109,240	711	-	109,951
Liability for pension and other postretirement plan benefits, excluding current portion	-	190,888	-	392	-	-	191,280	(2)	-	191,278
Other liabilities	-	196,456	3,782	718	2,807	-	203,763	27,764	-	231,527
Total liabilities	1,662,516	2,004,952	60,577	32,618	58,190	(1,374,744)	2,444,109	213,740	(71,779)	2,586,070
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(50,929)	695,201	94,770	49,349	86,309	-	874,700	314,713	40	1,189,453
Net assets with donor restrictions	42	177,424	8,018	9,837	5,409	-	200,730	134,266	(40)	334,956
Total net assets	(50,887)	872,625	102,788	59,186	91,718	-	1,075,430	448,979	-	1,524,409
Total liabilities and net assets	$ 1,611,629	$ 2,877,577	$ 163,365	$ 91,804	$ 149,908	$ (1,374,744)	$ 3,519,539	$ 662,719	$ (71,779)	$ 4,110,479

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Balance Sheets
September 30, 2025

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Southwestern VT Health Care Corp and Subs	Valley Regional Healthcare and Subsidiaries	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 101,176	$ 729	$ 25,505	$ 23,754	$ 8,352	$ 25,950	$ 14,053	$ 11,918	$ 1,420	$ -	$ 212,857
Patient accounts receivable, net	-	254,051	10,595	13,232	7,127	13,303	23,831	7,344	932	-	330,415
Prepaid expenses and other current assets	54,213	250,074	2,341	8,690	490	2,469	8,444	4,895	(17)	(74,748)	256,851
Total current assets	155,389	504,854	38,441	45,676	15,969	41,722	46,328	24,157	2,335	(74,748)	800,123
Assets limited as to use	347,772	1,267,837	61,777	6,287	37,225	52,978	100,795	30,516	17,701	(258,519)	1,664,369
Notes receivable, related party	1,102,209	11,046	-	1	-	-	-	-	-	(1,113,256)	-
Other investments for restricted activities	734	173,266	8,018	55,162	7,845	3,786	27,152	2,857	79	-	278,899
Property, plant, and equipment, net	-	708,673	52,504	64,902	23,942	43,862	86,463	26,665	4,493	-	1,011,504
Right-of-use assets, net	-	30,877	12,970	1,591	4,567	1,134	2,558	1,395	30	-	55,122
Other assets	5,525	231,776	8,543	25,327	2,798	6,426	12,171	7,379	517	-	300,462
Total assets	$ 1,611,629	$ 2,928,329	$ 182,253	$ 198,946	$ 92,346	$ 149,908	$ 275,467	$ 92,969	$ 25,155	$ (1,446,523)	$ 4,110,479
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	$ 7,405	$ -	$ -	$ -	$ 33	$ -	$ 3,068	$ 388	$ 80	$ -	10,974
Current portion of right-of-use obligations	-	7,121	707	625	513	253	667	499	11	-	10,396
Line of credit	-	79,800	-	-	-	-	22,000	-	500	(75,800)	26,500
Accounts payable and accrued expenses	224,455	160,175	3,455	9,172	3,463	3,174	19,906	7,717	400	(257,467)	174,450
Accrued compensation and related benefits	-	177,677	5,273	7,618	3,462	4,152	7,622	4,180	919	-	210,903
Estimated third-party settlements	-	52,477	12,412	6,983	2,019	22,313	1,400	6,462	-	-	104,066
Total current liabilities	231,860	477,250	21,847	24,398	9,490	29,892	54,663	19,246	1,910	(333,267)	537,289
Notes payable, related party	-	1,008,204	22,750	40,464	17,570	24,268	-	-	-	(1,113,256)	-
Long-term debt, excluding current portion	1,430,656	-	3	(1)	182	-	19,410	16,157	2,090	-	1,468,497
Right-of-use obligations, excluding current portion	-	24,580	13,083	1,052	4,328	952	2,624	889	20	-	47,528
Insurance deposits and related liabilities	-	108,311	373	691	285	271	-	-	20	-	109,951
Liability for pension and other postretirement plan benefits, excluding current portion	-	190,888	-	-	390	-	-	-	-	-	191,278
Other liabilities	-	196,456	24,306	1,792	720	2,807	5,446	-	-	-	231,527
Total liabilities	1,662,516	2,005,689	82,362	68,396	32,965	58,190	82,143	36,292	4,040	(1,446,523)	2,586,070
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	(50,929)	734,012	91,569	50,809	49,543	86,309	161,343	46,238	20,519	40	1,189,453
Net assets with donor restrictions	42	188,628	8,322	79,741	9,838	5,409	31,981	10,439	596	(40)	334,956
Total net assets	(50,887)	922,640	99,891	130,550	59,381	91,718	193,324	56,677	21,115	-	1,524,409
Total liabilities and net assets	$ 1,611,629	$ 2,928,329	$ 182,253	$ 198,946	$ 92,346	$ 149,908	$ 275,467	$ 92,969	$ 25,155	$ (1,446,523)	$ 4,110,479

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended September 30, 2025

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Obligated Group Affiliates	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	$ -	$ 2,387,911	$ 110,375	$ 68,525	$ 105,455	$ -	$ 2,672,266	$ 569,574	$ -	$ 3,241,840
Contracted revenue	-	128,361	282	-	21	(1,234)	127,430	549	(115,734)	12,245
Other operating revenue	42,476	889,451	6,304	7,864	6,993	(48,537)	904,551	107,687	(10,100)	1,002,138
Net assets released from restrictions	-	16,946	87	722	142	-	17,897	2,126	-	20,023
Total operating revenue and other support	42,476	3,422,669	117,048	77,111	112,611	(49,771)	3,722,144	679,936	(125,834)	4,276,246
Operating expenses										
Salaries	-	1,500,653	54,562	43,507	53,891	(4,774)	1,647,839	338,220	(93,818)	1,892,241
Employee benefits	-	347,478	11,887	10,680	10,574	3,831	384,450	69,680	(8,291)	445,839
Medications and medical supplies	-	919,889	12,917	5,348	14,690	(9)	952,835	103,943	-	1,056,778
Purchased services and other	32,083	436,769	17,182	10,818	12,044	(15,523)	493,373	116,304	(22,339)	587,338
Medicaid enhancement and provider tax	-	85,378	4,359	2,479	3,851	-	96,067	27,436	-	123,503
Depreciation and amortization	-	65,755	3,729	3,101	5,108	-	77,693	21,507	-	99,200
Interest	38,552	32,757	934	592	1,056	(34,836)	39,055	4,205	(1,480)	41,780
Total operating expenses	70,635	3,388,679	105,570	76,525	101,214	(51,311)	3,691,312	681,295	(125,928)	4,246,679
Operating margin (loss)	(28,159)	33,990	11,478	586	11,397	1,540	30,832	(1,359)	94	29,567
Non-operating gains (losses)										
Investment gains, net	9,236	98,920	3,013	3,509	2,747	(1,285)	116,140	25,991	(735)	141,396
Other components of net periodic pension and post retirement benefit income (cost)	-	(19,343)	-	-	-	-	(19,343)	-	-	(19,343)
Other income (losses), net	(20,928)	(3,193)	(205)	100	284	(255)	(24,197)	1,231	641	(22,325)
Total non-operating gains, net	(11,692)	76,384	2,808	3,609	3,031	(1,540)	72,600	27,222	(94)	99,728
Excess (deficiency) of revenue over expenses	(39,851)	110,374	14,286	4,195	14,428	-	103,432	25,863	-	129,295
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	936	134	28	588	-	1,686	(161)	-	1,525
Change in funded status of pension and other postretirement benefits	-	6,906	-	-	-	-	6,906	-	-	6,906
Net assets transferred to (from) affiliates	35,633	(41,393)	89	1,178	1,064	-	(3,429)	3,429	-	-
Other changes in net assets	-	(65)	-	-	-	-	(65)	1	-	(64)
Increase in net assets without donor restrictions	$ (4,218)	$ 76,758	$ 14,509	$ 5,401	$ 16,080	$ -	$ 108,530	$ 29,132	$ -	$ 137,662

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Dartmouth-Hitchcock Health (d/b/a/Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended September 30, 2025

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Southwestern VT Health Care Corp and Subs	Valley Regional Healthcare and Subsidiaries	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support											
Net patient service revenue	$ -	$ 2,387,911	$ 110,375	$ 304,270	$ 68,458	$ 105,455	$ 181,808	$ 72,677	$ 10,886	$ -	$ 3,241,840
Contracted revenue	-	128,361	282	549	-	21	-	-	-	(116,968)	12,245
Other operating revenue	42,476	890,952	19,423	35,011	9,067	6,993	53,366	1,570	1,917	(58,637)	1,002,138
Net assets released from restrictions	-	17,882	111	589	722	142	554	-	23	-	20,023
Total operating revenue and other support	42,476	3,425,106	130,191	340,419	78,247	112,611	235,728	74,247	12,826	(175,605)	4,276,246
Operating expenses											
Salaries	-	1,500,653	59,812	162,154	44,857	53,891	123,886	36,381	9,199	(98,592)	1,892,241
Employee benefits	-	347,478	13,439	37,437	10,713	10,574	19,920	8,471	2,267	(4,460)	445,839
Medications and medical supplies	-	919,889	12,929	58,063	5,360	14,690	36,565	8,726	565	(9)	1,056,778
Purchased services and other	32,083	440,469	20,829	62,476	11,554	12,044	33,166	10,270	2,309	(37,862)	587,338
Medicaid enhancement and provider tax	-	85,378	4,359	11,735	2,479	3,851	12,194	3,507	-	-	123,503
Depreciation and amortization	-	65,755	5,517	10,239	3,060	5,108	6,979	2,008	534	-	99,200
Interest	38,552	32,757	1,240	1,243	592	1,056	1,974	627	55	(36,316)	41,780
Total operating expenses	70,635	3,392,379	118,125	343,347	78,615	101,214	234,684	69,990	14,929	(177,239)	4,246,679
Operating margin (loss)	(28,159)	32,727	12,066	(2,928)	(368)	11,397	1,044	4,257	(2,103)	1,634	29,567
Non-operating gains (losses)											
Investment gains, net	9,236	103,183	3,429	3,285	3,609	2,747	13,379	2,749	1,799	(2,020)	141,396
Other components of net periodic pension and post retirement benefit income (cost)	-	(19,343)	-	-	-	-	-	-	-	-	(19,343)
Other income (losses), net	(20,928)	(3,193)	(205)	(1,688)	(164)	284	2,469	707	7	386	(22,325)
Total non-operating gains (losses), net	(11,692)	80,647	3,224	1,597	3,445	3,031	15,848	3,456	1,806	(1,634)	99,728
Excess (deficiency) of revenue over expenses	(39,851)	113,374	15,290	(1,331)	3,077	14,428	16,892	7,713	(297)	-	129,295
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	(602)	134	469	28	588	908	-	-	-	1,525
Change in funded status of pension and other postretirement benefits	-	6,906	-	-	-	-	-	-	-	-	6,906
Net assets transferred to (from) affiliates	35,633	(41,551)	89	5,020	2,224	1,064	927	(2,901)	(505)	-	-
Other changes in net assets	-	(64)	-	-	-	-	-	-	-	-	(64)
Increase (decrease) in net assets without donor restrictions	$ (4,218)	$ 78,063	$ 15,513	$ 4,158	$ 5,329	$ 16,080	$ 18,727	$ 4,812	$ (802)	$ -	$ 137,662

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Note to Supplemental Consolidating Information
September 30, 2025

1. Basis of Presentation

The accompanying supplemental consolidating information includes the Consolidating Balance Sheets and the Consolidating Statements of Operations and Changes in Net Assets Without Donor Restrictions of Dartmouth Health and its subsidiaries. All significant intercompany accounts and transactions between Dartmouth Health and its subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, consistent with the Consolidated Financial Statements. The consolidating information is presented for purposes of additional analysis of the Consolidated Financial Statements and is not required as part of the basic financial statements.

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Maera Cramer

Qualifications

9 years experience working in the main office of the Compass School performing a wide variety of tasks
High levels of experience with computers and the Microsoft Office Suite
Hard working, dependable and adaptable

Education

Bachelor of Fine Arts in Visual Communication, Magna Cum Laude - May 2009
Cazenovia College Cazenovia NY

Experience

Program Assistant - *Center for Population Health, Cheshire Medical Center NH* *2019-Present*
Provided administrative support to the Center for Population Health
Duties include: answering phones; purchasing; data entry; copy editting social media; online meeting management and providing support to staff.

Program Assistant - *Greater Monadnock Regional Public Health Network. NH* *2019-Present*
Provided administrative support to the Greater Monadnock Regional Public Health Network
Duties include: purchasing; data entry; copy editting; social media; online meeting management; taking of meeting minutes; and providing support to staff.

Administrative Assistant - *Compass School, Westminster VT* *2010-2019*
Managed the office and interacted with parents and students while performing other secretarial duties.
Duties included: answering phones; purchasing; data entry; student records processing; attendance tracking; and providing support to both faculty and students.

Graphics Designer - *Compass School, Westminster VT* *2010-2019*
Worked closely with the Development Director to unify and produce the Compass School brand.
Duties included: design and production of printed materials; print ad design and ordering of merchandise.

Freelance Graphics Designer - *Main Street Arts* *Summer 2011*
Did design and layout of the *SafeMeasures™ Facilitator's Guide To Improving School Climate and Learning* handbook, as well as several smaller design projects for their presentations.

Customer Support and Web Imager - *Cremation Solutions, Arlington VT* *2009-2010*
Responsible for providing support through both phone and e-mail to customers.
Other tasks included: photographing merchandise and maintaining the company's website.

Quality Control - *Sajen Jewelry , Putney VT* *2009*
Inspected, packaged and shipped jewelry

Graphics Design Intern - *Cazenovia College Communications Department, Cazenovia NY* *2008*
Built projects from concept to production. Projects included mailers, t-shirt designs, and posters

Web Imager - *Offerings Jewelry, Putney VT* *Summers 2006-2007*
Photographed merchandise and enhanced images for the Offerings sales website

Skills

Proficient in Microsoft Word, PowerPoint, Photoshop, InDesign, and Illustrator.
Knowledgeable in both the digital meeting management (Zoom and WebEx); Windows and Mac OS, Microsoft Excel and HTML coding.
Other Notable Skills: origami, illustration, sculpture and an enjoyment of problem solving.

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Megan Welnak

Creative and detail-oriented designer with nine years of experience in branding and visual storytelling. Proven ability to create innovative designs that engage audiences and enhance brand recognition. Skilled in developing visually striking layouts for various projects, including brochures, posters, and print ads, while maintaining clarity and purpose. Strong collaborator who values client feedback throughout the design process. Additionally, adept at crafting compelling narratives across diverse platforms, leveraging meticulous research to produce informative and impactful content.

Work Experience

Community Engagement Content Manager

Cheshire Medical Center Keene, New Hampshire

2020-Present

In my role at the Center for Population Health, I lead efforts to increase participation and deepen engagement among core stakeholders and community members for our programs and the Healthy Monadnock Alliance. My position involves overseeing the entire creative process for impactful storytelling, from strategic ideation to content and asset creation. As the Community Engagement Content Manager, I:

- Serve as a visual modeler, translating complex concepts into graphic models that simplify ideas in real time.
- Create essential written content for program materials, presentations, and social media to support the Center for Population Health staff and the six Healthy Monadnock Alliance workgroups.
- Act as the project lead and primary content creator for major publications, including the Healthy Monadnock Annual Report and the Center for Population Health Community Offerings catalog.
- Conduct planning meetings, liaise with stakeholders, establish timelines and budgets, and ensure adherence to both.
- Collaborate with the Senior Director to analyze community engagement program data and assess which audience engagement techniques are effective and which require modification.
- Proactively generate creative concepts, collateral, and engaging messaging that align with the brand strategy of Cheshire Medical Center and the Healthy Monadnock Alliance. Examples include digital and social media campaigns, presentations, and membership engagement materials.
- Provide consultation to Healthy Monadnock Alliance workgroup chairs, the Senior Director of CPH, the Community Engagement Director, the Epidemiologist, and team members on messaging and design, ensuring a cohesive look and continuity across programs.
- Manage the Healthy Monadnock Alliance website.
- Act as a liaison between the Center for Population Health team and the Marketing and Communication Department at Cheshire Medical Center.
- Provide statistical analysis and interpretation of data for use in budget planning, program development, and evaluation monitoring.
- Track project income and expenses, to monitor the project budget, and submit information for annual budget preparation and community benefits tracking.

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Megan Welnak

Wellness Advisor

Cheshire Medical Center Keene, New Hampshire
2016-2020

As a Worksite Wellness Advisor, I collaborated with employers to assess their current health programs and identify opportunities for improvement. I provided resources, training, and support to help create a healthier work environment, ultimately leading to a more engaged and productive workforce. My focus has been on empowering organizations to prioritize employee well-being through sustainable health initiatives. I accomplished this by:

- Equipping employers across the Monadnock Region—regardless of their size or industry—with the tools and technical assistance needed to create or enhance effective health promotion programs in their workplaces.
- Helping employers develop the skills and capacity to foster better employee health and cultivate a culture centered around wellness.
- Providing strategies aimed at preventing or reducing chronic illnesses and disabilities while also improving employee productivity, retention, and satisfaction.
- Educating employers about key social factors that influence health outcomes, such as living wages, comprehensive health and dental insurance, and adequate leave time.

Team Lead- Installation Access Control Department

CACI Schweinfurt & Grafenwörhr, Germany
2012-2016

- Worked as a component of the Directorate of Emergency Services for the United States Army in Europe (USAEUR). Screening all United States contracted employees, Department of Defense (DOD) personnel, both soldiers and civilians requesting access to the Army Garrison, to ensure compliance with the U.S. Forces Installations in the European Theater Regulations and all local Garrison policies.

Bartender

Brownstone Bar and Grill Boston, Massachusetts
2010-2012

- Proficient in managing high-volume operations with a strong focus on customer service and satisfaction in a fast-paced downtown Boston environment.
- Demonstrated expertise in processing nightly financial transactions, effectively handling credit card and cash sales, and accurately creating bank deposits.
- Proven ability to work autonomously while taking on managerial responsibilities, leading to enhanced team performance and operational efficiency.
- Skilled in conflict resolution and maintaining a positive atmosphere, ensuring that every guest has an enjoyable experience.
- Adept at building rapport with patrons and responding promptly to their needs, contributing to a vibrant and welcoming bar atmosphere.

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Sara Elizabeth Fisher

[redacted] [redacted] [redacted]

Education

Roger Williams University, Bristol, Rhode Island
Bachelor of Arts, **Psychology**, Minor in Biology
August 2002

Employment

Senior Population Health Coordinator, Cheshire Medical Center, Keene NH

- Responsible for coordination of the WorkWell Program available to worksites in the 33 towns in our region
  -support employers with programming, information, and resources to reach their employee wellness goals
- Healthy Monadnock Alliance Advisory Council Member
- Healthy Monadnock Alliance workgroup member
  -help achieve outlined outcomes and key results across our region by participating in focused workgroups

(February 2025-present)

Associate Practice Manager, Dartmouth Health – Cheshire Medical Center, Keene NH
Ambulatory Surgical Services, & Occupational Medicine/Employee Health

- Responsible for day-to-day operations of eight Ambulatory Surgical Services Departments, and the Employee Health Department for the Dartmouth Health - Cheshire Medical Center campus.
- Duties include staff scheduling, facilities management, performance management, staff engagement.
- Provide direct supervision to fourteen receptionists, and administrative supervision of thirty-two clinical support staff including RN's, LPN's, LNA's, Athletic Trainers, and medical assistants.
- Organize and manage employee vaccine clinics and the execution of respirator fit-testing for the campus, as well as daily operational management of the Employee Health Department.

(October 2018-February 2025)

Administrative Supervisor, Cheshire Medical Center/Dartmouth-Hitchcock, Keene NH
Dermatology Department

- Responsible for day-to-day operations of a four provider Dermatology Office
- Duties include staff scheduling, facilities management, budget management
- Provide direct supervision to two receptionists, and administrative supervision to ten clinical support staff including RN's, LPN's, and medical assistants.
- Successfully transitioned department to a new electronic health record

(August 2016-October 2018)

Regional Site Manager/Site Manager, Planned Parenthood of Northern New England
Brattleboro VT & Bennington VT Health Centers

- Responsible for day-to-day operations of a mid-size and small health center
- Duties include: budget management, staff scheduling, facilities management, monitoring visit volumes
- Provided direct supervision to two Nurse Practitioners and three Health Care Associates
- Primary HCA duties as described below. New skills acquired include venipuncture and administration of injections
- Successfully implemented electronic health records in two health centers, guiding staff through trainings and offering support well beyond. (2014)

Brattleboro (Feb 2009-August 2016)
Bennington (Oct 2009- Feb 2016)

Float Coordinator, Connecticut River Valley Region, Planned Parenthood of Northern New England

- Organized float HCA and Practitioner coverage for eight regional health centers
- Provided direct supervision to one Float Practitioner and two Float HCA's
- Coordinated with two other float coordinators to provide coverage for their regions as available
- Continued to provide float HCA coverage in addition to coordination
- Primary HCA and HCA Regional Float duties as described below

(Aug 2008-Nov 2009)

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Health Care Associate, Regional Float, Planned Parenthood of Northern New England
- Traveled extensively within the New Hampshire Seacoast and Connecticut River Valley Regions providing HCA coverage as needed in several health centers
- Attended mentor training within PPNNE in an effort to be a more valuable resource to newly hired HCA's
- Primary HCA duties as described below

Seacoast (Feb 2006 – Jul 2006)
CT River Valley (Apr 2006–Nov 2009)

Health Care Associate, Planned Parenthood of Northern New England, Derry NH
- Responsible for front desk duties including scheduling appointments, charge entry, phone triage and education, filing, and other responsibilities as assigned
- Assisted the practitioner in setting patients up for visits by performing blood pressure checks, assessing height and weight, providing birth control options education, and performing any necessary lab tests, including urine dips and finger sticks
- Ran urine pregnancy tests and provided options counseling upon receipt of a positive result
- Responsible for multiple office administrative tasks including: contraceptive and lab supply ordering, medical follow-up, pap follow-up, office invoicing, and petty cash handling

(Jan 2004 – Feb 2006)

Surgical Booking Coordinator, Perioperative Services, Monadnock Community Hospital, Peterborough,NH
- Communicated with surgeons offices to coordinate surgical cases for a 3-room operating room
- Created and distributed surgical schedules to various departments within the hospital
- Ran weekly edits on surgical data, as well as monthly statistical reports pertaining to surgeon use of time, use of staff, room flow, etc. (Sep 2001 - Jan 2004)

Recognitions

Leading at Dartmouth Health, Leadership Development Program
Dartmouth Health, Organizational and Employee Development, Lebanon NH
April - June 2023

Leadership Recognition Award
Cheshire Medical Center/Dartmouth Hitchcock, Keene NH
June 2021

Certifications

Certified Worksite Wellness Specialist
Wellness Alliance
January 2026

Adult Mental Health First Aid USA
National Council for Mental Wellbeing
April 2025

Lean Six Sigma Yellow Belt Certification in Process Improvement
Dartmouth-Hitchcock Value Institute, Lebanon NH
August 2017

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Marissa Mannion-King

[redacted]

[redacted]

Enthusiastic public health professional, with a myriad of experience promoting wellness among diverse populations, with an acute emphasis on adolescents. My competencies include program design and development, evaluation, data analysis, and drafting policy language. Through thoughtful communication and meaningful relationship-building, I ensure that each organization and partner is supported with the appropriate wellness resources and opportunities to enhance their well-being.

Experience

Senior Population Heath Coordinator | Cheshire Medical Center | Keene, NH | May 2020 - Present

- Oversees Wellpowered Schools program
- Manages, generates, and evaluates wellness resources, and grants to twenty-five schools, with over 7,000 students, in the Greater Monadnock Region
- Coordinates PreVenture, an evidence-based prevention program
- Chair Be the Change workgroup, Protective & Risk Factors priority area, Healthy Monadnock Alliance.

Fitness and Wellness Director | Wendell P. Clark Memorial YMCA | Winchendon, MA | June 2019 - April 2020

- Organized the Annual Budget of the Fitness Department
- Collaborated with local organizations to enhance well-being in the community through HEAL and other health opportunities
- Successfully expanded weekly class offerings from twenty-one classes a week to forty-six

Recreation Coordinator | City of Keene Parks and Recreation Department | Keene, NH | August 2018 - June 2019

- Led the Coordinated Approach to Child Health afterschool program
- Facilitated, organized, and staffed all recreational youth sports
- Implemented two new youth recreation programs
- Supported Keene State dietetic interns in planning and preparation of lessons and snacks

Education

Colby-Sawyer College, New London, NH —*Bachelor of Science in Exercise Science, May 2018*

Regis College, Weston, MA —*Master of Public Health with a concentration in Epidemiology, December 2023*

Skills

- Fluent in MS Office Suite
- Exceptional Data Collection Strategies
- Highly Effective Communicator
- Experienced in Tableau, SPSS, and SAS Studio
- Program Development Specialist

Lectures

Keene State College: Population Health, Programming Planning and Engaging your Target Audience

Awards

Exercise and Sport Science Capstone Award 2018—*Effects of Tai Chi on Balance and Fall Prevention Efficacy in Older Adults*

Practicum Experience

Epidemiology Intern | Cheshire Medical Center

- *Healthy Aging: An Analysis of Emergency Department Trends for Patients Age 65 and Older*
- *Cheshire Medical Center's Emergency Services Utilizer Report*

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Tammy Dwyer

SUMMARY

Leader in for profit and not-for-profit organizations with proven ability to engage and motivate stakeholders, staff and volunteers to contribute at their highest level to achieve personal and organizational success. Consistently demonstrates skills in research and analysis to solve complex organizational problems in innovative ways.

SKILLS & EXPERTISE

Team Leader • Creative Problem Solver • Connector • Mentor • Strategic Thinker • Project Manager • Liaison

EXPERIENCE

CENTER FOR POPULATION HEALTH, CHESHIRE MEDICAL CENTER | Keene, NH

Director of Community Engagement 2019 – Present

Create and execute engagement strategy, establishing shared ownership between Cheshire Medical Center and local leaders in fostering and sustaining a culture of health in the region.

- Build a network of partners to provide training, consultation and technical assistance to constituents.
- Serve as lead on the Executive Committee for the Leadership Council for a Healthy Monadnock that serves as the Public Health Advisory Council and oversees the Healthy Monadnock Alliance.
- Oversee social media and communication to elevate brand awareness and increase engagement in health and wellness campaigns.
- Develop and oversee implementation of initiatives that support change on a policy, environmental and individual level to advance the health and wellbeing in our region.

Engagement Manager 2017 – 2019

Developed programs and managed staff to engage and support community members in improving health and wellness opportunities on a personal and organizational level.

- Managed Community Education, Wellpowered Worksites and School Champions staff and programs to provide education, technical assistance and grant opportunities throughout the region that reached infants to aging adults with varying health statuses.
- Created innovative programs that activate community members to promote and participate in wellbeing activities.
- Piloted new community wellness program in 2018 and doubled participation in 2019.

Wellness Advisor 2015 – 2017

Engaged and advised business owners, community members and town officials to implement sustainable practices and policies that improve the wellbeing in the community.

- Designed, promoted and conducted community trainings. Trainings received 96% ratings of very good to excellent.
- Provided counsel and technical assistance on all aspects of worksite wellness to regional employers.
- Lobbied successfully for a state-wide policy change positively affecting residents living in affordable housing developments in New Hampshire.

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PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND | Keene, NH

Program Manager 2011 – 2013

Responsible for customer retention, quality control, compliance, timeliness and distribution of birth control pills via the pharmacy-by-mail program that served Vermont, Maine and New Hampshire.

- Optimized return on investment through process improvements and improved quality standards, resulting in capturing a previously unavailable segment of the patient population, which represented 30% of all patients. Reduced error rates to below 1 percent.
- Successfully met the challenge of a regional shut down of Planned Parenthood by N.H. state officials. The fallout eliminated one third of customers enrolled in the program. Efforts resulted in a near complete recovery of the program within six months.
- Coached staff and modeled superior customer service skills that increased customer retention.

HEALTH CARE & REHABILITATION SERVICES | Bellows Falls, VT

Recruitment Coordinator, Human Resources 2004 – 2007

Responsible for administration of benefits, worker's compensation, FMLA, new employee orientation, and recruitment for state wide mental health organization. Hired as Human Resource Generalist and promoted to Recruitment Coordinator.

- Performed full-cycle recruitment functions.
- Trained and coached managers in performance management practices, employee relations, and hiring process to include behaviorally based interview techniques.
- Designed full-day new employee orientation. Facilitated orientation on a bi-weekly basis where the audience make-up ranged from front line direct-care providers to psychiatrists.

MONADNOCK HUMANE SOCIETY | Swanzey, NH

Chief of Staff 1991 – 2001

Progressed from Volunteer Coordinator to Director of Human Resources to Chief of Staff. Member of senior leadership team, reporting to CEO. Responsible for design and implementation of the human resources and volunteer staffing strategies.

EDUCATION

VERMONT COLLEGE | Brattleboro, VT 2008

Bachelor of Arts, Creative Writing

VOLUNTEERISM

Treasurer of Monadnock Compassionate Friends 2019 - Present

Lead member of organizing committee for city-wide mural festival in Keene, NH. Coordinated over 200 volunteers for 4-day event that brought 250 artists to the community, who painted 16 murals depicting subjects representing the history of Keene. 2018 - 2019

Led fundraising effort and successfully raised $35,000 to build a school for children in Haiti. Developed strategies to raise funds; designed website and managed all social media. 2015-2017

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Kerry Kelley

Experience

Program Assistant
4/19/21 – present
Cheshire Medical – GMPHN
- Providing a full range of secretarial and administrative support services to GMPHN
- Assist with scheduling of volunteers for vaccination clinics
- Data base management of clinics and volunteers
- Trainer for volunteers
- Community outreach
- Inventory control

Greeter and Screener back up coverage
8/4/21 – present
Cheshire Medical – Security
- Professionally greet and screen all visitors, employees and patients
- Provide direction to various locations
- Sanitize wheelchairs
- Follow and enforce all safety guidelines
- Wheelchair training certification

Customer Service Manager
2/27/13 – 12/18/20
Monadnock Food Co-op, Keene, NH
- Founding Member
- Customer Service Program developer and trainer for all staff
- Supervise and schedule a staff of 23 employees
- Responsible for hiring and training front end staff
- Cross train other store employees
- Organize department meetings as necessary
- Research and resolve over/shorts and assist finance
- Volunteer for Karma Committee, Green Up Keene and local BBQ events
- Oversaw Membership Coordinator responsibilities
- Assist Finance in collection on bad checks
- Responsible for maintaining adequate supplies for Front End

Purchasing Associate
2/22/2010 - 11/4/2011
United Natural Foods, Inc. Chesterfield, NH
- Daily lost sales reports, tracking and expediting PO's, communicating with vendors, working with operations directly regarding PO issues, revising and reordering, coordinating schedule for associates, training new associate.
- Receptionist coverage
- Volunteer on the Green Team committee

Day Care Provider
9/1/1999 - 11/29/2010
Self, Stay at home mother
- Provided supervised, safe and fun environment for infants and children
- Planned field trips, transported to events and school

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Volunteer Organizations

8/2021 – present
Cheshire Medical Doula
- Providing birth support to those who request or are in need
- Arrange meetings with expectant parents
- Participate in monthly meetings and trainings
- Commit to 4 - 24 hour shifts of on call coverage per month

1/2021 – present
NH Responders /Cheshire Medical Center/National Guard
- Assisting with distribution of Covid vaccine

6/2020 – present
Elm City Rotary Member
- DeMar committee member
- Follow Me Sneaker Project

11/2016 – present
Body & Soul Road Runners – Red Cap Run
- Sponsorship committee member – secure sponsors for the event
- Ran a successful auction the day of the event

2/2000 – present
Swanzey Cal Ripken Baseball
▪ Held various positions Vice President, Fundraising Coordinator and currently Concession Manager.
▪ Secure team sponsors, coordinate and run fundraisers for the league, schedule coverage for cook shack, shop, stock and keep all financial records.

10/2001 - 2011
Cheshire Figure Skating Club
▪ Served as Program Designer for 7 years, improving and creating program for annual show
▪Member at large supporting club and coordinating fundraisers

9/2004 - 10/2007
Mt. Caesar/Cutler PTO
▪ Secretary, responsible for all meeting minutes
▪ Fundraising Coordinator, handled all school fundraisers.

10/2007 - 10/2012
Cheshire County Cheer Boosters
▪ Treasurer, handled all funds and accounts of members. Monthly reports and filings with the State of NH
▪ Fundraising Coordinator, oversaw all fundraisers
▪Organized and planned events

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Teller Supervisor

11/27/95 - 3/17/2000
Granite Bank, Keene, NH

- Over saw 18 + employees, coordinated scheduling, processed all reviews, audits and interviews for the department
- Daily balancing and ordering of vault.
- Trained all new tellers
- Worked closely with bank securities
- Full cross trained in Customer Service for back up coverage. Opened and closed accounts, processed CD's and bonds
- Back up receptionist, greeted customers and assisted with all needs
- Highly involved with success of Y2K planning

Assistant Manager

9/8/1992 - 11/4/1995
Fashion Bug, Keene, NH

- Assisted customers, organized fashion shows, created displays, received and prepared shipments, trained new associates.
- Prepared bank deposits and prepared cash drawers daily.
- Prepared schedules, assisted in preparing reviews
- Meet monthly goals for obtaining new account applications, and UPC sales. Able to keep store shrink levels at minimum.

Education

Bellows Falls Union High School, Bellows Falls, VT
1986 - 1989

- Diploma

Interests

I am a self motivated individual with the desire to learn. My work experience has provided me with excellent customer service skills and I enjoy customer and employee interaction. As a volunteer for many organizations I have enjoyed being involved and supporting activities for children and our community. I started running in 2016 and accomplished completing my first marathon in 2019!

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JOHN J. LETENDRE

SUBSTANCE MISUSE RELATED EXPERIENCE:

Better Life Partners: (June 2019- Present)

Counselor, Substance Abuse-

Work as a (contracted) primary counselor for a Harm-Reduction focused program supporting clients with Opiate Use Disorder (OUD). The counselor facilitates a weekly meeting and clients are provided Medications for Addiction Treatment (MAT). Responsibilities include facilitation of in-person and virtual group sessions, treatment planning and collaboration with prescribing physicians regarding client progress, drug screening results and medication monitoring.

Cheshire Medical Center: (December 2018- Present)

Continuum of Care Facilitator-

As part of Center for Population Health, (P/T) work with providers and agencies across the Continuum of Care for mental health and substance abuse. Main objectives are to increase awareness of services, improve communication and help build collaboration among providers. An overall goal is to maximize the utilization and efficiency across the continuum of prevention, intervention treatment and aftercare.

Granite Pathways: (August 2018-December 2018)

Recovery Specialist-

Working with patients and families in order to facilitate entry into appropriate SA treatment programs. Main goal is to provide assistance to consumers in navigating the complicated web of treatment, levels of care, insurance and associated documentation. Additionally charged with developing relationships and agreements with area providers to allow timely access to resources needed to facilitate entry into treatment.

Groups Recover Together: (January 2018-June 2018)

Substance Abuse Counselor-

Worked as primary counselor for a caseload of 80-130 clients engaged in medication assisted treatment. Responsibilities included facilitation of multiple weekly groups of up to 12 clients, initial assessments, and intakes, treatment planning, discharge planning and individual and family counseling sessions. Worked closely with prescribing physicians on issues of medication compliance, drug screening results and medication tapering.

Phoenix Houses of New England: (March 2011 – Jan 2018)

Counselor II/House Manager: Dublin NH-

Performed one on one Substance Abuse counseling with residential clients. Conducted various didactic and process groups such as Anger Management, Seeking Safety, Addiction and the Brain, Meditation / Mindfulness and Men's Gender group. As House Manager, conducted monthly inspection and worked with facilities to help ensure upkeep and general compliance with state regulations and Certification bodies. Assisted Program Director with personnel and managerial duties as assigned.

Counselor I –Cheshire County Drug Court Program – Keene NH

Performed one on one counseling with Drug Court participants. Co-facilitated Intensive Outpatient Program, conducting didactic and process curriculum as directed by program guidelines.

Case Manager– Transitional Living Program –Keene NH

Worked with clients who successfully completed the 28-day inpatient treatment program and assisted them as they transitioned back into the community. Provided one on one counseling

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and support as clients sought employment and established a program of recovery; preparing to leave the controlled environment.

Counselor Assistant –Keene NH

Performed administrative tasks such as admissions and transportation of clients to appointments and meetings. Monitored vital signs of detox clients and administered medication as directed in medication orders. Performed other various duties as assigned by Program Director.

EDUCATION:

Associate of Science in Chemical Dependency (2011 Magna Cum Laude)
Bachelor of Science in Management (2006 Cum Laude)
Associate of Science in Chemistry (1996)
Keene State College, Keene, NH
Delta Mu Delta, National Honor Society for Business Administration, 2006

LICENSES / CERTIFICATIONS:

Licensed Alcohol and Drug Counselor (LADC) License# 1001

RELEVANT EMPLOYMENT HISTORY:

Granite Pathways: (August 2018-December 2018)
Recovery Specialist

Groups Recover Together: (January 2018-June 2018)
Substance Abuse Counselor

Phoenix Houses of New England, Keene NH, (March 2011 –January 2018)
Various positions - see above.

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Lea Kablik

Work History

Keene Housing- Keene, NH
Community Garden Coordinator, 3/2021 to present

- Responsible for managing 98 garden beds across 14+ sites for Keene Housing resident gardeners.
- Provide resident gardeners with the necessary tools, information, and as much hands-on help as needed.
- Organize and promote various gardening and education events for Keene Housing, such as a 10-Anniversary barbeque and nutrition workshops through UNH Extension Nutrition Connects.
- Manage ten different budgets for the various garden sites and reconcile purchases for each garden site.
- Coordinate with the maintenance team to repair old garden beds, install new garden beds, and maintain various aspects of the gardens.
- Supervise the Community Garden Intern for approximately three months during the summer.

Antioch University- Keene, NH
Community Garden Connections Co-coordinator, 10/2020 to 5/2021

- Organized and managed Soup Kit events by distributing soup recipes and ingredients to Antioch students.
- Worked in partnership with various sites to create gardening opportunities for community members.

C&S Organic Gardens Project Garden Educator, 04/2020 to 10/2020

- Maintaining a 25'x25' demonstration garden plot exhibiting different techniques for companion planting.
- Producing various types of digital garden educational materials including Zoom workshops, information packets, biweekly newsletters, videos, and an interactive garden website.

Mad Science of Western New England- Indian Orchard, MA
Instructor, 09/2017 to 05/2019

- Taught after school STEM programs to elementary school children and prekindergarten children.
- Presented various science demonstrations for the general public at birthday parties, workshops, local fairs, and state fairs.

Six Flags New England- Agawam, MA
Entertainer, 05/2017 to 12/2018

- Interacted with guests daily through staged shows, improvised games, park wide announcements, and customer service.

U.S Fish and Wildlife Services – Sudbury, MA
Biological Technician, 06/2016 to 10/2016

- Monitored Blanding's turtle population throughout the Assabet River National Wildlife Reserve using radio telemetry.
- Conducted a visual Blanding's turtle nesting survey at a nesting site in Oxbow National Wildlife Refuge.
- Assisted with miscellaneous projects including invasive plant removal, and shore bird trapping and census.

Volunteer

Monadnock Farm and Community Coalition- Keene, NH
Board Member, 03/2024 to present

- Work with board members to oversee the operation of the Monadnock Farm and Community Coalition to provide support for local producers.

Mill Hollow Heritage Association- Alstead, NH
Board Member, 01/2021 to 01/2025

- Work with board members to oversee the operation of Chase's Mill.
- Serve on the community programs committee to oversee the operation of the summer programs.
- Collaborated with the local stakeholders to provide STEM curriculum support for local schools.

Education

Master of Science (08/2021): Environmental Studies, concentration Environmental Education
Antioch University- Keene, NH
Bachelor of Science (05/2015): Marine Biology
Roger Williams University – Bristol, RI

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Magdalynn (Maggie) Freeman Graul

Key Skills

- Collecting, analyzing, and reporting on diverse data, both quantitative and qualitative
- Leading evaluation and quality improvement projects, Lean Six Sigma Green Belt certified
- Experience in grant management
- Educator and internship preceptor, providing mentorship to pre-public health professionals
- Preferred work style DiSC: SC *What is the DiSC SC type? - discprofiles.com*

Education

Masters of Public Health Brigham Young University 2017-2019, Provo, Utah.
Bachelors of Science in *Anthropology* University of Utah 2011-2014, Salt Lake City, Utah.
Bachelors of Science in *Psychology* University of Utah 2011-2014, Salt Lake City, Utah

Select Employment History and Role Descriptions

❖ **Population Health Epidemiologist** 09/2022-Present
Cheshire Medical Center/Dartmouth Health System- Keene, NH
Collect, analyze, and synthesize data from a wide variety of sources to inform and support the public health activities of Cheshire Medical Center and associated Greater Monadnock Public Health Network stakeholders. Produce reports and lead presentations in support of operations prioritization, budget planning, outreach initiatives, education, and promotional activities for the hospital and public health network. Interpret and present on technical epidemiological/statistical data to a wide variety of audiences for use in public health practice. Provide real-world connections and public health mentorship to students through local Keene State College and other institutions.

❖ **Program Manager, COVID-19 K-12 Response** 04/2021-08/2022
❖ **Epidemiologist/Evaluator, Bureau of Health Promotion** 07/2019-04/2021
Utah Department of Health- Salt Lake City, UT
Oversee implementation of COVID-19 mitigation policy and support for K-12 schools across the state of Utah, including overseeing 5-20 program employees. Provide written and oral reports for Utah Dept of Health COVID-19 Incident Command. Manage Centers for Disease Control and Prevention grant award budgets in excess of $96 million.
Design, conduct, and disseminate applied research for evaluation purposes using both quantitative and qualitative methods. Oversee coordination and collaboration of interdisciplinary teams for strategic planning and quality improvement activities throughout the Bureau. Serve as a subject matter expert for several initiatives including the Utah Cancer Control Program, School Based Adolescent Health/School Profiles, and COVID-19 community response.

❖ **Adjunct Professor, Data Collection and Analysis**– 04/2019-08/2022
Brigham Young University- Provo, UT
Adjunct professor of undergraduate course HLTH 313 in the Public Health Department, College of Life Science at BYU; design course objectives and learning outcomes to help students become familiar with data collection and analysis methods for both quantitative and qualitative research approaches used in public health and social sciences research. Plan course work, execute lessons, evaluate student progress, and supervise teaching assistants. Typically oversee class sizes of 25-45 students, through both in person and virtual learning environments.

Select Volunteering and Community Involvement

Treehouse Children's School Board Member Service Seat 2023-present, current Board President
Serve on the Treehouse Children's School board in Norwich, VT to support and advise school staff and administrators on public health policy around disease prevention protocols in early childcare settings, provide budgetary oversight, and submit grants for project funding.

Harmony Night Board Member Service Seat 2024-present, current Board Chair

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Support operations of a non-profit multi-generational Upper Valley (NH+VT) community chorus that meets weekly to rehearse and perform diverse musical pieces in the a cappella style. www.harmonynightchoir.com

Letters to a Pre Scientist- STEM Pen pal 2023-2025 school years
Letters to a Pre-Scientist connects students to STEM professionals through snail mail to broaden students' awareness of what STEM professionals look like and do at work and inspire all students to explore a future in STEM.

Housing First Support AmeriCorps Salt Lake County Dept of Workforce Services 2016-2017
Worked with several homelessness advocacy agencies in the Salt Lake, UT valley including The Road Home, 4th Street Clinic, and Housing First Initiative teams assisting clients experiencing homelessness to access social benefits.

Professional Memberships and Accreditations

American Public Health Association since 2018
American Evaluation Association since 2019
Certified Public Health (CPH) Professional though the National Board of Public Health Examiners (NBPHE) since 2019
Project Management/Continuous Quality Improvement Green Belt Certified in Lean Six Sigma since 2024

Select Publications/Professional Presentations

Graul, M (2025). Using Place Based Data to Drive Collective Public Health Impact: An Example from New Hampshire's Monadnock Region *Northeast Epidemiology Conference* Virtual Conference Hosted by the New Hampshire Department of Health and Human Services.

Graul, M., Clayton, A., Moorehead, M., Ferencz, A. (2024). Working with Community to Center Equity in Needs Assessment. *American Hospital Association Accelerating Health Equity Conference*. May 2024, Kansas City, MO.

Lanier WA, Babitz KD, Collingwood A, **Graul M**, et al. (2021). *COVID-19 Testing to Sustain In-Person Instruction and Extracurricular Activities in High Schools — Utah, November 2020–March 2021.* MMWR Morb Mortal Wkly Rep. ePub: 21 May 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7021e2

Graul, M.F. (2020). Empowering Partners Through Evaluation Practice: What Does It Really Look Like to Implement Evidence Based Interventions to Increase Cancer Screenings in Clinical Settings? *American Evaluation Association 2020 Annual Meeting Accepted Virtual Presentation.* United States.

Millar, M. M., MA PhD, Orleans, B., MS, **Graul, M. F.,** MPH, Herget, K. A., MStat, Carter, M. E., MSPH, & Sweeney, C., PhD. (2020). *The Status of Cancer Survivors in Utah: Results from statewide surveys of Utah cancer survivors* (pp. 1-24, Rep.). Salt Lake City, Utah: Utah Cancer Registry for the Utah Cancer Action Network.

Moxley, V. B. A., **Graul, M. F**., Stoneking, N., Hale, C., Torres, S., Linehan, M., … West, J. H. (2019). Early Childhood Nutrition Knowledge of Caregivers in Tanzania. *Journal of Child Health and Nutrition*, *8*, 43–49. doi: https://doi.org/10.6000/1929-4247.2019.08.02.1

Hoj, T. H., Frandsen, C., **Graul, M.,** Powell, E., Alexander, C., Hall, P. C., Crookston, B. T., West, J. H., Syafiq, A., Bennett, C., Hasan, I., Dearden, K., Linehan, M., & Torres, S. (2018). Stunting knowledge in Indonesia: An analysis of demographic and socioeconomic factors associated with caregiver knowledge of stunting. *American Public Health Association 2018 Annual Meeting*. San Diego, California.

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Tricia Zahn, MPH

Education

- *Master of Public Health*, University of New Hampshire
- *Bachelor of Science*, Public Health, University of Tampa

Skills

- Improvement Science, Community Co-Design, Human-Centered Design
- Budget Creation and Reporting
- Grant Applications and Oversight
- Staff and Community Member Leadership
- Clear Verbal and Written Communication
- Creating and Presenting Public Health Content for Various Audiences
- Team Building and Joy in Work Implementation

Professional Experience

Senior Director, Population Health, May 2023 – Present, *Cheshire Medical Center*

- Responsible for oversight and evaluation of Community Health Needs Assessment and Implementation Strategy, oversight and engagement of the Center for Population Health department, over $1 million budget oversight and reporting, community partner stewardship, community member engagement for co-design population health improvement strategies, serving on the Medical Center's Senior Operations Team, serving quarterly as 24/7 Administrator on Call for the Medical Center

Director, Population Health, February 2020 – May 2023, Cheshire Medical Center

- Responsible for overseeing multiple team members, grant budgets and reporting, engagement of multiple community member driven workgroups

Partner Manager, Population Health, January 2016 – February 2020

- Responsible for stewarding the relationships of multiple community partnership to advance the health and wellbeing of the Monadnock region, grant budget and reporting oversight, staff supervision

Public Health Emergency Preparedness Coordinator, Population Health May 2012 – January 2016, Cheshire Medical Center

- Responsible for the oversight of regional emergency preparedness

Faculty Member, Institute for Healthcare Improvement November 2020 – May 2023

- Responsible for supporting long-term care facilities in three state's in New England through a Project ECHO, faculty member for Health Equity OC responsible for planning and delivering improvement science content to over 500 attendees

FORM NUMBER P-37 (version 2/23/2023)

Subject: Regional Public Health Networks (RFA-2027-DPH-01-REGIO-04)

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 Manchester Health Department		1.4 Contractor Address 1528 Elm Street Manchester, NH 03101	
1.5 Contractor Phone Number 603-657-2712	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2028	1.8 Price Limitation $943,894
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: Jay Ruais 1E254B4248634A4... Date: 5/21/2026		1.12 Name and Title of Contractor Signatory Jay Ruais — Mayor	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BD63F9704C7... Date: 5/22/2026		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: DocuSigned by: Robyn Guarino 748734844941460...		On: 5/22/2026	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials Initial JK

Date 5/21/2026

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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.

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Contractor Initials_____

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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.

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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.

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Contractor Initials_____
Date 5/21/2026

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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 four (4) 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 9, Termination, Subparagraph 9.2., is amended as follows:

9.2. Termination Procedure

9.2.1. In the event of the termination pursuant to Subparagraph 9.1., the Contractor shall immediately stop all work hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. The State will pay for cost of all Services and Deliverables for which Acceptance has been given by the State, provided through the date of termination but will not be liable for any costs for incomplete Services or winding down the Contract activities. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

9.2.2. Upon termination of the Contract, the State, in addition to any other rights provided in the Contract, may require Contractor to deliver to the State any property, including without limitation, Software and Written Deliverables, for such part of the Contract as has been terminated. After receipt of a notice

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of termination, and except as otherwise directed by the State, Contractor shall:

a. Stop work under the Contract on the date, and to the extent specified, in the notice;

b. Promptly, but in no event longer than ten (10) days after termination, terminate its orders and subcontracts related to the work which has been terminated, and settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of the State to the extent required, which approval or ratification shall be final for the purpose of this Section;

c. Take such action as the State directs, or as necessary to preserve and protect the property related to the Contract which is in the possession of Contractor and in which the State has an interest;

d. Take no action to intentionally erase or destroy any State Data, which includes State Data held by the Contractor's subcontractors;

e. Transfer title to the State and deliver in the manner, at the times, and to the extent directed by the State, any property which is required to be furnished to the State and which has been accepted or requested by the State;

f. Work with the State to develop a Services and Data Transition Plan per the "Contract End-of-Life Transition" requirements within this Contract; and

g. Provide written Certification to the State that Contractor has surrendered to the State all said property.

9.2.3. If the Contract has expired, or terminated prior to the Completion Date, for any reason, the Contractor must provide, for a period up to ninety (90) days after the expiration or termination, all transition services requested by the State, at no additional cost, to allow for the expired or terminated portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees ("Transition Services").

9.2.4. This covenant in paragraph 9 shall survive the termination of this Contract.

1.5. Paragraph 10, Property Ownership/Disclosure, Subparagraphs 10.2., through 10.8., is amended as follows:

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. The data must be returned to the State in a manner and format agreeable to the State.

10.3. Disclosure of data, information and other records shall be governed by NH RSA chapter 91- A and/or other applicable law, and Exhibit E - DHHS Information Security Requirements. Disclosure requires prior written approval of the State.

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10.4. In performing its obligations under this Agreement, Contractor may gain access to Confidential Information of the State. Confidential Information is defined in Exhibit E - DHHS Information Security Requirements.

10.5. Subject to applicable federal or State laws and regulations, Confidential Information shall not include information which:

10.5.1. Shall have otherwise become publicly available other than as a result of disclosure by the receiving Party in breach hereof;

10.5.2. Was disclosed to the receiving Party on a non-confidential basis from a source other than the disclosing Party, which the receiving Party believes is not prohibited from disclosing such information as a result of an obligation in favor of the disclosing Party; or

10.5.3. Is disclosed with the written consent of the disclosing Party.

10.6. A receiving Party also may disclose the disclosing Party's Confidential Information to the extent required by law or an order of a court of competent jurisdiction. Any disclosure of the Confidential Information shall require the prior written approval of the State. Contractor shall immediately notify the State if any request, subpoena or other legal process is served upon Contractor regarding the Confidential Information, and Contractor shall cooperate with the State in any effort the State undertakes to contest the request, subpoena or other legal process, at no additional cost to the State.

10.7. Contractor Confidential Information. Contractor shall clearly identify in writing all information it claims to be confidential or proprietary upon providing such information to the State. For the purposes of complying with its legal obligations, the State is under no obligation to accept the Contractor's designation of material as confidential. Contractor acknowledges that the State is subject to State and federal laws governing disclosure of information including, but not limited to, RSA Chapter 91-A. In the event the State receives a request for the information identified by Contractor as confidential, the State shall notify Contractor and specify the date the State will be releasing the requested information. At the request of the State, Contractor shall cooperate and assist the State with the collection and review of Contractor's information, at no additional expense to the State. Any effort to prohibit or enjoin the release of the information shall be Contractor's sole responsibility and at Contractor's sole expense. If Contractor fails to obtain a court order enjoining the disclosure, the State shall release the information on the date specified in the State's notice to Contractor, without any liability to the State.

10.8. This covenant in paragraph 10 shall survive the termination of this Contract.

1.6. Paragraph 12, Assignment/Delegation/Subcontracts, Subparagraph 12.1., is amended as follows:

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. In the event that the State does not consent to the assignment the State shall have the option to

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immediately terminate the Agreement without liability to or further compensation owed to Contractor, its successors or assigns.

1.7. 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 must 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 must manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor must annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance. Failure to enter into Business Associate Agreements with its subcontractors that create or receive protected health information on the behalf of the State through this Contract, and failure to comply with the implementation specifications for such agreements is a direct HIPAA violation by the Contractor.

1.8. The following Paragraphs are added and made part of the P37:

27. Force Majeure

27.1. Neither Contractor nor the State shall be responsible for delays or failures in performance resulting from events beyond the control of such Party and without fault or negligence of such Party. Such events shall include, but not be limited to, acts of God, strikes, lock outs, riots, and acts of War, epidemics, acts of Government, fire, power failures, nuclear accidents, earthquakes, and unusually severe weather.

27.2. Except in the event of the foregoing, Force Majeure events shall not include the Contractor's inability to hire or provide personnel needed for the Contractor's performance under the Contract.

28. Requirements for Web Content and Mobile Application Accessibility.

28.1. Under Title II of the Americans with Disabilities Act, the State is required to provide equal access to all of its services, programs, and activities that are provided or made available to the public (whether directly or through contractual, licensing, or other arrangements) via the web and mobile applications. Accordingly, all web content and mobile applications developed, delivered, or otherwise furnished by Contractor pursuant to the terms and conditions of this Agreement shall comply with all applicable accessibility requirements under 28 C.F.R. § 35.200 and the technical standards for web content and mobile application accessibility specified in version 2.1., of the Web Content Accessibility Guidelines at Level AA conformance.

28.2. Contractor acknowledges and agrees that the State may require Contractor's compliance with the web content and mobile application accessibility standards

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set forth in Paragraph 28.1., to be determined by a third-party selected by the State in its sole and discretion.

29. Exhibits/Attachments

The Exhibits and Attachments referred to in and attached to the Contract are incorporated by reference as if fully included in the text of the Contract.

30. Non-Exclusive Contract

The State reserves the right, at its discretion, to retain other vendors to provide any of the Services or Deliverables identified under this Agreement. Contractor shall make best efforts to coordinate work with all other State vendors performing Services which relate to the work or Deliverables set forth in the Agreement. The State intends to use, whenever possible, existing Software and hardware contracts to acquire supporting Software and hardware.

31. Prohibited Technologies

a. No equipment or services listed on the State of New Hampshire's Prohibited Technologies List may be used, as required by in Executive Order 2022-09; and

b. No equipment or services on the FCC Covered List may be used as required by The Secure and Trusted Communications Networks Act of 2019, Pub. L. No. 116-124, 133 Stat. 158 (2020) (codified as amended at 47 U.S.C. §§ 1601–1609).

32. Order Of Precedence

In the event of conflict or ambiguity among any of the text within this agreement, the following Order of Precedence shall govern:

In the event of conflict or ambiguity among any of the text within the awarded Agreement, the following Order of Precedence shall govern:

i. State of New Hampshire, Department of Health and Human Services Contract Agreement.

ii. State of New Hampshire, Department of Health and Human Services RFP.

iii. Vendor Proposal Response.

iv. Additional Contractor Provided Documents, if applicable.

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Scope of Services

1. Statement of Work

1.1. The Contractor must serve as a lead organization to oversee a Regional Public Health Network (RPHN) and ensure the delivery of public and behavioral health services within the Greater Manchester region. The Contractor must provide a broad range of public health services for the following Department programs:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care (CoC) Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Public Health Advisory Council (PHAC).

1.1.5. Public Health Emergency Preparedness, including:

1.1.5.1. Community Preparedness;

1.1.5.2. Regional Stakeholder Engagement;

1.1.5.3. Regional Community Engagement;

1.1.5.4. Response Readiness;

1.1.5.5. Training and Exercises;

1.1.5.6. Response Capacity; and

1.1.5.7. Volunteer Management.

1.2. **Substance Misuse Prevention**. The Contractor must provide the following services:

1.2.1. Leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-informed primary prevention approaches, programs, policies, and services in collaboration with the Department's Bureau of Drug and Alcohol Services (BDAS), including:

1.2.1.1. Implementation of the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework which includes assessment, capacity development, planning, implementation, and evaluation.

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1.2.1.2. Ensuring focus on collaboration with other prevention statewide funded programs, including but not limited to: Juvenile Justice Network, Getting to Y- NH, NH Harm Reduction Coalition, Multi-tiered System of Support-Behavioral Health, Student Assistance Network, and Young Adult Strategies.

1.2.1.3. Utilizing a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. The Contractor must ensure regional data driven primary prevention approaches are consistent with the Center for Substance Abuse Prevention (CSAP) categories, but do not need to include all CSAP categories.

1.2.1.4. Supporting and advancing the implementation of evidenced-informed approaches, programs, policies, and services within the region served through community engagement and mobilization.

1.2.1.5. Advancement, promotion, and implementation of substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.1.6. Compliance with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.1.7. Ensuring substance misuse prevention is addressed at PHAC meetings, and with a bi-directional exchange of

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information, to advance efforts of substance misuse prevention initiatives.

1.2.1.8. Assisting, as directed by the Department's BDAS, with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.3. Substance Misuse Prevention Coordination and CoC Facilitation. The Contractor must:

1.3.1. Consider and apply the SPF and Assets and Gaps Analysis, and in collaboration with the Department's BDAS, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year Strategic Plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.3.2. Develop a bi- annual Work Plan for Department approval that guides actions and includes outcome-based performance measures and alignment with the three (3) year Strategic Plan. Based on changing and emerging local conditions, the Contractor must adapt Work Plans as necessary with approval by the Department.

1.3.3. Report progress on the Work Plan and three (3) year Strategic Plan including outcomes via a secure depository system approved or directed by the Department.

1.3.4. Report activity data accurately into a system designated or approved by the Department on a monthly basis.

1.3.5. Maintain a substance misuse leadership team consisting of regional representatives with special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.3.6. Produce and disseminate an Annual Report that demonstrates successes, challenges, outcomes from the previous year and projected deliverables for the following year, as directed and approved by BDAS.

1.3.7. Participate in RPHN Substance Misuse meetings as directed by

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BDAS.

1.4. Continuum of Care

1.4.1. The Contractor must facilitate implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), in collaboration with the Department's BDAS, ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.4.2. The Contractor must provide leadership and support for activities that assist the Department's BDAS in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor must:

1.4.2.1. Engage regional partners in conducting a regional asset and gap analysis, and ongoing update of regional assets and gaps. The Contractor must ensure regional partners include:

1.4.2.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.4.2.1.2. Primary health care providers.

1.4.2.1.3. Behavioral health care providers.

1.4.2.1.4. Other interested and/or affected parties approved by the Department.

1.4.2.2. Facilitate and/or provide support for initiatives that result in:

1.4.2.2.1. Increased awareness of and access to services.

1.4.2.2.2. Increased communication and collaboration among providers.

1.4.2.2.3. Increased capacity and delivery of services.

1.4.2.3. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.4.2.4. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorways.

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1.4.2.5. Collaborate with the Contractor's partnering stakeholders/organizations to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.4.2.5.1. Health service providers.

1.4.2.5.2. Public and charter schools and institutes of higher education.

1.4.2.5.3. Police and fire stations.

1.4.2.5.4. Municipal government buildings.

1.4.2.5.5. Businesses in every community of the region.

1.4.2.5.6. Other organizations, as directed by the Department.

1.4.2.6. Disseminate and distribute overdose prevention education resources, Naloxone, testing strips and Naloxone kits to reach high-need, high-risk populations within the region served.

1.4.2.7. Engage regional stakeholders to assist with information dissemination.

1.5. The Contractor must provide Substance Misuse Prevention and CoC technical assistance and training, as requested, in formats specified by the Department, including but not limited to, the following:

1.5.1. Attendance at community of practice meetings and/or activities.

1.5.2. Working with designated BDAS technical assistance and data and/or evaluation contractors to develop metrics and measures to evaluate outcomes and use aggregate data and tools to demonstrate outcomes.

1.5.3. Attendance at all regularly scheduled Department RPHN substance misuse meetings.

1.5.4. Attendance at additional meetings, conference calls, and webinars as required by the Department.

1.5.5. Ensuring the Substance Misuse Prevention Coordination (SMPC) lead staff are credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium

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(IC&RC), and the New Hampshire Prevention Certification Board.

1.5.6. Ensuring SMPC lead staff attend required trainings, including Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.5.7. Ensuring CoC facilitation lead staff are familiar with the SPF and RROSC systems development within NH.

1.6. **Overdose Prevention Response.** The Contractor must:

1.6.1. Conduct an initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN, at the direction of the Department, for the project period.

1.6.2. Conduct a needs assessment to inform response efforts that include:

1.6.2.1. Gathering regional and local level data related to alcohol and other drug overdoses.

1.6.2.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.6.2.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include:

1.6.2.3.1. Doorways.

1.6.2.3.2. Recovery care organizations.

1.6.2.3.3. Treatment providers.

1.6.2.3.4. Law enforcement.

1.6.2.3.5. Hospitals.

1.6.2.3.6. Other organizations, as directed by the Department.

1.6.3. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care and distribute and disseminate resources.

1.6.4. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

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1.6.5. Participate in other training courses and meetings, as requested by the Department.

1.7. **Public Health Advisory Council**. The Contractor must:

1.7.1. Coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction for public health activities within the region served.

1.7.2. Maintain a set of operating guidelines or by-laws for the PHAC.

1.7.3. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team to complete the following:

1.7.3.1. Approve regional health priorities and implement high-level deliverables and strategies.

1.7.3.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.7.3.3. Form and/or identify already existing committees and workgroups to address specific strategies and public health topics.

1.7.3.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.7.3.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.7.3.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.7.4. Ensure the PHAC leadership team meets at least quarterly to complete the following:

1.7.4.1. Draft and share of meeting minutes are available to the public upon request.

1.7.4.2. Ensure all members of the PHAC sign a conflict- of-interest statement, as provided by the Department.

1.7.4.3. Coordinate with the Department to collect, analyze, and disseminate data related to the health status of the

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region, educate network partners about on-line and other sources of data, and participate in community health assessments.

1.7.4.4. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complementary and shared public health outcomes.

1.7.4.5. Review the regional CHIP and SHIP annually and develop action plans for the services in this RFA, as advised by the PHAC.

1.7.4.6. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.7.4.7. Publish an Annual Report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.7.4.8. Advance the work of RPHNs by conducting educational and training programs annually to RPHN partners and others.

1.7.4.9. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.7.4.10. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.8. The Contractor must provide PHAC technical assistance and training, as requested, in formats specified by the Department. This includes, but is not limited to:

1.8.1. Attendance at semi-annual meetings of PHAC leadership

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convened by Department's Division of Public Health and/or BDAS.

1.8.2. Completion of a PHAC technical assistance needs assessment in a format approved by the Department.

1.9. **Public Health Emergency Preparedness.** The Contractor must provide the following services:

Community Preparedness

1.9.1. The Contractor must provide leadership and coordination to improve regional public health emergency response plans and ensure partner organizations have the capacity to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor must:

1.9.1.1. Submit an annual Work Plan by July 30th in Year 1 of the Agreement, and thereafter, submit an annual a 12-month Work Plan by June 1st utilizing a Department-provided template addressing regional preparedness priorities that are aligned with the Scope of Services in this Agreement and reflect the Center for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

1.9.1.2. Attend and participate in all statewide and regional meetings as directed by the Department, including:

1.9.1.2.1. Public Health Emergency Preparedness (PHEP)/Volunteer Management meetings held every two (2) months and led by the Department.

1.9.1.2.2. Monthly Regional Public Health Network (RPHN)/State Coordination Calls led by the Department.

1.9.1.2.3. Quarterly Hospital Emergency Management Coordination (HEMC)/RPHN meetings led by the Granite State Healthcare Coalition and the Department.

1.9.1.3. Facilitate other meetings as directed by the Department.

1.9.1.4. Participate in the following projects, as directed by the Department:

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1.9.1.4.1. The annual RPHN PHEP site visit with the RPHN Administrator to assess contract and programmatic compliance, including:

1.9.1.4.1.1. Compliance with contract requirements, including planning, training, exercise, response readiness, volunteer management, financial reporting, and reporting on Work Plan activities.

1.9.1.4.1.2. Implementation of preparedness activities outlined in the regional Work Plan.

1.9.1.4.1.3. Tracking and reporting on progress for any corrective actions identified during the visit indicating which corrective actions have been resolved.

1.9.1.5. Participate in a biennial site visit with the Department's Strategic National Stockpile (SNS) coordinator and RPHN program administrator to assess capacity and readiness, which includes:

1.9.1.5.1. Completing the Department-provided evaluation workbook.

1.9.1.5.2. Attending the SNS site visit to review the workbook, verify its components, and discuss findings.

1.9.1.5.3. Identifying at least one (1) area for improvement within the program area, by the end of each biennial SNS site visit,

1.9.1.5.4. Developing and submitting an improvement plan within 30 days of the SNS site visit including a timeline for completion.

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1.9.1.5.5. Incorporating corrective actions identified in the SNS Improvement Plan into regional priorities and plans.

1.9.1.5.6. Reporting on progress on corrective actions at three (3), six (6), nine (9), and twelve (12) month intervals indicating which corrective actions have been resolved.

1.9.1.5.7. Participation in at least 90% of Department-led Regional Public Health Emergency Annex (RPHEA) template project meetings to support the development of new and revision of current RPHEA template components.

1.9.1.5.8. Reviewing and updating the RPHEA Base Plan every two (2) years, making sure to incorporate partner feedback.

1.9.1.5.9. Submitting the updated RPHEA Base Plan to the Department's SharePoint site by April 1st every two (2) years for review and feedback.

1.9.1.5.10. Incorporating feedback into the final RPHEA Base Plan and uploading it to the Department's SharePoint site by June 30 of each contract year.

1.9.1.6. In collaboration with regional partners and designated workgroups, conduct an annual review and update of the RPHEA Annexes and Attachments, including the Critical Contact Sheet, Facility Activation Attachments, and other RPHEA components prioritized by the Department. This process must include the following actions:

1.9.1.6.1. Submitting updated Annexes and Attachments to the Department's SharePoint site for review and feedback.

1.9.1.6.2. Incorporating feedback into the RPHEA Annexes and Attachments and uploading the final versions to the Department's SharePoint site each contract year.

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1.9.2. The Contractor must disseminate the Department-approved updated RPHEA plan to all identified regional partners and conduct at least two (2) training or education sessions to ensure that a minimum of 80% of partners demonstrate awareness of their roles and responsibilities outlined in the RPHEA, as assessed through a post-training evaluation, by June 30th of each contract year.

1.9.3. The Contractor must participate in the development of the Statewide Jurisdictional Risk Assessment (JRA), as directed by the Department, ensuring regional risks are identified and incorporated into the State JRA report, which includes:

1.9.3.1. Attending scheduled JRA sessions.

1.9.3.2. Providing regional input during JRA sessions.

1.9.3.3. Within three (3) business days of receiving the Department's request, distributing surveys to partners to gather input for the JRA, ensuring at least 75% of identified regional partner organizations respond

1.9.4. The Contractor must participate in the development of the Statewide Integrated Preparedness Plan (IPP) by attending the IPP workshop and providing regional input.

1.9.5. The Contractor must hold regional workshops to gather partner input on public health and health care priorities, including:

1.9.5.1. Using the Department-provided template, annually updating the regional IPP, ensuring it includes a four (4)-year calendar that addresses all PHEP elements including Preparedness (P), Skills/Training/Exercises (S/T/Ex), and Equipment and Technology (E/T).

1.9.5.2. Submitting the finalized regional IPP to the Department by May 1st annually for review and approval.

1.9.5.3. Uploading the final regional IPP to the Department's SharePoint site by June 1st annually.

1.9.6. The Contractor must maintain active access to and operational capability in all required systems designated or approved by the Department, ensuring readiness through regular monthly or quarterly logins and completion of associated reporting requirements.

1.9.7. The Contractor must promote training opportunities at least twice

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annually for applicable systems designated or approved by the Department and related modules to community organizations, partners, and volunteers. Training announcements must be distributed to all identified partners and volunteer groups, as appropriate, by June 30th of each contract year.

1.9.8. The Contractor must ensure all account information is up to date and inform the Department about any personnel or access changes as soon as possible, but no later than three (3) business days.

Regional Partner Engagement

1.9.9. The Contractor must identify, engage, integrate, strengthen, and sustain community partnerships to improve public health preparedness, community resilience, and the capacity of partnering organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. This includes, at a minimum, the following activities:

1.9.9.1. Ensuring the PHEP Planning Committee has multidisciplinary partner representation, including at least one (1) representative from each of the following sectors within the RPHN catchment area:

1.9.9.1.1. Long-Term Care Facilities (LTCFs).

1.9.9.1.2. Home Health Agencies.

1.9.9.1.3. Behavioral Health Providers (must include a representative from a Community Mental Health Center).

1.9.9.1.4. Urgent Care Centers (at least one representative from each chain).

1.9.9.1.5. Pharmacy Chains.

1.9.9.1.6. Independent Pharmacies.

1.9.9.1.7. Correctional Facilities (where applicable).

1.9.9.1.8. A school district or school superintendent.

1.9.9.1.9. Local fire department official.

1.9.9.1.10. Emergency Medical Services (EMS), including volunteer, fire-based, private, and municipality-based services.

1.9.9.1.11. Law Enforcement officials.

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1.9.9.1.12. Representation from each organization/partner in the following sectors:

1.9.9.1.12.1. Hospitals.

1.9.9.1.12.2. Local Emergency Management Agencies or officials.

1.9.9.1.12.3. Homeland Security and Emergency Management (HSEM) Community Stakeholder Liaisons serving the RPHN catchment area.

1.9.9.1.12.4. Local Health Officers.

1.9.9.2. Convening Regional PHEP Planning Committee meetings at least every other month, with participating from the sectors outlined in Section 1.9.9.1.

1.9.9.3. Consulting additional regional partners (e.g., faith-based organizations, key business partners, civic groups) to inform plan development.

1.9.9.4. Maintaining an up-to-date contact list by sector, as outlined in Section 1.8.7.1.

1.9.9.5. Discussing workforce challenges and gaps related to volunteer management and incorporate partner feedback into volunteer training.

1.9.10. The Contractor must disseminate all Health Alert Network (HAN) messages to eligible local partners within one (1) business day for non-emergency messages and within two (2) hours for urgent messages, for each contract year. This includes:

1.9.10.1. Promoting enrollment into the HAN system to eligible regional partners. Eligible HAN partners include, but are not limited to:

1.9.10.1.1. State and local health officers,

1.9.10.1.2. Hospitals and healthcare facilities,

1.9.10.1.3. Emergency medical services (EMS),

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1.9.10.1.4. Local public health and safety officials,

1.9.10.1.5. Clinical providers,

1.9.10.1.6. Emergency management agencies, and

1.9.10.1.7. Other public health, healthcare, and emergency response organizations identified by the Department as critical to public health preparedness and response.

Regional Community Engagement

1.9.11. The Contractor must complete the following Regional Community Engagement activities:

1.9.11.1. By June 30th of each contract year, coordinate at least eight (8) community preparedness training courses on the following topics:

1.9.11.1.1. Family, individual, and pet preparedness sessions (minimum of two (2) per year).

1.9.11.1.2. “Stop the Bleed” training (minimum of four (4) per year).

1.9.11.1.3. CPR/First Aid (minimum of two (2) per year).

1.9.11.2. For each Community Preparedness training, the Contractor must:

1.9.11.2.1. Coordinate training logistics including securing training venue, coordinating trainers, developing and disseminating promotional materials, and managing training registration.

1.9.11.2.2. Develop training content, if applicable.

1.9.11.2.3. Ensure training materials are prepared and available during the preparedness training. Any existing materials should be used with minor adjustments allowed to tailor content for specific audiences.

1.9.11.2.4. Collect and submit post-training evaluation documentation in a format approved by the Department.

1.9.11.2.5. Participate in the Department's annual community preparedness awareness activities, including:

1.9.11.2.5.1. Sharing all of the Department's social media and community preparedness press releases.

1.9.11.2.5.2. Attending at least one (1) regional emergency preparedness awareness event annually to promote individual, family, or pet preparedness, either in coordination with the Department or at an independently identified event that meets the same goal, using Department-provided or Department-approved materials.

1.9.11.2.5.3. Promoting NH Alerts enrollment via partner channels and social media at least twice per year, using methods such as email campaigns, newsletters, RPHN presentations, and meetings.

Response Readiness

1.9.12. The Contractor must maintain the capability to respond to all-hazard emergencies with public health and healthcare impacts by directly managing small-scale response activities, defined as activities that can be managed and resolved using available local or regional resources, and participating in Department-led larger scale responses. All hazard emergencies may include, but are not limited to:

1.9.12.1. Biological Incidents: Accidental or natural outbreaks of high-consequence diseases, or the intentional release

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of pathogens (e.g., bacteria, viruses, or toxins) that may cause widespread illness, disability, or death in humans or animals.

1.9.12.2. Natural Hazards: Hurricanes, floods, earthquakes, wildfires, severe storms, tornadoes, winter weather events, and other natural disasters that disrupt community health and healthcare services.

1.9.12.3. Technological and Infrastructure Hazards: Dam or levee failures, chemical or radiological spills or releases, nuclear accidents, and other technological or infrastructure failures that threaten public health and safety.

1.9.12.4. Human-Caused Incidents: Intentional acts such as terrorism, mass violence, or other deliberate disruptions.

Training and Exercises

1.9.13. The Contractor must ensure participation in all Department-led open and closed Points of Dispensing (POD) planning activities, as requested. This includes meetings, trainings, workshops, and exercises for each contract year. PODs include:

1.9.13.1. Open PODs: Public locations such as schools, community centers, municipal buildings, public clinics, etc.

1.9.13.2. Closed PODs: Targeted sites not open to the public that offer Medical Countermeasures (MCMs), such as long-term Care facilities, businesses, and police/fire departments, and that dispense medication or MCMs to a specific population (e.g., residents or employees).

1.9.14. The Contractor must participate in statewide full-scale exercises testing medical surge and/or POD response plans as requested by the Department. This includes:

1.9.14.1. Coordinating with the Department on emergency scenarios and the scope of the exercise.

1.9.14.2. Serving as the regional exercise lead, establishing and guiding a planning team to coordinate local and regional

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participation, and overseeing the successful design, conduct, and evaluation of the exercise.

1.9.14.3. Participating in exercises, such as open POD activities or volunteer management coordination at medical surge locations.

1.9.14.4. Participating in after-action meetings and providing regional feedback.

1.9.15. The Contractor must conduct a minimum of one (1) regional partner POD training and one (1) regional POD exercise per contract year, following the Homeland Security Exercise and Evaluation Program (HSEEP) framework, which includes:

1.9.15.1. Developing an annual POD training and exercise calendar and distributing it to all regional partners.

1.9.15.2. Managing exercise design and implementation in accordance with the HSEEP framework.

1.9.15.3. Managing training and exercise logistics, including securing space if held in person.

1.9.15.4. Inviting all open and closed POD partners to participate in at least one (1) training or exercise annually and ensuring that at least 75% of both open and closed POD partners attend.

1.9.15.5. Sending invitations and save-the-dates at least 60 days in advance, with regular reminders to maximize partner participation.

1.9.15.6. Managing and tracking registrations and participation.

1.9.15.7. Developing and submitting a corrective action plan to the Department to improve engagement if the 75% participation threshold in Section 1.9.15.4. is not met, to be delivered to the Department within fifteen (15) business days.

1.9.15.8. Implementation of the corrective action plan must be within 30 business days of Department approval unless additional time is approved by the Department in writing.

1.9.16. The Contractor must conduct post-training and post-exercise evaluations using Department-provided templates (e.g., surveys, hotwash/debriefing sessions), which includes:

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1.9.16.1. Participating in other Department-led exercises (discussion-based, functional, or full-scale).

1.9.16.2. Completing all required after-action processes within 60 calendar days of each RPHN-led regional exercise.

1.9.16.3. Conducting a debriefing session immediately following the event.

1.9.16.4. Holding at least one (1) after-action meeting with stakeholders for every exercise conducted.

1.9.17. The Contractor must develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within sixty (60) business days of the exercise. The report must summarize objectives, strengths, areas for improvement, and corrective actions, and be used to track progress and apply lessons learned to future planning, training, and exercises.

Response Capacity

1.9.18. The Contractor must ensure readiness and capacity for PHEP and small-scale response events, including the following:

1.9.18.1. Operation of small-scale PODS;

1.9.18.2. Support for large-scale public health operations, such as PODs and other types of public health clinics;

1.9.18.3. Support for medical countermeasure distribution to home-based populations;

1.9.18.4. Disaster sheltering operations; and

1.9.18.5. Surge capacity through Neighborhood Emergency Health Center (NEHC), Alternate Health System (AHS), and Family Assistance Center (FAC)/Family Reunification Centers (FRC).

1.9.19. The Contractor must plan for and maintain small-scale response capability, including the ability to independently operate an open POD serving up to 250 people per day for three (3) consecutive days within 72 hours of notice, as directed by the Department and per Department guidance. PODs must be located in areas accessible to at-risk populations and people with disabilities. This includes:

1.9.19.1. Identifying and maintaining agreements with Open POD facilities.

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1.9.19.2. Maintaining Open POD operational plans and agreements.

1.9.19.3. Updating Open POD facility point-of-contact lists annually.

1.9.19.4. Operating under the medical direction (if applicable) of the Department or its designated medical contractor.

1.9.19.5. Making copies of standing orders, emergency protocols, and Vaccine Adverse Event Reporting System (VAERS) instructions available at all clinics.

1.9.19.6. Independently managing all operational aspects, including site set up and logistics, staffing and role assignments, client flow and operations, implementation of medical guidance and standing orders, communication with the Medical Director or designee, inventory management, responder safety and health, communications and information management, throughput and efficiency, and demobilization and recovery, as outlined in the RPHEA.

1.9.20. The Contractor must recruit, train, and retain qualified medical and non-medical volunteers to support clinic operations. Qualified medical staff must have the following credentials:

1.9.20.1. Clinical license or copy from the NH online license verification showing the license type, expiration, and status (e.g. RNs, APRNs, FNP-Cs, MDs, DOs).

1.9.20.2. Current Basic Life Support (BLS) certification.

1.9.21. The Contractor must procure necessary supplies to conduct vaccine clinics, including but not limited to emergency management medications, equipment, and needles.

1.9.22. The Contractor must complete the required clinic operational reports within thirty (30) business days of the event, including the final throughput report and final inventory usage report.

1.9.23. The Contractor must report any adverse events or incidents:

1.9.23.1. Within two (2) business days for unusual events not related to individual safety

1.9.23.2. As soon as possible, but within 24 hours, for events impacting individual safety, including adverse reactions, medication

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errors, patient consent errors, or any other life safety event compromising care or safety.

1.9.24. Within sixty (60) business days after an incident closes, the Contractor must complete all required after-action processes, including:

1.9.24.1. Conducting a debriefing immediately following the event.

1.9.24.2. Holding at least one (1) after-action meeting with stakeholders.

1.9.24.3. Developing and submitting an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.25. The Contractor must ensure proper vaccine storage, handling, and management, and must:

1.9.25.1. Submit a signed Vaccine/Immunoglobulin (IG)/Pharmaceutical Management Agreement to New Hampshire Immunization Program (NHIP) annually, ensuring all listed requirements are met by providers administering vaccines, IG, or other NHIP-supplied pharmaceuticals.

1.9.25.2. Submit a signed Vaccination Provider Agreement to NHIP annually.

1.9.25.3. Ensure the PHEP Coordinator completes the NHIP vaccination training annually.

1.9.25.4. Retain a copy of PHEP Coordinator training certificates on file.

1.9.25.5. Use NHIP training materials or other Department-approved materials to train POD staff on vaccine administration, ordering, storage, and handling.

1.9.25.6. Retain a copy of all training materials on site for reference during PODs.

1.9.25.7. Ensure vaccine is stored at the manufacturer's recommended temperatures at all times while in the Contractor's custody.

1.9.25.8. Record temperatures twice daily, AM and PM, during normal business hours for the primary refrigerator, and hourly when the vaccine is stored outside the primary refrigerator.

1.9.25.9. Maintain an emergency backup plan in case of primary refrigerator failure.

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1.9.25.10. Use temperature data logger for all vaccine monitoring, including while stored in the primary refrigerator and during any time outside of it.

1.9.25.11. Complete the following for the vaccine supply:

1.9.25.11.1. Account for every dose of vaccine.

1.9.25.11.2. Submit a monthly temperature log for the vaccine storage refrigerator.

1.9.25.11.3. In the event of a vaccine temperature excursion (i.e., when stored vaccine experiences temperatures outside the manufacturer's recommended range), the Contractor must:

1.9.25.11.3.1. Immediately quarantine the vaccine in an appropriate temperature-controlled setting, separate it from other vaccine, and label it "DO NOT USE."

1.9.25.11.3.2. Contact the manufacturer immediately to explain the duration and temperature details of the event to determine if the vaccine is still viable.

1.9.25.11.3.3. Notify NHIP immediately after contacting the manufacturer.

1.9.25.11.3.4. Submit a Cold Chain Incident Report and Data Logger Report to NHIP within 24 hours of the temperature excursion.

1.9.25.12. Ensure consent for vaccination, medication administration, infectious disease testing, and participation in New Hampshire Immunization Information System (NHIIS). The Contractor must:

1.9.25.12.1. Use the consent processes provided by medical direction, approved by the Department, to obtain consent from parents/legal guardians of individuals under age 18, and for individuals over the age of 18 who have a legal guardian.

1.9.25.12.2. Distribute, obtain, verify, and store written or electronic consent forms prior to vaccine administration, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations.

1.9.25.12.3. Ensure a signed consent form is obtained before any vaccine, medication, or infectious disease outbreak testing is administered.

1.9.25.12.4. Maintain a written or electronic record of consent via a secure depository system approved or directed by the Department.

1.9.25.12.5. Maintain vaccine administration records for all individuals vaccinated, in compliance with HIPAA and other state and federal regulations.

1.9.25.12.6. Ensure individuals are notified that they may elect not to participate in vaccinations, NHIIS, treatment, and/or testing at any time.

1.9.25.12.7. Provide each patient, or the patients' parent/legal guardian, if applicable, the opportunity to opt-in or opt-out of NHIIS in accordance with RSA 141-C:20-f, II-a.

1.9.25.12.8. Obtain explicit consent before sending any personal information to NHIIS.

1.9.25.12.9. Only enter vaccine administration records for individuals who have opted in and provided explicit consent.

1.9.25.12.10. Maintain all completed opt-in consent forms, in either paper or electronic format.

1.9.25.12.11. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a Vaccine Information Sheet (VIS) to the patient, legal guardian, or parent on the day of vaccination.

1.9.25.13. The Contractor must perform the following tasks within 24 hours of completing each clinic:

1.9.25.13.1. Update the NHIIS with vaccines administered and wasted, as outlined in Section 1.9.25.12

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and in accordance with RSA 141-C:20-f, II-a. This includes:

1.9.25.13.1.1. Ensuring doses entered match the clinical documentation.

1.9.25.13.1.2. Submitting the hourly vaccine temperature log for the period the vaccine was stored outside of the primary refrigerator.

1.9.25.13.1.3. Submitting totals to NHIP outside of the vaccine ordering system, including:

1.9.25.13.1.3.1. Individuals vaccinated, by age group and vaccineformulation/ lot number.

1.9.25.13.1.3.2. Vaccines wasted, by formulation/lot number.

1.9.26. The Contractor must develop and maintain capacity to vaccinate and/or dispense medication to at least 50% of identified home-based populations who do not have access through alternate means, within Department- established timelines, which includes:

1.9.26.1. Developing and annually updating a home health agency contact list.

1.9.26.2. Developing operational procedures and protocols for home-based vaccination/medication dispensing in accordance with the Department's medical direction. These procedures and protocols must, at a minimum, address:

1.9.26.2.1. Criteria for defining "home-based populations" (e.g., homebound individuals, individuals with disabilities, or those lacking transportation).

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1.9.26.2.2. Methods for identifying eligible individuals (e.g., home health agency referrals, local registries, social service partners).

1.9.26.2.3. Establishing and maintaining, including annual review and update of, Memorandums of Understanding (MOUs) with home health agencies, visiting nurse services, and other community-based organizations.

1.9.26.2.4. Defining roles and responsibilities for RPHN, volunteers, and partner agency staff.

1.9.26.2.5. Resource planning, including cold chain management, PPE, and communication tools.

1.9.26.2.6. How teams are activated, assigned, and tracked.

1.9.26.2.7. Client communication, including notification of eligibility, appointment scheduling, and consent procedures.

1.9.26.2.8. Delivery, transport, storage, and administration of MCMs in home settings, including infection control practices.

1.9.26.2.9. Documentation of doses administered, inventory used, and client follow-up in Department-approved systems.

1.9.26.2.10. Responder safety procedures, including PPE use, exposure control, and staff check-ins.

1.9.26.2.11. Real-time communication protocols between dispensing teams, Medical Director/clinical oversight, and the Department.

1.9.26.2.12. Access considerations for individuals with limited English proficiency, low literacy, or hearing/vision impairments.

1.9.26.2.13. Verification of client identity and eligibility.

1.9.26.2.14. Medication/vaccine safety protocols, including proper handling and adverse event response procedures.

1.9.26.2.15. Security of medical supplies during transport and dispensing.

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1.9.26.2.16. Annual review and update of home-based dispensing operational procedures and protocols.

1.9.26.2.17. Pre-deployment review of procedures and protocols to ensure alignment with incident-specific response needs.

1.9.26.2.18. Volunteer training on home-based vaccination/medication dispensing procedures and protocols.

1.9.26.2.19. Maintenance of trained volunteer rosters.

1.9.26.2.20. Maintenance of Department-required resources in accordance with specified baseline inventory levels for successful operation, including:

1.9.26.2.20.1. Medical resources (e.g., vaccine administration supplies, basic first aid equipment);

1.9.26.2.20.2. Cold chain and storage equipment (e.g., vaccine refrigerators, data loggers);

1.9.26.2.20.3. Technology and documentation equipment (e.g., laptops, printers);

1.9.26.2.20.4. Transportation and logistics (e.g., secured containers to store documents or medical supplies);

1.9.26.2.20.5. Personal protective equipment (PPE);

1.9.26.2.20.6. Safety and security (e.g., identification badges);

1.9.26.2.20.7. Client support and education materials; and

1.9.26.2.20.8. Administrative and operational resources.

1.9.26.2.21. Conducting at least one (1) annual drill or exercise to test operational readiness.

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1.9.26.2.22. Within sixty (60) days after the exercise or incident, completing all required after-action processes, including conducting a hotwash/debriefing immediately following the event, at least one (1) after-action meeting with stakeholders, and submission of an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.26.2.23. Participating in any Department-led After-Action Meetings (AAMs) to provide regional input.

1.9.27. The Contractor must assist the Department in collecting public feedback on public health initiatives during emergency response, as requested, to inform response activities by:

1.9.27.1. Disseminating Department-developed feedback forms during and after major incidents, as requested.

1.9.27.2. Compiling and submitting completed surveys to the Department.

1.9.27.3. Developing and submitting a summary report within thirty (30) business days of the survey closing date, documenting recommendations or corrective actions based on feedback.

1.9.28. The Contractor must, for each contract year, establish and maintain Closed Point of Dispensing (POD) agreements with at least 75% of healthcare entities, 75% of educational institutions, and other organizations within the catchment area that are capable of independently receiving and administering medical countermeasures. To achieve this, the Contractor must implement the following activities to identify, engage, and formalize agreements with eligible organizations, including:

1.9.28.1. Hospitals and health systems;

1.9.28.2. Long-Term Care and Residential Facilities (e.g., nursing homes, assisted living facilities, and group homes);

1.9.28.3. Outpatient and ambulatory clinics (e.g., community health centers, FQHCs, primary care practices, dialysis centers, specialty clinics with established patient populations);

1.9.28.4. Pharmacies (independent and chain pharmacies with established dispensing infrastructure); and

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1.9.28.5. Home health agencies able to provide in-home dispensing for homebound clients.

1.9.29. The Contractor must carry out the following tasks to support the establishment and maintenance of these Closed POD agreements:

1.9.29.1. Recruit and onboard organizations for Closed POD operation to reach target deliverables.

1.9.29.2. Ensure all Closed POD agreements and contact lists are reviewed and updated annually, including verification of each organization's continued ability to administer countermeasures.

1.9.29.3. Track participation in Closed POD enrollments and provide the Department with an annual list of all participating organizations.

1.9.29.4. Upload new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.5. Provide the Department with a list of all organizations in the catchment area eligible to serve as Closed PODs but without a signed agreement due to lack of current capability or capacity .

1.9.29.6. For each contract year, establish and maintain Closed POD agreements with all of first responder organizations (local police, fire, and EMS) in the catchment area, which includes:

1.9.29.6.1. Maintaining a list of all first responder agencies in the catchment area.

1.9.29.6.2. Recruiting and onboarding first responder organizations to meet the target goal.

1.9.29.6.3. Contacting uncovered agencies annually to revisit participation.

1.9.29.6.4. Providing the Department with an annual list of participating and non-participating first responder agencies.

1.9.29.6.5. Uploading new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.7. Facilitate delivery of medical countermeasures to all of Closed POD sites, including direct federal shipments when applicable, ensuring receipt and timely reporting to the Department, which includes:

1.9.29.7.1. Tracking countermeasure shipments within the region.

1.9.29.7.2. Confirming receipt of shipment with the Closed POD lead within 24 hours.

1.9.29.7.3. Documenting and resolving shipment discrepancies.

1.9.29.7.4. Submitting a report to the Department that includes a distribution summary, receipt verification, and inventory and supply tracking.

1.9.30. The Contractor must maintain at least one (1) emergency response trailer at inventory levels approved by the Department, keeping trailers in a state of operational readiness so that municipal organizations may access them within 24 hours of request. To meet this requirement, the Contractor must:

1.9.30.1. Inspect trailers quarterly for damage and perform preventative maintenance as needed, or at a minimum annually, to reduce deployment delays, as funding allows.

1.9.30.2. Stock trailers with pre-approved medical surge or disaster sheltering equipment and supplies; regularly check for expiration or wear and replenish items after each use to maintain required inventory levels, as funding allows.

1.9.30.3. Keep an updated inventory list inside each trailer.

1.9.30.4. Verify mutual aid agreements and MOUs with partners to ensure towing vehicles and drivers are available.

1.9.30.5. Coordinate annual trailer deployment to practice hitching, transporting, and demobilizing trailers.

1.9.30.6. Maintain trailer readiness logs documenting inspections, repairs, and supply restocking.

1.9.30.7. Provide safety equipment (e.g., fire extinguishers, wheel chocks, reflective vests, cones) in each trailer, as funding allows.

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1.9.30.8. Provide insurance to cover the cost of replacing the trailer and supplies, if necessary.

Sheltering

1.9.31. The Contractor must maintain capacity to deploy trained volunteers to community or state-based disaster shelters within 24 hours of Department or local municipality requests by:

1.9.31.1. Maintaining a roster of volunteers trained in shelter operations.

1.9.31.2. Providing annual shelter training for volunteers.

1.9.31.3. Coordinating with local emergency management for staffing requests.

1.9.31.4. Ensuring all assigned volunteers complete just-in-time training (JITT) at the beginning of each shift, as requested by the Department or partner agency.

1.9.31.5. Tracking and documenting volunteer deployments.

1.9.31.6. Conducting a hotwash/debriefing with all volunteers after each shift.

1.9.31.7. Participating in AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.31.8. Participating in any Department led After-Action Meetings to provide regional input.

Family Assistance Center (FAC)/Family Reunification Center (FRC)

1.9.32. The Contractor must maintain capacity to deploy volunteers to Family Assistance Centers (FAC) and Family Reunification Centers (FRC) to fill pre-identified positions within 24 hours of request by maintaining updated volunteer rosters and ensuring role-specific training, which requires:

1.9.32.1. Maintaining a roster of volunteers trained in FAC/FRC positions and operations.

1.9.32.2. Providing annual FAC/FRC training for volunteers.

1.9.32.3. Coordinating with local emergency management for staffing requests.

1.9.32.4. Tracking and documenting volunteer deployments.

1.9.32.5. Using Department-provided templates, ensuring all assigned FAC/FRC volunteers complete JITT prior to shift start.

1.9.32.6. Liaising with the FAC/FRC Manager and/or Incident Commander during operations.

1.9.32.7. Participating in the AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.32.8. Conducting debriefings with volunteers after each shift.

1.9.32.9. Participating in any department led After-Action Meetings (AAM) to provide regional input.

1.9.32.10. Participating in at least 50% of regional and state-level FAC/FRC planning activities annually as requested and 75% of annual FAC/FRC training and exercises.

Neighborhood Emergency Health Center (NEHC)

1.9.33. The Contractor must maintain capacity to deploy and schedule volunteers to Neighborhood Emergency Health Center (NEHC) sites each contract year to fill pre-identified positions within 24 hours of request by:

1.9.33.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.33.2. Maintaining a roster of volunteers trained in NEHC positions and operations.

1.9.33.3. Providing annual NEHC training for volunteers.

1.9.33.4. Coordinating with local emergency management for staffing requests.

1.9.33.5. Tracking and documenting volunteer deployments.

1.9.33.6. Using Department-provided templates to ensure JITT is completed for all assigned NEHC volunteers prior to shift start.

1.9.33.7. Liaising with the NEHC Manager and/or Incident Commander during operations.

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1.9.33.8. Conducting a hotwash with volunteers after each shift.

1.9.33.9. Participating in an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions, as requested by the Department.

1.9.33.10. Participating in any Department led After-Action Meetings to provide regional input.

Alternate Health System (AHS)

1.9.34. The Contractor must maintain capacity to deploy and schedule trained volunteers to Alternate Health System (AHS) sites to augment clinical and non-clinical staffing within 24 hours of Department request by:

1.9.34.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.34.2. Maintaining a roster of clinical and non-clinical volunteers trained in AHS operations.

1.9.34.3. Providing annual AHS training for volunteers.

1.9.34.4. Coordinating with local and state partners for staffing requests.

1.9.34.5. Tracking and documenting volunteer deployments.

1.9.34.6. Using Department-provided templates to ensure JITT is completed for all assigned AHS volunteers prior to shift start.

1.9.34.7. Liaising with the AHS Incident Commander during operations.

1.9.34.8. Conducting a hotwash with volunteers after each shift.

1.9.34.9. Participating in the development of an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.34.10. Participating in any Department led After-Action Meetings to provide regional input.

Inventory Management

1.9.35. The Contractor must, by June 30th of each contract year, update and upload a complete annual inventory of all regional assets into the

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Administration for Strategic Preparedness & Response (ASPR's) current inventory management system, as directed by the Department, and update inventory records within five (5) business days of any supply usage, redistribution, or replenishment. To support this requirement, the Contractor must:

1.9.35.1. Monitor, document, and report all regional inventory distribution rates as directed by the Department, to guide purchasing decisions and future preparedness planning.

1.9.35.2. Assess supply levels to ensure Department-required inventories are maintained for PODs, medical surge activities, mass casualty incident (MCI), and disaster sheltering operations, and document results in ASPR's current inventory management system.

1.9.35.3. Compare inventory against required supply list.

1.9.35.4. Reorder supplies from the pre-approved inventory list developed by the Department with Contractor input to ensure regional needs are addressed.

1.9.35.5. Maintain documentation of approvals and purchase records for submission in quarterly financial and logistics reports.

1.9.35.6. By June 30th of each contract year, review and update agreements with all trailer and cache host agencies, ensuring that all of agreements clearly define agency roles and responsibilities, and maintain updated contact information in regional records and the Department's SharePoint system.

1.9.35.7. Once each quarter, test all specialized equipment (e.g., generators, radios, cooling units, refrigerators) to verify operational readiness, document results in equipment logs, and report any deficiencies within two (2) business days, with a written corrective actions report submitted to the Department within fifteen (15) business days.

1.9.35.8. Review current inventory and par levels before drafting purchase requests to confirm actual need.

1.9.35.9. Confirm that all requested items are on the Department's approved inventory list and align with applicable funding

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guidance. If an item is required but not listed, obtain Department approval prior to purchase to ensure compliance with grant requirements and funding limitations.

1.9.35.10. Document price quotes from three (3) Contractors for items over $250 to ensure cost-effectiveness.

1.9.35.11. Draft purchase requests with justification and submit to the Department for approval.

1.9.35.12. Retain written or email purchase approval records.

Volunteer Recruitment and Retention

1.9.36. The Contractor must maintain the capability to manage and deploy volunteers for small-scale incidents and provide support to the State during medium and large-scale public health emergencies. The Contractor must provide the following volunteer management services:

1.9.36.1. For each contract year, hold a minimum of twelve (12) volunteer engagement activities (one per month), which may include meetings, trainings, exercises, or response activities. Ensure at least 75% of active Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers attend 50% of engagement opportunities, and document outcomes within two (2) weeks of each session.

1.9.36.2. Maintain updated rosters of MRC and, if applicable, CERT volunteers.

1.9.36.3. Develop and publish an annual volunteer engagement calendar by July 30th each year, ensuring a variety of engagement activities to maintain volunteer interest.

1.9.36.4. Track volunteer participation in engagement activities.

1.9.36.5. Document outcomes based on pre- and post- knowledge evaluations and training feedback.

1.9.37. The Contractor must ensure all of active MRC and CERT (if applicable) volunteers are registered and credentialed in the Department-provided volunteer management system, by June 30th of each contract year, with quarterly audits conducted to verify accuracy and completeness of records. To meet this requirement, the Contractor must complete the following activities:

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1.9.37.1. Provide instruction or a brief orientation to volunteers on how to use the system.

1.9.37.2. Support the registration of new volunteers, ensuring they are registered in the system within fourteen (14) business days of orientation and that their accounts are complete.

1.9.37.3. Provide technical assistance for access and other system-related issues.

1.9.37.4. Conduct a baseline audit of all current volunteers to identify missing or incomplete accounts.

1.9.37.5. Send quarterly reminders to volunteers to review and update their profiles (e.g., contact info, licenses, certifications).

1.9.37.6. Before each exercise or real-world event, verify that assigned volunteers are fully registered and credentialed in the system.

1.9.37.7. Review records quarterly to ensure accuracy, completeness, and credential validity.

1.9.37.8. Verify that all active volunteers maintain all position-required credentials (e.g., clinical licenses, CPR certification), document compliance in the system, and follow-up with volunteers within 30 days of any expired or missing credentials.

1.9.37.9. Track and report progress toward the 100% registration and credentialing goal.

1.9.38. The Contractor must, by June 30th of each contract year, implement recruitment activities to expand the active MRC and CERT (if applicable) volunteer teams. To support this effort, the Contractor must complete the following activities:

1.9.38.1. Annually assess the type, quantity, and skillsets required of volunteers to meet program requirements.

1.9.38.2. Engage with the region's first responders (police, fire, emergency medical services) to augment workforces during an emergency.

1.9.38.3. Develop volunteer recruitment materials, with Department approval.

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1.9.38.4. Partner with local organizations to distribute recruitment materials.

1.9.38.5. Track recruitment using volunteer sign-up forms and entries in the volunteer management system.

1.9.38.6. Provide quarterly reports highlighting progress toward recruitment and retention deliverables.

1.9.38.7. Within the first 12 months, increase volunteer numbers by at least 25% compared to the current baseline.

1.9.38.8. In each subsequent contract year, increase the volunteer roster(s) by 5%.

1.9.38.9. Maintain a volunteer attrition rate of no more than 2.5% annually and report barriers to meeting this requirement to the Department.

1.9.38.10. Prioritize recruitment of clinical and healthcare-experienced individuals by conducting quarterly outreach events at healthcare facilities and schools, and community events.

1.9.39. The Contractor must offer to conduct exit surveys or interviews with all departing volunteers and:

1.9.39.1. Compile and analyze results on a quarterly basis and submit a summary report to the Department that includes identified trends and recommendations for program improvement.

1.9.39.2. Send the Department-provided exit survey to volunteers within five (5) business days of their departure.

1.9.39.3. Conduct follow-up phone interviews if no survey response is received.

1.9.39.4. Compile findings and submit a quarterly report to the Department, including the following key areas:

1.9.39.4.1. Number of volunteers who have resigned;

1.9.39.4.2. Reasons for leaving, highlighting positive and negative trends and recurring issues; and

1.9.39.4.3. Actionable recommendations for program improvement.

1.9.40. The Contractor must ensure that all volunteer applicants meet

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Department eligibility criteria and that required background checks are completed at the time of application and renewed a minimum of every three (3) years thereafter.

1.9.41. The Contractor must complete the following activities to ensure readiness of PHEP Volunteers for deployment upon a public health emergency event:

1.9.41.1. Maintain a current roster of volunteers trained in POD operations.

1.9.41.2. Activate volunteers upon request from the Department.

1.9.41.3. Complete JITT for volunteers as requested by the Department using Department-provided training materials.

1.9.41.4. Track and report volunteer hours.

1.9.42. The Contractor must deliver a Department-approved volunteer orientation program to all of new volunteers within two (2) months of onboarding that covers the PHEP program overview, volunteer utilization, training/exercise requirements, credentialing, participation standards, deployment processes, and organizational structure, including the following:

1.9.42.1.1. Host orientation sessions.

1.9.42.1.2. Maintain attendance and completion records.

1.9.42.1.3. Follow-up with volunteers who miss orientation deadlines.

1.9.42.1.4. Review and update orientation content annually to reflect program changes.

1.9.42.1.5. Maintain documentation of completion in the Department's volunteer management system (NH Responds).

1.9.42.1.6. Include the number of volunteers who completed orientation in the quarterly report.

1.9.43. The Contractor must conduct quarterly volunteer notification drills with 75% response rate for each contract year, including:

1.9.43.1. Sending notification messages via email, text message, or phone.

1.9.43.2. Recording response rates and address barriers to communication within 30 business days of identification.

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1.9.43.3. After each volunteer drill, notifying the Department if fewer than 50% of volunteers respond, and submitting a corrective action summary within 30 business days outlining identified barriers and strategies to improve volunteer responsiveness.

1.9.44. The Contractor must, from November through May of each contract year, facilitate participation of regional volunteers in the Department-led annual training series by promoting all training opportunities to all active volunteers. To achieve this requirement, the Contractor must:

1.9.44.1. Distribute the training calendar to all volunteers.

1.9.44.2. Issue training announcements and provide regular reminders to encourage participation.

1.9.45. The Contractor must, by June 30th of each contract year, provide volunteers with access to training for each of the following topics: Incident Command System (ICS) courses, inventory management, FAC, FRC, disaster sheltering, NEHC, open PODs, Responder Safety and Health, and other training topics as identified by the Department. To meet this requirement, the Contractor must:

1.9.45.1. Develop and publish a regional volunteer training schedule.

1.9.45.2. Recruit qualified instructors.

1.9.45.3. Manage registration and accurately record attendance.

1.9.45.4. Conduct post-training evaluations and compile results.

1.9.45.5. Maintain training records and submit quarterly participation summaries to the Department.

1.9.46. The Contractor must, by June 30, 2028, and every two (2) years thereafter, as requested by the Department, participate in Volunteer Training Needs Assessment (TNA), to include:

1.9.46.1. Providing formal feedback on survey content.

1.9.46.2. Promoting and encouraging participation in the state-led Volunteer Training Needs Assessment (TNA).

1.9.46.3. Reviewing survey results and updating the regional IPP and volunteer training calendar accordingly.

1.9.46.4. Publishing the updated IPP and volunteer training calendar to address identified gaps.

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1.9.47. The Contractor must require all volunteers activated to attend, Just-in-Time Training (JITT), in collaboration with the Department, prior to deployment, for every emergency response, ensuring all assigned volunteers complete the training, which includes:

1.9.47.1. Preparing JITT modules for PODs, disaster shelters, FAC/FRC, NEHC, and AHS using Department-provided templates.

1.9.47.2. Providing JITT immediately prior to deployment.

1.9.47.3. Tracking volunteer completion of JITT training.

1.9.47.4. Updating JITT training as needed and communicating changes promptly to all volunteers.

1.9.48. The Contractor must, by June 30th of each contract year, conduct at least one (1) annual volunteer exercise (drill, discussion-based, functional, or full-scale) in addition to call-down drill and POD exercise requirements, focusing on disaster sheltering, FAC/FRC operations, or medical surge responses, ensuring participation from at least 75% of active volunteers. To ensure accountability and continuous improvement, the Contractor must complete the following actions after each exercise:

1.9.48.1. Within 60 business days of each exercise, complete all the following required after-action processes:

1.9.48.1.1. Conduct a debriefing immediately following the exercise.

1.9.48.1.2. Hold at least one (1) after-action meeting with volunteers and stakeholders for each exercise conducted.

1.9.48.1.3. Develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within 90 business days of the exercise, documenting objectives, strengths, areas for improvement, and corrective actions.

1.9.48.1.4. Track corrective actions and verify implementation of improvements.

1.9.48.1.5. Incorporate lessons learned into future training and exercises.

Volunteer Health, Safety, and Resilience

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1.9.49. The Contractor must, by June 30th of each contract year and in coordination with the Department, implement and maintain a standardized process to track and monitor the health and safety of all volunteers before, during, and after deployments, to include:

1.9.49.1. Distributing a pre-deployment health checklist and require volunteers to complete it prior to deployment.

1.9.49.2. Requiring volunteers to provide proof of required vaccinations prior to deployment, when applicable.

1.9.49.3. Delivering incident-specific safety briefings and reminders at volunteer check-in.

1.9.49.4. Conducting wellness check-ins at regular intervals during operations.

1.9.49.5. Tracking hours worked to prevent fatigue and enforce rest breaks during active work hours.

1.9.49.6. Developing standards and procedures to ensure adequate time off between deployment shifts.

1.9.49.7. Documenting any incidents, injuries, or exposures immediately upon occurrence and reporting them to the Department.

1.9.49.8. Developing plans and protocols for managing occupational health exposures and injuries as directed by the Department and aligned with the Department's medical direction program.

1.9.49.9. Collecting post-deployment health surveys and solicit feedback on health and safety concerns to inform future responses.

1.9.49.10. Maintaining health and safety records related to deployments for all deployed volunteers in the Department-provided system.

1.9.49.11. Submitting summary reports with de-identified data to the Department within thirty (30) calendar days of each deployment.

1.9.49.12. Tracking trends in health and safety issues and recommend opportunities for program improvement.

1.9.49.13. Offering annual training on responder health and safety, including stress management, resilience, and self-care practices.

1.9.49.14. Ensuring compliance with all Department-issued health and safety guidance during public health incidents and emergencies by distributing updated guidance to volunteers within 24 hours of receipt and incorporating requirements into pre-deployment briefings.

1.9.49.15. Increasing volunteer awareness and access to mental health and resiliency resources, including community programs, behavioral health services, critical incident stress management, peer support, and the 9-8-8 crisis line, by distributing resource information annually and after every deployment through at least two (2) distinct communication channels (e.g., email, trainings, newsletters).

1.9.50. The Contractor must attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.9.51. The Contractor must attend a minimum of two (2) trainings per year offered by Department's training programs on topics relevant to this scope of work.

1.9.52. The Contractor must provide PHEP with a technical assistance needs assessment report in a format approved in advance by the Department, and update this report on an ongoing basis to ensure it reflects current needs and priorities.

Public Health Emergency Preparedness Reporting

1.9.53. The Contractor must complete quarterly and annual reports that include progress toward meeting the program services outlined in this Agreement including activities identified in the Department-approved annual Work Plan, including but not limited to:

1.9.53.1. Response plan updates, including:

1.9.53.1.1. Indicating completion of biennial RPHEA Base Plan update and uploading the plan to the Department's SharePoint site by required deadlines (annual reporting requirement).

1.9.53.1.2. Indicating completion of annual RPHEA Annexes and Attachments updates (i.e. Critical Contact Sheets, etc.) and uploading the updated documents to the Department's SharePoint site (annual reporting requirement).

1.9.53.2. Delivery of training sessions for partners, volunteers, and the public, to include:

1.9.53.2.1. Number and topic of training sessions delivered quarterly (quarterly reporting requirement).

1.9.53.2.2. The number of people trained by type (partner, volunteers, and public), quarterly (quarterly reporting requirement).

1.9.53.2.3. Training sessions rating summaries based on post-training evaluations, quarterly (quarterly reporting requirement).

1.9.53.3. Coordination and delivery of required exercises, including:

1.9.53.3.1. Number and types of exercises conducted quarterly (quarterly reporting requirement).

1.9.53.3.2. Submit After-Action Reports and Improvement Plans (AAR/IPs) utilizing Federal Emergency Management Agency's (FEMA) template, written as a result of an exercise or real-world event, to the Department within 60 calendar days of the event.

1.9.53.3.3. Number of improvement items identified and closed within three (3), six (6), nine (9), and twelve (12) months (annual reporting requirement).

1.9.53.4. Regional partner engagement.

1.9.53.5. Document outcomes of PHEP Committee meetings held at least every two (2) months (annual reporting requirement).

1.9.53.6. Identify which sectors have been invited to participate but do not participate, including providing details if targeted sector participation is not achieved, and document what corrective action items are implemented (annual reporting requirement).

Response Capacity Reporting Requirements

1.9.54. For Closed POD agreements, the Contractor must provide an annual list of participating and non-participating entities, organized by target sectors (healthcare entities, educational institutions, first responder agencies, and other organizations). The list must also document each entity's eligibility to

serve as a Closed POD and indicate whether the entity currently has the capacity and capability to do so (annual reporting requirement).

1.9.54.1. An annual inventory of all regional assets, including reporting on supply distribution rates (annual reporting requirement).

1.9.54.2. Equipment deficiencies and corrective actions open and closed within three (3), six (6), nine (9), and twelve (12) months, as needed (quarterly reporting requirement).

1.9.54.3. Trailer agreements renewals are to be uploaded by June 30th of each contract year to the Department's SharePoint site (annual reporting requirement).

Volunteer Management Reporting Requirements

1.9.55. The Contractor must prepare an annual volunteer recruitment and retention report that clearly indicates whether recruitment targets have been met (annual reporting requirement), to include:

1.9.55.1. Identification and summary of volunteer recruitment activities conducted by the RPHN.

1.9.55.2. Identification and summary of volunteer retention activities conducted by the RPHN.

1.9.55.3. Total number and percentages of volunteers recruited, retained, and separated.

1.9.55.4. Corrective action plan developed by the Contractor if 25% recruitment (and 5% every year thereafter) is not achieved.

1.9.55.5. Skills set analysis to identify strengths and gaps in volunteer capacity based on response requirements.

1.9.55.6. Strategies implemented to improve retention and engagement.

1.9.55.7. Records of volunteer attrition, including reason for separation (e.g., relocation, loss of interest, credential lapses).

1.9.55.8. Percent of volunteers who are deployment ready (annual reporting requirement), including:

1.9.55.8.1. The percentage of volunteers registered and credentialed in NH Responds.

1.9.55.8.2. The percentage of volunteers who have completed background checks and other onboarding steps (e.g. orientation).

1.9.55.8.3. The percentage of volunteers with verified licenses.

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1.9.55.8.4. The percentage of volunteers who have completed training requirements for shelter, POD, AHS, NEHC, FAC/FRC operations.

Responder Safety and Health Reporting Requirements

1.9.56. The Contractor must:

1.9.56.1. Prepare and submit an annual summary of responder safety and health monitoring activities.

1.9.56.2. Report promptly on any incidents, exposures, or injuries that occur during responses, drills, or exercises, as needed.

1.9.57. The Contractor may be required to provide other data and metrics to the Department in a format specified by the Department.

1.9.58. The Contractor must submit all reports electronically through a secure depository system approved or directed by the Department by the established deadlines within this Agreement.

2. Background Checks

2.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:

2.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;

2.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

2.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

2.2. Confidential Data

2.2.1. 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.

2.2.2. The Contractor must ensure any individuals involved in delivering 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.

2.3. Privacy Impact Assessment

2.3.1. 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:

2.3.1.1. How PII is gathered and stored;

2.3.1.2. Who will have access to PII;

2.3.1.3. How PII will be used in the system;

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

2.3.1.5. Privacy practices.

2.3.2. 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.

2.4. Department Owned Devices, Systems and Network Usage

2.4.1. Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfilment of this Agreement, must:

2.4.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures and guidelines, and complete applicable trainings as required;

2.4.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden

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including, but not limited, to personal or other private and non-Department use, and that at no time must they access or attempt to access information without having the express authority of the Department to do so;

2.4.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

2.4.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

2.4.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;

2.4.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;

2.4.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "Department-funded email systems."

2.4.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and

2.4.1.9. Agree when utilizing the Department's email system:

To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".

2.4.1.9.1. Include in the signature lines information identifying the End User as a non-Department workforce member; and

2.4.1.9.2. Ensure the following confidentiality notice is embedded underneath the signature line:

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CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

2.4.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

2.4.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

2.4.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

2.4.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

2.4.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

2.4.1.12. Contractor agrees to notify the Department a minimum of three (3) business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees to

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notify the Department's Information Security Office or designee immediately.

2.5. Contract End-of-Life Transition Services

2.5.1. General Requirements

2.5.1.1. 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 Department must provide the DTP template to the Contractor.

2.5.1.2. 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.

2.5.1.3. If a system, portal, 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.

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2.5.1.4. The internal planning of the Transition Services by the Contractor and its End Users must be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Agreement.

2.5.1.5. 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.

2.5.1.6. 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.

2.5.2. Completion of Transition Services

2.5.2.1. Each service or transition phase must 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.

2.5.2.2. 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.

2.5.3. Disagreement over Transition Services Results

2.5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department must notify the Contractor, in writing, stating the reason for the lack of

satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties must discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department must be entitled to initiate actions in accordance with the Agreement.

2.6. Website and Social Media

2.6.1. The Contractor must provide a website approved by the Department to disseminate RPHN program information and public health resources to the public and agency partners, which includes information on the PHAC, Community Health Improvement Plan (CHIP), Substance Misuse Prevention Coordinator(SMPC), CoC facilitation, and PHEP programs.

2.6.2. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

2.6.3. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

2.7. State of New Hampshire's Website Copyright

2.7.1. All right, title and interest in the State WWW site, including copyright to all data and information, must remain with the State of New Hampshire. The State of New Hampshire must also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information must, where applicable, display the State of New Hampshire's copyright.

3. Exhibits Incorporated

3.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

3.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.

3.3. 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 F, Business Associate Agreement, which has been executed by the parties.

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

4.2.1. The Contractor must submit:

4.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

4.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors); and

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

4.3. Credits and Copyright Ownership

4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "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."

4.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

4.3.3. 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.

4.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

4.4. Operation of Facilities: Compliance with Laws and Regulations

4.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire

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Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

5. Records

5.1. The Contractor must keep records that include, but are not limited to:

5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to 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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

5.1.4. Medical records on each patient/recipient of services.

5.2. 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.

5.3. 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.

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Payment Terms

1. This Agreement is funded by:
   1.1. 84% Federal funds, including:
      1.1.1. Preventative Health Block Grant, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.991, FAIN # NB01OT009381, and
      1.1.2. Public Health Emergency Preparedness, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.069, FAIN # NU90TU000009, and
      1.1.3. Substance Abuse Prevention and Treatment Block Grant as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.959, FAIN # TI084659,and
      1.1.4. Strengthening NH Public Health Infrastructure, Workforce, and Data Systems, as awarded on 11/29/2022, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.967; FAIN # NE11OE000077.
   1.2. 16% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, based on criteria specified in 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
   2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual paid allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-2.
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 with each invoice, including, but not limited to, proof of expenditures, itemized receipts for purchases, time sheets, and payroll records with position or staff detail, as applicable.

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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 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 only upon receipt and approval of the submitted invoice and required supporting documentation.

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.

7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

8.1.3. Condition C - The Contractor is a public company and required by Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor

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shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. 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.

8.5. 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 shall 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.

9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

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New Hampshire Department of Health and Human Services	
Contractor Name:	*Manchester Health Departmen*
Budget Request for:(Pull-down)	Greater Manchester
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	3%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$0	$173,154	$0	$0	$0
2. Fringe Benefits	$0	$82,433	$0	$0	$0
3. Consultants	$24,999	$16,716	$0	$9,000	$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	$0
5.(a) Supplies - Educational	$1,101	$0	$0	$0	$0
5.(b) Supplies - Lab	$0		$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$5,000	$0	$0	$0
6. Travel	$0	$5,000	$0	$0	$0
7. Software	$0		$0	$0	$0
8. (a) Other - Marketing/Communications	$1,000		$0	$0	$0
8. (b) Other - Education and Training	$1,000	$5,000	$0	$0	$0
8. (c) Other - Other (Office Supplies)	$1,000		$0	$700	$0
Other (Emergency Communications-phones	$0	$3,000	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$4,297		$124,383
Total Direct Costs	$29,100	$290,308	$4,297	$9,700	$124,383
Total Indirect Costs	$900	$8,979	$133	$300	$3,847
Subtotals	**$30,000**	**$299,287**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$471,947**

Initial

JR

Contractor Initials

Date 5/21/2026

Exhibit C-2, Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	*Manchester Health Department*
Budget Request for:(Pull-down)	Greater Manchester
Budget Period(Pull-down):	SFY 2028 (7/1/27-6/30/2028)
Average Indirect Cost Rate (if applicable)	3%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Faclilitation
1. Salary & Wages	$0	$183,698	$0	$0	$0
2. Fringe Benefits	$0	$88,330	$0	$0	$0
3. Consultants	$2,001	$0	$0	$9,000	$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	$0	$0
5.(a) Supplies - Educational	$1,100	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$5,000	$0	$0	$0
6. Travel	$0	$5,000	$0	$0	$0
7. Software	$24,999	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0	$0
8. (b) Other - Education and Training	$500	$5,000	$0	$0	$0
8. (c) Other - Other (Office Supplies)	$500	$0	$0	$700	$0
Other (Emergency Communications-phones	$0	$3,280	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$4,297		$124,383
Total Direct Costs	$29,100	$290,308	$4,297	$9,700	$124,383
Total Indirect Costs	$900	$8,979	$133	$300	$3,847
Subtotals	**$30,000**	**$299,287**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$471,947**

Initial

Contractor Initials

Date 5/21/2026

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New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub- contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

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

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1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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

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

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SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see https://omb.report/icr/201009-0348-022/doc/20388401

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context.

6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) https://www.ecfr.gov/current/title-22/chapter-V/part-513.

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9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).

14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

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

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SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

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SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

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FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is:_____

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

   _____NO _____YES

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

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

   _____NO _____YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name:

5/21/2026
_____
Date:

Signed by:
Jay Ruais
1E254B4248634A4...
_____
Name: Jay Ruais
Title: Mayor

New Hampshire Department of Health and Human Services

Exhibit E

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

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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.

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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.

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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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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.).

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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

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/doit/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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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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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

Docusign Envelope ID: EB05EC71-E932-852B-824F-B156928B5AAC

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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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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

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 in

Initial

Contractor Initials _____

5/29/2026

Date _____

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 used,

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	City of Manchester
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	Signed by: Jay Ruais 0E7A3ADB9D644FE...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Jay Ruais
Name of Authorized Representative	Name of Authorized Representative
Director - DPH	City of Manchester
Title of Authorized Representative	Title of Authorized Representative
5/29/2026	5/29/2026
Date	Date

Initial JR

Contractor Initials _____

5/29/2026

Date _____

CERTIFICATE OF AUTHORITY

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

1. I am a duly ~~elected~~ Appointed Clerk/Secretary/Officer of City of Manchester, NH.
(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 May 19, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Jay Ruais, Mayor (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of the City of Manchester 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 **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: 5/21/26

Signature of ~~Elected~~ Officer
Name: Appointed Matthew Normand
Title: City Clerk

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Kevin J. O'Neil
Risk Manager

CITY OF MANCHESTER

Office of Risk Management

CERTIFICATE OF COVERAGE

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage within the financial limits of RSA 507-B as follows:

	Limits of Liability (in thousands 000)	
GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	325
	Each Occurrence	1000
	Aggregate	2000
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	325
	Each Occurrence	1000
	Aggregate	2000
WORKER'S COMPENSATION	Statutory Limits	

The City of Manchester, New Hampshire maintains a Self-Insured, Self-Funded Program and retains outside claim service administration. All coverages are continuous until otherwise notified. Effective on the date Certificate issued and expiring upon completion of contract. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the limits described herein is subject to all the terms, exclusions and conditions of RSA 507-B.

DESCRIPTION OF OPERATIONS/LOCATION/CONTRACT PERIOD
Re: For the Regional Public Health Networks (RFA-2027-DPH-01-REGIO) from April 9, 2026 through June 30, 2028.

Issued the 9th of April, 2026

K. O'Neil

Kevin J. O'Neil, Risk Manager

One City Hall Plaza • Manchester, New Hampshire 03101 • (603) 624-6503 • FAX: (603) 624-6528
TTY: 1-800-735-2964
E-Mail: koneil@manchesternh.gov • Website: www.manchesternh.gov

FORM NUMBER P-37 (version 2/23/2023)

Subject: Regional Public Health Networks (RFA-2027-DPH-01-REGIO-06)

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 North Country Health Consortium		1.4 Contractor Address 260 Cottage Street, Suite C Littleton, NH 03561	
1.5 Contractor Phone Number (603) 589-4500	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2028	1.8 Price Limitation $522,420
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: Lauren Pearson 6128DD510AF3466... Date: 5/13/2026		1.12 Name and Title of Contractor Signatory Lauren Pearson Executive Director	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB63F9704C7... Date: 5/15/2026		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: DocuSigned by: Robyn Guarino 748734844941460... On: 5/15/2026			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials: Initial LP
Date: 5/13/2026

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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 Initial LP

Date 5/13/2026

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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 Initial LP

Date 5/13/2026

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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.

Contractor Initials Initial LP
Date 5/13/2026

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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 four (4) 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 9, Termination, Subparagraph 9.2., is amended as follows:

9.2. Termination Procedure

9.2.1. In the event of the termination pursuant to Subparagraph 9.1., the Contractor shall immediately stop all work hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. The State will pay for cost of all Services and Deliverables for which Acceptance has been given by the State, provided through the date of termination but will not be liable for any costs for incomplete Services or winding down the Contract activities. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

9.2.2. Upon termination of the Contract, the State, in addition to any other rights provided in the Contract, may require Contractor to deliver to the State any property, including without limitation, Software and Written Deliverables, for such part of the Contract as has been terminated. After receipt of a notice

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of termination, and except as otherwise directed by the State, Contractor shall:

a. Stop work under the Contract on the date, and to the extent specified, in the notice;

b. Promptly, but in no event longer than ten (10) days after termination, terminate its orders and subcontracts related to the work which has been terminated, and settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of the State to the extent required, which approval or ratification shall be final for the purpose of this Section;

c. Take such action as the State directs, or as necessary to preserve and protect the property related to the Contract which is in the possession of Contractor and in which the State has an interest;

d. Take no action to intentionally erase or destroy any State Data, which includes State Data held by the Contractor's subcontractors;

e. Transfer title to the State and deliver in the manner, at the times, and to the extent directed by the State, any property which is required to be furnished to the State and which has been accepted or requested by the State;

f. Work with the State to develop a Services and Data Transition Plan per the "Contract End-of-Life Transition" requirements within this Contract; and

g. Provide written Certification to the State that Contractor has surrendered to the State all said property.

9.2.3. If the Contract has expired, or terminated prior to the Completion Date, for any reason, the Contractor must provide, for a period up to ninety (90) days after the expiration or termination, all transition services requested by the State, at no additional cost, to allow for the expired or terminated portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees ("Transition Services").

9.2.4. This covenant in paragraph 9 shall survive the termination of this Contract.

1.5. Paragraph 10, Property Ownership/Disclosure, Subparagraphs 10.2., through 10.8., is amended as follows:

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. The data must be returned to the State in a manner and format agreeable to the State.

10.3. Disclosure of data, information and other records shall be governed by NH RSA chapter 91- A and/or other applicable law, and Exhibit E - DHHS Information Security Requirements. Disclosure requires prior written approval of the State.

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10.4. In performing its obligations under this Agreement, Contractor may gain access to Confidential Information of the State. Confidential Information is defined in Exhibit E - DHHS Information Security Requirements.

10.5. Subject to applicable federal or State laws and regulations, Confidential Information shall not include information which:

10.5.1. Shall have otherwise become publicly available other than as a result of disclosure by the receiving Party in breach hereof;

10.5.2. Was disclosed to the receiving Party on a non-confidential basis from a source other than the disclosing Party, which the receiving Party believes is not prohibited from disclosing such information as a result of an obligation in favor of the disclosing Party; or

10.5.3. Is disclosed with the written consent of the disclosing Party.

10.6. A receiving Party also may disclose the disclosing Party's Confidential Information to the extent required by law or an order of a court of competent jurisdiction. Any disclosure of the Confidential Information shall require the prior written approval of the State. Contractor shall immediately notify the State if any request, subpoena or other legal process is served upon Contractor regarding the Confidential Information, and Contractor shall cooperate with the State in any effort the State undertakes to contest the request, subpoena or other legal process, at no additional cost to the State.

10.7. Contractor Confidential Information. Contractor shall clearly identify in writing all information it claims to be confidential or proprietary upon providing such information to the State. For the purposes of complying with its legal obligations, the State is under no obligation to accept the Contractor's designation of material as confidential. Contractor acknowledges that the State is subject to State and federal laws governing disclosure of information including, but not limited to, RSA Chapter 91-A. In the event the State receives a request for the information identified by Contractor as confidential, the State shall notify Contractor and specify the date the State will be releasing the requested information. At the request of the State, Contractor shall cooperate and assist the State with the collection and review of Contractor's information, at no additional expense to the State. Any effort to prohibit or enjoin the release of the information shall be Contractor's sole responsibility and at Contractor's sole expense. If Contractor fails to obtain a court order enjoining the disclosure, the State shall release the information on the date specified in the State's notice to Contractor, without any liability to the State.

10.8. This covenant in paragraph 10 shall survive the termination of this Contract.

1.6. Paragraph 12, Assignment/Delegation/Subcontracts, Subparagraph 12.1., is amended as follows:

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. In the event that the State does not consent to the assignment the State shall have the option to

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immediately terminate the Agreement without liability to or further compensation owed to Contractor, its successors or assigns.

1.7. 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 must 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 must manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor must annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance. Failure to enter into Business Associate Agreements with its subcontractors that create or receive protected health information on the behalf of the State through this Contract, and failure to comply with the implementation specifications for such agreements is a direct HIPAA violation by the Contractor.

1.8. The following Paragraphs are added and made part of the P37:

27. Force Majeure

27.1. Neither Contractor nor the State shall be responsible for delays or failures in performance resulting from events beyond the control of such Party and without fault or negligence of such Party. Such events shall include, but not be limited to, acts of God, strikes, lock outs, riots, and acts of War, epidemics, acts of Government, fire, power failures, nuclear accidents, earthquakes, and unusually severe weather.

27.2. Except in the event of the foregoing, Force Majeure events shall not include the Contractor's inability to hire or provide personnel needed for the Contractor's performance under the Contract.

28. Requirements for Web Content and Mobile Application Accessibility.

28.1. Under Title II of the Americans with Disabilities Act, the State is required to provide equal access to all of its services, programs, and activities that are provided or made available to the public (whether directly or through contractual, licensing, or other arrangements) via the web and mobile applications. Accordingly, all web content and mobile applications developed, delivered, or otherwise furnished by Contractor pursuant to the terms and conditions of this Agreement shall comply with all applicable accessibility requirements under 28 C.F.R. § 35.200 and the technical standards for web content and mobile application accessibility specified in version 2.1., of the Web Content Accessibility Guidelines at Level AA conformance.

28.2. Contractor acknowledges and agrees that the State may require Contractor's compliance with the web content and mobile application accessibility standards

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set forth in Paragraph 28.1., to be determined by a third-party selected by the State in its sole and discretion.

29. Exhibits/Attachments

The Exhibits and Attachments referred to in and attached to the Contract are incorporated by reference as if fully included in the text of the Contract.

30. Non-Exclusive Contract

The State reserves the right, at its discretion, to retain other vendors to provide any of the Services or Deliverables identified under this Agreement. Contractor shall make best efforts to coordinate work with all other State vendors performing Services which relate to the work or Deliverables set forth in the Agreement. The State intends to use, whenever possible, existing Software and hardware contracts to acquire supporting Software and hardware.

31. Prohibited Technologies

a. No equipment or services listed on the State of New Hampshire's Prohibited Technologies List may be used, as required by in Executive Order 2022-09; and

b. No equipment or services on the FCC Covered List may be used as required by The Secure and Trusted Communications Networks Act of 2019, Pub. L. No. 116-124, 133 Stat. 158 (2020) (codified as amended at 47 U.S.C. §§ 1601–1609).

32. Order Of Precedence

In the event of conflict or ambiguity among any of the text within this agreement, the following Order of Precedence shall govern:

In the event of conflict or ambiguity among any of the text within the awarded Agreement, the following Order of Precedence shall govern:

i. State of New Hampshire, Department of Health and Human Services Contract Agreement.

ii. State of New Hampshire, Department of Health and Human Services RFP.

iii. Vendor Proposal Response.

iv. Additional Contractor Provided Documents, if applicable.

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Scope of Services

1. Statement of Work

1.1. The Contractor must serve as a lead organization to oversee a Regional Public Health Network (RPHN) and ensure the delivery of public and behavioral health services within the North Country region. The Contractor must provide a broad range of public health services for the following Department programs:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care (CoC) Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Public Health Advisory Council (PHAC).

1.1.5. Public Health Emergency Preparedness, including:

1.1.5.1. Community Preparedness;

1.1.5.2. Regional Stakeholder Engagement;

1.1.5.3. Regional Community Engagement;

1.1.5.4. Response Readiness;

1.1.5.5. Training and Exercises;

1.1.5.6. Response Capacity; and

1.1.5.7. Volunteer Management.

1.2. **Substance Misuse Prevention**. The Contractor must provide the following services:

1.2.1. Leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-informed primary prevention approaches, programs, policies, and services in collaboration with the Department's Bureau of Drug and Alcohol Services (BDAS), including:

1.2.1.1. Implementation of the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework which includes assessment, capacity development, planning, implementation, and evaluation.

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1.2.1.2. Ensuring focus on collaboration with other prevention statewide funded programs, including but not limited to: Juvenile Justice Network, Getting to Y- NH, NH Harm Reduction Coalition, Multi-tiered System of Support-Behavioral Health, Student Assistance Network, and Young Adult Strategies.

1.2.1.3. Utilizing a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. The Contractor must ensure regional data driven primary prevention approaches are consistent with the Center for Substance Abuse Prevention (CSAP) categories, but do not need to include all CSAP categories.

1.2.1.4. Supporting and advancing the implementation of evidenced-informed approaches, programs, policies, and services within the region served through community engagement and mobilization.

1.2.1.5. Advancement, promotion, and implementation of substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.1.6. Compliance with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.1.7. Ensuring substance misuse prevention is addressed at PHAC meetings, and with a bi-directional exchange of

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information, to advance efforts of substance misuse prevention initiatives.

1.2.1.8. Assisting, as directed by the Department's BDAS, with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.3. Substance Misuse Prevention Coordination and CoC Facilitation. The Contractor must:

1.3.1. Consider and apply the SPF and Assets and Gaps Analysis, and in collaboration with the Department's BDAS, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year Strategic Plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.3.2. Develop a bi- annual Work Plan for Department approval that guides actions and includes outcome-based performance measures and alignment with the three (3) year Strategic Plan. Based on changing and emerging local conditions, the Contractor must adapt Work Plans as necessary with approval by the Department.

1.3.3. Report progress on the Work Plan and three (3) year Strategic Plan including outcomes via a secure depository system approved or directed by the Department.

1.3.4. Report activity data accurately into a system designated or approved by the Department on a monthly basis.

1.3.5. Maintain a substance misuse leadership team consisting of regional representatives with special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.3.6. Produce and disseminate an Annual Report that demonstrates successes, challenges, outcomes from the previous year and projected deliverables for the following year, as directed and approved by BDAS.

1.3.7. Participate in RPHN Substance Misuse meetings as directed by

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BDAS.

1.4. Continuum of Care

1.4.1. The Contractor must facilitate implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), in collaboration with the Department's BDAS, ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.4.2. The Contractor must provide leadership and support for activities that assist the Department's BDAS in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor must:

1.4.2.1. Engage regional partners in conducting a regional asset and gap analysis, and ongoing update of regional assets and gaps. The Contractor must ensure regional partners include:

1.4.2.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.4.2.1.2. Primary health care providers.

1.4.2.1.3. Behavioral health care providers.

1.4.2.1.4. Other interested and/or affected parties approved by the Department.

1.4.2.2. Facilitate and/or provide support for initiatives that result in:

1.4.2.2.1. Increased awareness of and access to services.

1.4.2.2.2. Increased communication and collaboration among providers.

1.4.2.2.3. Increased capacity and delivery of services.

1.4.2.3. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.4.2.4. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorways.

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1.4.2.5. Collaborate with the Contractor's partnering stakeholders/organizations to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.4.2.5.1. Health service providers.

1.4.2.5.2. Public and charter schools and institutes of higher education.

1.4.2.5.3. Police and fire stations.

1.4.2.5.4. Municipal government buildings.

1.4.2.5.5. Businesses in every community of the region.

1.4.2.5.6. Other organizations, as directed by the Department.

1.4.2.6. Disseminate and distribute overdose prevention education resources, Naloxone, testing strips and Naloxone kits to reach high-need, high-risk populations within the region served.

1.4.2.7. Engage regional stakeholders to assist with information dissemination.

1.5. The Contractor must provide Substance Misuse Prevention and CoC technical assistance and training, as requested, in formats specified by the Department, including but not limited to, the following:

1.5.1. Attendance at community of practice meetings and/or activities.

1.5.2. Working with designated BDAS technical assistance and data and/or evaluation contractors to develop metrics and measures to evaluate outcomes and use aggregate data and tools to demonstrate outcomes.

1.5.3. Attendance at all regularly scheduled Department RPHN substance misuse meetings.

1.5.4. Attendance at additional meetings, conference calls, and webinars as required by the Department.

1.5.5. Ensuring the Substance Misuse Prevention Coordination (SMPC) lead staff are credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium

(IC&RC), and the New Hampshire Prevention Certification Board.

1.5.6. Ensuring SMPC lead staff attend required trainings, including Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.5.7. Ensuring CoC facilitation lead staff are familiar with the SPF and RROSC systems development within NH.

1.6. **Overdose Prevention Response.** The Contractor must:

1.6.1. Conduct an initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN, at the direction of the Department, for the project period.

1.6.2. Conduct a needs assessment to inform response efforts that include:

1.6.2.1. Gathering regional and local level data related to alcohol and other drug overdoses.

1.6.2.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.6.2.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include:

1.6.2.3.1. Doorways.

1.6.2.3.2. Recovery care organizations.

1.6.2.3.3. Treatment providers.

1.6.2.3.4. Law enforcement.

1.6.2.3.5. Hospitals.

1.6.2.3.6. Other organizations, as directed by the Department.

1.6.3. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care and distribute and disseminate resources.

1.6.4. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

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1.6.5. Participate in other training courses and meetings, as requested by the Department.

1.7. **Public Health Advisory Council**. The Contractor must:

1.7.1. Coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction for public health activities within the region served.

1.7.2. Maintain a set of operating guidelines or by-laws for the PHAC.

1.7.3. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team to complete the following:

1.7.3.1. Approve regional health priorities and implement high-level deliverables and strategies.

1.7.3.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.7.3.3. Form and/or identify already existing committees and workgroups to address specific strategies and public health topics.

1.7.3.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.7.3.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.7.3.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.7.4. Ensure the PHAC leadership team meets at least quarterly to complete the following:

1.7.4.1. Draft and share of meeting minutes are available to the public upon request.

1.7.4.2. Ensure all members of the PHAC sign a conflict- of-interest statement, as provided by the Department.

1.7.4.3. Coordinate with the Department to collect, analyze, and disseminate data related to the health status of the

region, educate network partners about on-line and other sources of data, and participate in community health assessments.

1.7.4.4. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complementary and shared public health outcomes.

1.7.4.5. Review the regional CHIP and SHIP annually and develop action plans for the services in this RFA, as advised by the PHAC.

1.7.4.6. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.7.4.7. Publish an Annual Report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.7.4.8. Advance the work of RPHNs by conducting educational and training programs annually to RPHN partners and others.

1.7.4.9. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.7.4.10. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.8. The Contractor must provide PHAC technical assistance and training, as requested, in formats specified by the Department. This includes, but is not limited to:

1.8.1. Attendance at semi-annual meetings of PHAC leadership

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convened by Department's Division of Public Health and/or BDAS.

1.8.2. Completion of a PHAC technical assistance needs assessment in a format approved by the Department.

1.9. **Public Health Emergency Preparedness.** The Contractor must provide the following services:

Community Preparedness

1.9.1. The Contractor must provide leadership and coordination to improve regional public health emergency response plans and ensure partner organizations have the capacity to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor must:

1.9.1.1. Submit an annual Work Plan by July 30th in Year 1 of the Agreement, and thereafter, submit an annual a 12-month Work Plan by June 1st utilizing a Department-provided template addressing regional preparedness priorities that are aligned with the Scope of Services in this Agreement and reflect the Center for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

1.9.1.2. Attend and participate in all statewide and regional meetings as directed by the Department, including:

1.9.1.2.1. Public Health Emergency Preparedness (PHEP)/Volunteer Management meetings held every two (2) months and led by the Department.

1.9.1.2.2. Monthly Regional Public Health Network (RPHN)/State Coordination Calls led by the Department.

1.9.1.2.3. Quarterly Hospital Emergency Management Coordination (HEMC)/RPHN meetings led by the Granite State Healthcare Coalition and the Department.

1.9.1.3. Facilitate other meetings as directed by the Department.

1.9.1.4. Participate in the following projects, as directed by the Department:

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1.9.1.4.1. The annual RPHN PHEP site visit with the RPHN Administrator to assess contract and programmatic compliance, including:

1.9.1.4.1.1. Compliance with contract requirements, including planning, training, exercise, response readiness, volunteer management, financial reporting, and reporting on Work Plan activities.

1.9.1.4.1.2. Implementation of preparedness activities outlined in the regional Work Plan.

1.9.1.4.1.3. Tracking and reporting on progress for any corrective actions identified during the visit indicating which corrective actions have been resolved.

1.9.1.5. Participate in a biennial site visit with the Department's Strategic National Stockpile (SNS) coordinator and RPHN program administrator to assess capacity and readiness, which includes:

1.9.1.5.1. Completing the Department-provided evaluation workbook.

1.9.1.5.2. Attending the SNS site visit to review the workbook, verify its components, and discuss findings.

1.9.1.5.3. Identifying at least one (1) area for improvement within the program area, by the end of each biennial SNS site visit,

1.9.1.5.4. Developing and submitting an improvement plan within 30 days of the SNS site visit including a timeline for completion.

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1.9.1.5.5. Incorporating corrective actions identified in the SNS Improvement Plan into regional priorities and plans.

1.9.1.5.6. Reporting on progress on corrective actions at three (3), six (6), nine (9), and twelve (12) month intervals indicating which corrective actions have been resolved.

1.9.1.5.7. Participation in at least 90% of Department-led Regional Public Health Emergency Annex (RPHEA) template project meetings to support the development of new and revision of current RPHEA template components.

1.9.1.5.8. Reviewing and updating the RPHEA Base Plan every two (2) years, making sure to incorporate partner feedback.

1.9.1.5.9. Submitting the updated RPHEA Base Plan to the Department's SharePoint site by April 1st every two (2) years for review and feedback.

1.9.1.5.10. Incorporating feedback into the final RPHEA Base Plan and uploading it to the Department's SharePoint site by June 30 of each contract year.

1.9.1.6. In collaboration with regional partners and designated workgroups, conduct an annual review and update of the RPHEA Annexes and Attachments, including the Critical Contact Sheet, Facility Activation Attachments, and other RPHEA components prioritized by the Department. This process must include the following actions:

1.9.1.6.1. Submitting updated Annexes and Attachments to the Department's SharePoint site for review and feedback.

1.9.1.6.2. Incorporating feedback into the RPHEA Annexes and Attachments and uploading the final versions to the Department's SharePoint site each contract year.

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1.9.2. The Contractor must disseminate the Department-approved updated RPHEA plan to all identified regional partners and conduct at least two (2) training or education sessions to ensure that a minimum of 80% of partners demonstrate awareness of their roles and responsibilities outlined in the RPHEA, as assessed through a post-training evaluation, by June 30th of each contract year.

1.9.3. The Contractor must participate in the development of the Statewide Jurisdictional Risk Assessment (JRA), as directed by the Department, ensuring regional risks are identified and incorporated into the State JRA report, which includes:

1.9.3.1. Attending scheduled JRA sessions.

1.9.3.2. Providing regional input during JRA sessions.

1.9.3.3. Within three (3) business days of receiving the Department's request, distributing surveys to partners to gather input for the JRA, ensuring at least 75% of identified regional partner organizations respond

1.9.4. The Contractor must participate in the development of the Statewide Integrated Preparedness Plan (IPP) by attending the IPP workshop and providing regional input.

1.9.5. The Contractor must hold regional workshops to gather partner input on public health and health care priorities, including:

1.9.5.1. Using the Department-provided template, annually updating the regional IPP, ensuring it includes a four (4)-year calendar that addresses all PHEP elements including Preparedness (P), Skills/Training/Exercises (S/T/Ex), and Equipment and Technology (E/T).

1.9.5.2. Submitting the finalized regional IPP to the Department by May 1st annually for review and approval.

1.9.5.3. Uploading the final regional IPP to the Department's SharePoint site by June 1st annually.

1.9.6. The Contractor must maintain active access to and operational capability in all required systems designated or approved by the Department, ensuring readiness through regular monthly or quarterly logins and completion of associated reporting requirements.

1.9.7. The Contractor must promote training opportunities at least twice

annually for applicable systems designated or approved by the Department and related modules to community organizations, partners, and volunteers. Training announcements must be distributed to all identified partners and volunteer groups, as appropriate, by June 30th of each contract year.

1.9.8. The Contractor must ensure all account information is up to date and inform the Department about any personnel or access changes as soon as possible, but no later than three (3) business days.

Regional Partner Engagement

1.9.9. The Contractor must identify, engage, integrate, strengthen, and sustain community partnerships to improve public health preparedness, community resilience, and the capacity of partnering organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. This includes, at a minimum, the following activities:

1.9.9.1. Ensuring the PHEP Planning Committee has multidisciplinary partner representation, including at least one (1) representative from each of the following sectors within the RPHN catchment area:

1.9.9.1.1. Long-Term Care Facilities (LTCFs).

1.9.9.1.2. Home Health Agencies.

1.9.9.1.3. Behavioral Health Providers (must include a representative from a Community Mental Health Center).

1.9.9.1.4. Urgent Care Centers (at least one representative from each chain).

1.9.9.1.5. Pharmacy Chains.

1.9.9.1.6. Independent Pharmacies.

1.9.9.1.7. Correctional Facilities (where applicable).

1.9.9.1.8. A school district or school superintendent.

1.9.9.1.9. Local fire department official.

1.9.9.1.10. Emergency Medical Services (EMS), including volunteer, fire-based, private, and municipality-based services.

1.9.9.1.11. Law Enforcement officials.

1.9.9.1.12. Representation from each organization/partner in the following sectors:

1.9.9.1.12.1. Hospitals.

1.9.9.1.12.2. Local Emergency Management Agencies or officials.

1.9.9.1.12.3. Homeland Security and Emergency Management (HSEM) Community Stakeholder Liaisons serving the RPHN catchment area.

1.9.9.1.12.4. Local Health Officers.

1.9.9.2. Convening Regional PHEP Planning Committee meetings at least every other month, with participating from the sectors outlined in Section 1.9.9.1.

1.9.9.3. Consulting additional regional partners (e.g., faith-based organizations, key business partners, civic groups) to inform plan development.

1.9.9.4. Maintaining an up-to-date contact list by sector, as outlined in Section 1.8.7.1.

1.9.9.5. Discussing workforce challenges and gaps related to volunteer management and incorporate partner feedback into volunteer training.

1.9.10. The Contractor must disseminate all Health Alert Network (HAN) messages to eligible local partners within one (1) business day for non-emergency messages and within two (2) hours for urgent messages, for each contract year. This includes:

1.9.10.1. Promoting enrollment into the HAN system to eligible regional partners. Eligible HAN partners include, but are not limited to:

1.9.10.1.1. State and local health officers,

1.9.10.1.2. Hospitals and healthcare facilities,

1.9.10.1.3. Emergency medical services (EMS),

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1.9.10.1.4. Local public health and safety officials,

1.9.10.1.5. Clinical providers,

1.9.10.1.6. Emergency management agencies, and

1.9.10.1.7. Other public health, healthcare, and emergency response organizations identified by the Department as critical to public health preparedness and response.

Regional Community Engagement

1.9.11. The Contractor must complete the following Regional Community Engagement activities:

1.9.11.1. By June 30th of each contract year, coordinate at least eight (8) community preparedness training courses on the following topics:

1.9.11.1.1. Family, individual, and pet preparedness sessions (minimum of two (2) per year).

1.9.11.1.2. “Stop the Bleed” training (minimum of four (4) per year).

1.9.11.1.3. CPR/First Aid (minimum of two (2) per year).

1.9.11.2. For each Community Preparedness training, the Contractor must:

1.9.11.2.1. Coordinate training logistics including securing training venue, coordinating trainers, developing and disseminating promotional materials, and managing training registration.

1.9.11.2.2. Develop training content, if applicable.

1.9.11.2.3. Ensure training materials are prepared and available during the preparedness training. Any existing materials should be used with minor adjustments allowed to tailor content for specific audiences.

1.9.11.2.4. Collect and submit post-training evaluation documentation in a format approved by the Department.

1.9.11.2.5. Participate in the Department's annual community preparedness awareness activities, including:

1.9.11.2.5.1. Sharing all of the Department's social media and community preparedness press releases.

1.9.11.2.5.2. Attending at least one (1) regional emergency preparedness awareness event annually to promote individual, family, or pet preparedness, either in coordination with the Department or at an independently identified event that meets the same goal, using Department-provided or Department-approved materials.

1.9.11.2.5.3. Promoting NH Alerts enrollment via partner channels and social media at least twice per year, using methods such as email campaigns, newsletters, RPHN presentations, and meetings.

Response Readiness

1.9.12. The Contractor must maintain the capability to respond to all-hazard emergencies with public health and healthcare impacts by directly managing small-scale response activities, defined as activities that can be managed and resolved using available local or regional resources, and participating in Department-led larger scale responses. All hazard emergencies may include, but are not limited to:

1.9.12.1. Biological Incidents: Accidental or natural outbreaks of high-consequence diseases, or the intentional release

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of pathogens (e.g., bacteria, viruses, or toxins) that may cause widespread illness, disability, or death in humans or animals.

1.9.12.2. Natural Hazards: Hurricanes, floods, earthquakes, wildfires, severe storms, tornadoes, winter weather events, and other natural disasters that disrupt community health and healthcare services.

1.9.12.3. Technological and Infrastructure Hazards: Dam or levee failures, chemical or radiological spills or releases, nuclear accidents, and other technological or infrastructure failures that threaten public health and safety.

1.9.12.4. Human-Caused Incidents: Intentional acts such as terrorism, mass violence, or other deliberate disruptions.

Training and Exercises

1.9.13. The Contractor must ensure participation in all Department-led open and closed Points of Dispensing (POD) planning activities, as requested. This includes meetings, trainings, workshops, and exercises for each contract year. PODs include:

1.9.13.1. Open PODs: Public locations such as schools, community centers, municipal buildings, public clinics, etc.

1.9.13.2. Closed PODs: Targeted sites not open to the public that offer Medical Countermeasures (MCMs), such as long-term Care facilities, businesses, and police/fire departments, and that dispense medication or MCMs to a specific population (e.g., residents or employees).

1.9.14. The Contractor must participate in statewide full-scale exercises testing medical surge and/or POD response plans as requested by the Department. This includes:

1.9.14.1. Coordinating with the Department on emergency scenarios and the scope of the exercise.

1.9.14.2. Serving as the regional exercise lead, establishing and guiding a planning team to coordinate local and regional

participation, and overseeing the successful design, conduct, and evaluation of the exercise.

1.9.14.3. Participating in exercises, such as open POD activities or volunteer management coordination at medical surge locations.

1.9.14.4. Participating in after-action meetings and providing regional feedback.

1.9.15. The Contractor must conduct a minimum of one (1) regional partner POD training and one (1) regional POD exercise per contract year, following the Homeland Security Exercise and Evaluation Program (HSEEP) framework, which includes:

1.9.15.1. Developing an annual POD training and exercise calendar and distributing it to all regional partners.

1.9.15.2. Managing exercise design and implementation in accordance with the HSEEP framework.

1.9.15.3. Managing training and exercise logistics, including securing space if held in person.

1.9.15.4. Inviting all open and closed POD partners to participate in at least one (1) training or exercise annually and ensuring that at least 75% of both open and closed POD partners attend.

1.9.15.5. Sending invitations and save-the-dates at least 60 days in advance, with regular reminders to maximize partner participation.

1.9.15.6. Managing and tracking registrations and participation.

1.9.15.7. Developing and submitting a corrective action plan to the Department to improve engagement if the 75% participation threshold in Section 1.9.15.4. is not met, to be delivered to the Department within fifteen (15) business days.

1.9.15.8. Implementation of the corrective action plan must be within 30 business days of Department approval unless additional time is approved by the Department in writing.

1.9.16. The Contractor must conduct post-training and post-exercise evaluations using Department-provided templates (e.g., surveys, hotwash/debriefing sessions), which includes:

1.9.16.1. Participating in other Department-led exercises (discussion-based, functional, or full-scale).

1.9.16.2. Completing all required after-action processes within 60 calendar days of each RPHN-led regional exercise.

1.9.16.3. Conducting a debriefing session immediately following the event.

1.9.16.4. Holding at least one (1) after-action meeting with stakeholders for every exercise conducted.

1.9.17. The Contractor must develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within sixty (60) business days of the exercise. The report must summarize objectives, strengths, areas for improvement, and corrective actions, and be used to track progress and apply lessons learned to future planning, training, and exercises.

Response Capacity

1.9.18. The Contractor must ensure readiness and capacity for PHEP and small-scale response events, including the following:

1.9.18.1. Operation of small-scale PODS;

1.9.18.2. Support for large-scale public health operations, such as PODs and other types of public health clinics;

1.9.18.3. Support for medical countermeasure distribution to home-based populations;

1.9.18.4. Disaster sheltering operations; and

1.9.18.5. Surge capacity through Neighborhood Emergency Health Center (NEHC), Alternate Health System (AHS), and Family Assistance Center (FAC)/Family Reunification Centers (FRC).

1.9.19. The Contractor must plan for and maintain small-scale response capability, including the ability to independently operate an open POD serving up to 250 people per day for three (3) consecutive days within 72 hours of notice, as directed by the Department and per Department guidance. PODs must be located in areas accessible to at-risk populations and people with disabilities. This includes:

1.9.19.1. Identifying and maintaining agreements with Open POD facilities.

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1.9.19.2. Maintaining Open POD operational plans and agreements.

1.9.19.3. Updating Open POD facility point-of-contact lists annually.

1.9.19.4. Operating under the medical direction (if applicable) of the Department or its designated medical contractor.

1.9.19.5. Making copies of standing orders, emergency protocols, and Vaccine Adverse Event Reporting System (VAERS) instructions available at all clinics.

1.9.19.6. Independently managing all operational aspects, including site set up and logistics, staffing and role assignments, client flow and operations, implementation of medical guidance and standing orders, communication with the Medical Director or designee, inventory management, responder safety and health, communications and information management, throughput and efficiency, and demobilization and recovery, as outlined in the RPHEA.

1.9.20. The Contractor must recruit, train, and retain qualified medical and non-medical volunteers to support clinic operations. Qualified medical staff must have the following credentials:

1.9.20.1. Clinical license or copy from the NH online license verification showing the license type, expiration, and status (e.g. RNs, APRNs, FNP-Cs, MDs, DOs).

1.9.20.2. Current Basic Life Support (BLS) certification.

1.9.21. The Contractor must procure necessary supplies to conduct vaccine clinics, including but not limited to emergency management medications, equipment, and needles.

1.9.22. The Contractor must complete the required clinic operational reports within thirty (30) business days of the event, including the final throughput report and final inventory usage report.

1.9.23. The Contractor must report any adverse events or incidents:

1.9.23.1. Within two (2) business days for unusual events not related to individual safety

1.9.23.2. As soon as possible, but within 24 hours, for events impacting individual safety, including adverse reactions, medication

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errors, patient consent errors, or any other life safety event compromising care or safety.

1.9.24. Within sixty (60) business days after an incident closes, the Contractor must complete all required after-action processes, including:

1.9.24.1. Conducting a debriefing immediately following the event.

1.9.24.2. Holding at least one (1) after-action meeting with stakeholders.

1.9.24.3. Developing and submitting an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.25. The Contractor must ensure proper vaccine storage, handling, and management, and must:

1.9.25.1. Submit a signed Vaccine/Immunoglobulin (IG)/Pharmaceutical Management Agreement to New Hampshire Immunization Program (NHIP) annually, ensuring all listed requirements are met by providers administering vaccines, IG, or other NHIP-supplied pharmaceuticals.

1.9.25.2. Submit a signed Vaccination Provider Agreement to NHIP annually.

1.9.25.3. Ensure the PHEP Coordinator completes the NHIP vaccination training annually.

1.9.25.4. Retain a copy of PHEP Coordinator training certificates on file.

1.9.25.5. Use NHIP training materials or other Department-approved materials to train POD staff on vaccine administration, ordering, storage, and handling.

1.9.25.6. Retain a copy of all training materials on site for reference during PODs.

1.9.25.7. Ensure vaccine is stored at the manufacturer's recommended temperatures at all times while in the Contractor's custody.

1.9.25.8. Record temperatures twice daily, AM and PM, during normal business hours for the primary refrigerator, and hourly when the vaccine is stored outside the primary refrigerator.

1.9.25.9. Maintain an emergency backup plan in case of primary refrigerator failure.

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1.9.25.10. Use temperature data logger for all vaccine monitoring, including while stored in the primary refrigerator and during any time outside of it.

1.9.25.11. Complete the following for the vaccine supply:

1.9.25.11.1. Account for every dose of vaccine.

1.9.25.11.2. Submit a monthly temperature log for the vaccine storage refrigerator.

1.9.25.11.3. In the event of a vaccine temperature excursion (i.e., when stored vaccine experiences temperatures outside the manufacturer's recommended range), the Contractor must:

1.9.25.11.3.1. Immediately quarantine the vaccine in an appropriate temperature-controlled setting, separate it from other vaccine, and label it "DO NOT USE."

1.9.25.11.3.2. Contact the manufacturer immediately to explain the duration and temperature details of the event to determine if the vaccine is still viable.

1.9.25.11.3.3. Notify NHIP immediately after contacting the manufacturer.

1.9.25.11.3.4. Submit a Cold Chain Incident Report and Data Logger Report to NHIP within 24 hours of the temperature excursion.

1.9.25.12. Ensure consent for vaccination, medication administration, infectious disease testing, and participation in New Hampshire Immunization Information System (NHIIS). The Contractor must:

1.9.25.12.1. Use the consent processes provided by medical direction, approved by the Department, to obtain consent from parents/legal guardians of individuals under age 18, and for individuals over the age of 18 who have a legal guardian.

1.9.25.12.2. Distribute, obtain, verify, and store written or electronic consent forms prior to vaccine administration, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations.

1.9.25.12.3. Ensure a signed consent form is obtained before any vaccine, medication, or infectious disease outbreak testing is administered.

1.9.25.12.4. Maintain a written or electronic record of consent via a secure depository system approved or directed by the Department.

1.9.25.12.5. Maintain vaccine administration records for all individuals vaccinated, in compliance with HIPAA and other state and federal regulations.

1.9.25.12.6. Ensure individuals are notified that they may elect not to participate in vaccinations, NHIIS, treatment, and/or testing at any time.

1.9.25.12.7. Provide each patient, or the patients' parent/legal guardian, if applicable, the opportunity to opt-in or opt-out of NHIIS in accordance with RSA 141-C:20-f, II-a.

1.9.25.12.8. Obtain explicit consent before sending any personal information to NHIIS.

1.9.25.12.9. Only enter vaccine administration records for individuals who have opted in and provided explicit consent.

1.9.25.12.10. Maintain all completed opt-in consent forms, in either paper or electronic format.

1.9.25.12.11. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a Vaccine Information Sheet (VIS) to the patient, legal guardian, or parent on the day of vaccination.

1.9.25.13. The Contractor must perform the following tasks within 24 hours of completing each clinic:

1.9.25.13.1. Update the NHIIS with vaccines administered and wasted, as outlined in Section 1.9.25.12

and in accordance with RSA 141-C:20-f, II-a. This includes:

1.9.25.13.1.1. Ensuring doses entered match the clinical documentation.

1.9.25.13.1.2. Submitting the hourly vaccine temperature log for the period the vaccine was stored outside of the primary refrigerator.

1.9.25.13.1.3. Submitting totals to NHIP outside of the vaccine ordering system, including:

1.9.25.13.1.3.1. Individuals vaccinated, by age group and vaccineformulation/ lot number.

1.9.25.13.1.3.2. Vaccines wasted, by formulation/lot number.

1.9.26. The Contractor must develop and maintain capacity to vaccinate and/or dispense medication to at least 50% of identified home-based populations who do not have access through alternate means, within Department- established timelines, which includes:

1.9.26.1. Developing and annually updating a home health agency contact list.

1.9.26.2. Developing operational procedures and protocols for home-based vaccination/medication dispensing in accordance with the Department's medical direction. These procedures and protocols must, at a minimum, address:

1.9.26.2.1. Criteria for defining "home-based populations" (e.g., homebound individuals, individuals with disabilities, or those lacking transportation).

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1.9.26.2.2. Methods for identifying eligible individuals (e.g., home health agency referrals, local registries, social service partners).

1.9.26.2.3. Establishing and maintaining, including annual review and update of, Memorandums of Understanding (MOUs) with home health agencies, visiting nurse services, and other community-based organizations.

1.9.26.2.4. Defining roles and responsibilities for RPHN, volunteers, and partner agency staff.

1.9.26.2.5. Resource planning, including cold chain management, PPE, and communication tools.

1.9.26.2.6. How teams are activated, assigned, and tracked.

1.9.26.2.7. Client communication, including notification of eligibility, appointment scheduling, and consent procedures.

1.9.26.2.8. Delivery, transport, storage, and administration of MCMs in home settings, including infection control practices.

1.9.26.2.9. Documentation of doses administered, inventory used, and client follow-up in Department-approved systems.

1.9.26.2.10. Responder safety procedures, including PPE use, exposure control, and staff check-ins.

1.9.26.2.11. Real-time communication protocols between dispensing teams, Medical Director/clinical oversight, and the Department.

1.9.26.2.12. Access considerations for individuals with limited English proficiency, low literacy, or hearing/vision impairments.

1.9.26.2.13. Verification of client identity and eligibility.

1.9.26.2.14. Medication/vaccine safety protocols, including proper handling and adverse event response procedures.

1.9.26.2.15. Security of medical supplies during transport and dispensing.

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1.9.26.2.16. Annual review and update of home-based dispensing operational procedures and protocols.

1.9.26.2.17. Pre-deployment review of procedures and protocols to ensure alignment with incident-specific response needs.

1.9.26.2.18. Volunteer training on home-based vaccination/medication dispensing procedures and protocols.

1.9.26.2.19. Maintenance of trained volunteer rosters.

1.9.26.2.20. Maintenance of Department-required resources in accordance with specified baseline inventory levels for successful operation, including:

1.9.26.2.20.1. Medical resources (e.g., vaccine administration supplies, basic first aid equipment);

1.9.26.2.20.2. Cold chain and storage equipment (e.g., vaccine refrigerators, data loggers);

1.9.26.2.20.3. Technology and documentation equipment (e.g., laptops, printers);

1.9.26.2.20.4. Transportation and logistics (e.g., secured containers to store documents or medical supplies);

1.9.26.2.20.5. Personal protective equipment (PPE);

1.9.26.2.20.6. Safety and security (e.g., identification badges);

1.9.26.2.20.7. Client support and education materials; and

1.9.26.2.20.8. Administrative and operational resources.

1.9.26.2.21. Conducting at least one (1) annual drill or exercise to test operational readiness.

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1.9.26.2.22. Within sixty (60) days after the exercise or incident, completing all required after-action processes, including conducting a hotwash/debriefing immediately following the event, at least one (1) after-action meeting with stakeholders, and submission of an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.26.2.23. Participating in any Department-led After-Action Meetings (AAMs) to provide regional input.

1.9.27. The Contractor must assist the Department in collecting public feedback on public health initiatives during emergency response, as requested, to inform response activities by:

1.9.27.1. Disseminating Department-developed feedback forms during and after major incidents, as requested.

1.9.27.2. Compiling and submitting completed surveys to the Department.

1.9.27.3. Developing and submitting a summary report within thirty (30) business days of the survey closing date, documenting recommendations or corrective actions based on feedback.

1.9.28. The Contractor must, for each contract year, establish and maintain Closed Point of Dispensing (POD) agreements with at least 75% of healthcare entities, 75% of educational institutions, and other organizations within the catchment area that are capable of independently receiving and administering medical countermeasures. To achieve this, the Contractor must implement the following activities to identify, engage, and formalize agreements with eligible organizations, including:

1.9.28.1. Hospitals and health systems;

1.9.28.2. Long-Term Care and Residential Facilities (e.g., nursing homes, assisted living facilities, and group homes);

1.9.28.3. Outpatient and ambulatory clinics (e.g., community health centers, FQHCs, primary care practices, dialysis centers, specialty clinics with established patient populations);

1.9.28.4. Pharmacies (independent and chain pharmacies with established dispensing infrastructure); and

1.9.28.5. Home health agencies able to provide in-home dispensing for homebound clients.

1.9.29. The Contractor must carry out the following tasks to support the establishment and maintenance of these Closed POD agreements:

1.9.29.1. Recruit and onboard organizations for Closed POD operation to reach target deliverables.

1.9.29.2. Ensure all Closed POD agreements and contact lists are reviewed and updated annually, including verification of each organization's continued ability to administer countermeasures.

1.9.29.3. Track participation in Closed POD enrollments and provide the Department with an annual list of all participating organizations.

1.9.29.4. Upload new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.5. Provide the Department with a list of all organizations in the catchment area eligible to serve as Closed PODs but without a signed agreement due to lack of current capability or capacity .

1.9.29.6. For each contract year, establish and maintain Closed POD agreements with all of first responder organizations (local police, fire, and EMS) in the catchment area, which includes:

1.9.29.6.1. Maintaining a list of all first responder agencies in the catchment area.

1.9.29.6.2. Recruiting and onboarding first responder organizations to meet the target goal.

1.9.29.6.3. Contacting uncovered agencies annually to revisit participation.

1.9.29.6.4. Providing the Department with an annual list of participating and non-participating first responder agencies.

1.9.29.6.5. Uploading new and updated Closed POD agreements to the Department's SharePoint site.

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1.9.29.7. Facilitate delivery of medical countermeasures to all of Closed POD sites, including direct federal shipments when applicable, ensuring receipt and timely reporting to the Department, which includes:

1.9.29.7.1. Tracking countermeasure shipments within the region.

1.9.29.7.2. Confirming receipt of shipment with the Closed POD lead within 24 hours.

1.9.29.7.3. Documenting and resolving shipment discrepancies.

1.9.29.7.4. Submitting a report to the Department that includes a distribution summary, receipt verification, and inventory and supply tracking.

1.9.30. The Contractor must maintain at least one (1) emergency response trailer at inventory levels approved by the Department, keeping trailers in a state of operational readiness so that municipal organizations may access them within 24 hours of request. To meet this requirement, the Contractor must:

1.9.30.1. Inspect trailers quarterly for damage and perform preventative maintenance as needed, or at a minimum annually, to reduce deployment delays, as funding allows.

1.9.30.2. Stock trailers with pre-approved medical surge or disaster sheltering equipment and supplies; regularly check for expiration or wear and replenish items after each use to maintain required inventory levels, as funding allows.

1.9.30.3. Keep an updated inventory list inside each trailer.

1.9.30.4. Verify mutual aid agreements and MOUs with partners to ensure towing vehicles and drivers are available.

1.9.30.5. Coordinate annual trailer deployment to practice hitching, transporting, and demobilizing trailers.

1.9.30.6. Maintain trailer readiness logs documenting inspections, repairs, and supply restocking.

1.9.30.7. Provide safety equipment (e.g., fire extinguishers, wheel chocks, reflective vests, cones) in each trailer, as funding allows.

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1.9.30.8. Provide insurance to cover the cost of replacing the trailer and supplies, if necessary.

Sheltering

1.9.31. The Contractor must maintain capacity to deploy trained volunteers to community or state-based disaster shelters within 24 hours of Department or local municipality requests by:

1.9.31.1. Maintaining a roster of volunteers trained in shelter operations.

1.9.31.2. Providing annual shelter training for volunteers.

1.9.31.3. Coordinating with local emergency management for staffing requests.

1.9.31.4. Ensuring all assigned volunteers complete just-in-time training (JITT) at the beginning of each shift, as requested by the Department or partner agency.

1.9.31.5. Tracking and documenting volunteer deployments.

1.9.31.6. Conducting a hotwash/debriefing with all volunteers after each shift.

1.9.31.7. Participating in AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.31.8. Participating in any Department led After-Action Meetings to provide regional input.

Family Assistance Center (FAC)/Family Reunification Center (FRC)

1.9.32. The Contractor must maintain capacity to deploy volunteers to Family Assistance Centers (FAC) and Family Reunification Centers (FRC) to fill pre-identified positions within 24 hours of request by maintaining updated volunteer rosters and ensuring role-specific training, which requires:

1.9.32.1. Maintaining a roster of volunteers trained in FAC/FRC positions and operations.

1.9.32.2. Providing annual FAC/FRC training for volunteers.

1.9.32.3. Coordinating with local emergency management for staffing requests.

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1.9.32.4. Tracking and documenting volunteer deployments.

1.9.32.5. Using Department-provided templates, ensuring all assigned FAC/FRC volunteers complete JITT prior to shift start.

1.9.32.6. Liaising with the FAC/FRC Manager and/or Incident Commander during operations.

1.9.32.7. Participating in the AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.32.8. Conducting debriefings with volunteers after each shift.

1.9.32.9. Participating in any department led After-Action Meetings (AAM) to provide regional input.

1.9.32.10. Participating in at least 50% of regional and state-level FAC/FRC planning activities annually as requested and 75% of annual FAC/FRC training and exercises.

Neighborhood Emergency Health Center (NEHC)

1.9.33. The Contractor must maintain capacity to deploy and schedule volunteers to Neighborhood Emergency Health Center (NEHC) sites each contract year to fill pre-identified positions within 24 hours of request by:

1.9.33.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.33.2. Maintaining a roster of volunteers trained in NEHC positions and operations.

1.9.33.3. Providing annual NEHC training for volunteers.

1.9.33.4. Coordinating with local emergency management for staffing requests.

1.9.33.5. Tracking and documenting volunteer deployments.

1.9.33.6. Using Department-provided templates to ensure JITT is completed for all assigned NEHC volunteers prior to shift start.

1.9.33.7. Liaising with the NEHC Manager and/or Incident Commander during operations.

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1.9.33.8. Conducting a hotwash with volunteers after each shift.

1.9.33.9. Participating in an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions, as requested by the Department.

1.9.33.10. Participating in any Department led After-Action Meetings to provide regional input.

Alternate Health System (AHS)

1.9.34. The Contractor must maintain capacity to deploy and schedule trained volunteers to Alternate Health System (AHS) sites to augment clinical and non-clinical staffing within 24 hours of Department request by:

1.9.34.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.34.2. Maintaining a roster of clinical and non-clinical volunteers trained in AHS operations.

1.9.34.3. Providing annual AHS training for volunteers.

1.9.34.4. Coordinating with local and state partners for staffing requests.

1.9.34.5. Tracking and documenting volunteer deployments.

1.9.34.6. Using Department-provided templates to ensure JITT is completed for all assigned AHS volunteers prior to shift start.

1.9.34.7. Liaising with the AHS Incident Commander during operations.

1.9.34.8. Conducting a hotwash with volunteers after each shift.

1.9.34.9. Participating in the development of an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.34.10. Participating in any Department led After-Action Meetings to provide regional input.

Inventory Management

1.9.35. The Contractor must, by June 30th of each contract year, update and upload a complete annual inventory of all regional assets into the

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Administration for Strategic Preparedness & Response (ASPR's) current inventory management system, as directed by the Department, and update inventory records within five (5) business days of any supply usage, redistribution, or replenishment. To support this requirement, the Contractor must:

1.9.35.1. Monitor, document, and report all regional inventory distribution rates as directed by the Department, to guide purchasing decisions and future preparedness planning.

1.9.35.2. Assess supply levels to ensure Department-required inventories are maintained for PODs, medical surge activities, mass casualty incident (MCI), and disaster sheltering operations, and document results in ASPR's current inventory management system.

1.9.35.3. Compare inventory against required supply list.

1.9.35.4. Reorder supplies from the pre-approved inventory list developed by the Department with Contractor input to ensure regional needs are addressed.

1.9.35.5. Maintain documentation of approvals and purchase records for submission in quarterly financial and logistics reports.

1.9.35.6. By June 30th of each contract year, review and update agreements with all trailer and cache host agencies, ensuring that all of agreements clearly define agency roles and responsibilities, and maintain updated contact information in regional records and the Department's SharePoint system.

1.9.35.7. Once each quarter, test all specialized equipment (e.g., generators, radios, cooling units, refrigerators) to verify operational readiness, document results in equipment logs, and report any deficiencies within two (2) business days, with a written corrective actions report submitted to the Department within fifteen (15) business days.

1.9.35.8. Review current inventory and par levels before drafting purchase requests to confirm actual need.

1.9.35.9. Confirm that all requested items are on the Department's approved inventory list and align with applicable funding

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guidance. If an item is required but not listed, obtain Department approval prior to purchase to ensure compliance with grant requirements and funding limitations.

1.9.35.10. Document price quotes from three (3) Contractors for items over $250 to ensure cost-effectiveness.

1.9.35.11. Draft purchase requests with justification and submit to the Department for approval.

1.9.35.12. Retain written or email purchase approval records.

Volunteer Recruitment and Retention

1.9.36. The Contractor must maintain the capability to manage and deploy volunteers for small-scale incidents and provide support to the State during medium and large-scale public health emergencies. The Contractor must provide the following volunteer management services:

1.9.36.1. For each contract year, hold a minimum of twelve (12) volunteer engagement activities (one per month), which may include meetings, trainings, exercises, or response activities. Ensure at least 75% of active Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers attend 50% of engagement opportunities, and document outcomes within two (2) weeks of each session.

1.9.36.2. Maintain updated rosters of MRC and, if applicable, CERT volunteers.

1.9.36.3. Develop and publish an annual volunteer engagement calendar by July 30th each year, ensuring a variety of engagement activities to maintain volunteer interest.

1.9.36.4. Track volunteer participation in engagement activities.

1.9.36.5. Document outcomes based on pre- and post- knowledge evaluations and training feedback.

1.9.37. The Contractor must ensure all of active MRC and CERT (if applicable) volunteers are registered and credentialed in the Department-provided volunteer management system, by June 30th of each contract year, with quarterly audits conducted to verify accuracy and completeness of records. To meet this requirement, the Contractor must complete the following activities:

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1.9.37.1. Provide instruction or a brief orientation to volunteers on how to use the system.

1.9.37.2. Support the registration of new volunteers, ensuring they are registered in the system within fourteen (14) business days of orientation and that their accounts are complete.

1.9.37.3. Provide technical assistance for access and other system-related issues.

1.9.37.4. Conduct a baseline audit of all current volunteers to identify missing or incomplete accounts.

1.9.37.5. Send quarterly reminders to volunteers to review and update their profiles (e.g., contact info, licenses, certifications).

1.9.37.6. Before each exercise or real-world event, verify that assigned volunteers are fully registered and credentialed in the system.

1.9.37.7. Review records quarterly to ensure accuracy, completeness, and credential validity.

1.9.37.8. Verify that all active volunteers maintain all position-required credentials (e.g., clinical licenses, CPR certification), document compliance in the system, and follow-up with volunteers within 30 days of any expired or missing credentials.

1.9.37.9. Track and report progress toward the 100% registration and credentialing goal.

1.9.38. The Contractor must, by June 30th of each contract year, implement recruitment activities to expand the active MRC and CERT (if applicable) volunteer teams. To support this effort, the Contractor must complete the following activities:

1.9.38.1. Annually assess the type, quantity, and skillsets required of volunteers to meet program requirements.

1.9.38.2. Engage with the region's first responders (police, fire, emergency medical services) to augment workforces during an emergency.

1.9.38.3. Develop volunteer recruitment materials, with Department approval.

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1.9.38.4. Partner with local organizations to distribute recruitment materials.

1.9.38.5. Track recruitment using volunteer sign-up forms and entries in the volunteer management system.

1.9.38.6. Provide quarterly reports highlighting progress toward recruitment and retention deliverables.

1.9.38.7. Within the first 12 months, increase volunteer numbers by at least 25% compared to the current baseline.

1.9.38.8. In each subsequent contract year, increase the volunteer roster(s) by 5%.

1.9.38.9. Maintain a volunteer attrition rate of no more than 2.5% annually and report barriers to meeting this requirement to the Department.

1.9.38.10. Prioritize recruitment of clinical and healthcare-experienced individuals by conducting quarterly outreach events at healthcare facilities and schools, and community events.

1.9.39. The Contractor must offer to conduct exit surveys or interviews with all departing volunteers and:

1.9.39.1. Compile and analyze results on a quarterly basis and submit a summary report to the Department that includes identified trends and recommendations for program improvement.

1.9.39.2. Send the Department-provided exit survey to volunteers within five (5) business days of their departure.

1.9.39.3. Conduct follow-up phone interviews if no survey response is received.

1.9.39.4. Compile findings and submit a quarterly report to the Department, including the following key areas:

1.9.39.4.1. Number of volunteers who have resigned;

1.9.39.4.2. Reasons for leaving, highlighting positive and negative trends and recurring issues; and

1.9.39.4.3. Actionable recommendations for program improvement.

1.9.40. The Contractor must ensure that all volunteer applicants meet

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Department eligibility criteria and that required background checks are completed at the time of application and renewed a minimum of every three (3) years thereafter.

1.9.41. The Contractor must complete the following activities to ensure readiness of PHEP Volunteers for deployment upon a public health emergency event:

1.9.41.1. Maintain a current roster of volunteers trained in POD operations.

1.9.41.2. Activate volunteers upon request from the Department.

1.9.41.3. Complete JITT for volunteers as requested by the Department using Department-provided training materials.

1.9.41.4. Track and report volunteer hours.

1.9.42. The Contractor must deliver a Department-approved volunteer orientation program to all of new volunteers within two (2) months of onboarding that covers the PHEP program overview, volunteer utilization, training/exercise requirements, credentialing, participation standards, deployment processes, and organizational structure, including the following:

1.9.42.1.1. Host orientation sessions.

1.9.42.1.2. Maintain attendance and completion records.

1.9.42.1.3. Follow-up with volunteers who miss orientation deadlines.

1.9.42.1.4. Review and update orientation content annually to reflect program changes.

1.9.42.1.5. Maintain documentation of completion in the Department's volunteer management system (NH Responds).

1.9.42.1.6. Include the number of volunteers who completed orientation in the quarterly report.

1.9.43. The Contractor must conduct quarterly volunteer notification drills with 75% response rate for each contract year, including:

1.9.43.1. Sending notification messages via email, text message, or phone.

1.9.43.2. Recording response rates and address barriers to communication within 30 business days of identification.

1.9.43.3. After each volunteer drill, notifying the Department if fewer than 50% of volunteers respond, and submitting a corrective action summary within 30 business days outlining identified barriers and strategies to improve volunteer responsiveness.

1.9.44. The Contractor must, from November through May of each contract year, facilitate participation of regional volunteers in the Department-led annual training series by promoting all training opportunities to all active volunteers. To achieve this requirement, the Contractor must:

1.9.44.1. Distribute the training calendar to all volunteers.

1.9.44.2. Issue training announcements and provide regular reminders to encourage participation.

1.9.45. The Contractor must, by June 30th of each contract year, provide volunteers with access to training for each of the following topics: Incident Command System (ICS) courses, inventory management, FAC, FRC, disaster sheltering, NEHC, open PODs, Responder Safety and Health, and other training topics as identified by the Department. To meet this requirement, the Contractor must:

1.9.45.1. Develop and publish a regional volunteer training schedule.

1.9.45.2. Recruit qualified instructors.

1.9.45.3. Manage registration and accurately record attendance.

1.9.45.4. Conduct post-training evaluations and compile results.

1.9.45.5. Maintain training records and submit quarterly participation summaries to the Department.

1.9.46. The Contractor must, by June 30, 2028, and every two (2) years thereafter, as requested by the Department, participate in Volunteer Training Needs Assessment (TNA), to include:

1.9.46.1. Providing formal feedback on survey content.

1.9.46.2. Promoting and encouraging participation in the state-led Volunteer Training Needs Assessment (TNA).

1.9.46.3. Reviewing survey results and updating the regional IPP and volunteer training calendar accordingly.

1.9.46.4. Publishing the updated IPP and volunteer training calendar to address identified gaps.

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1.9.47. The Contractor must require all volunteers activated to attend, Just-in-Time Training (JITT), in collaboration with the Department, prior to deployment, for every emergency response, ensuring all assigned volunteers complete the training, which includes:

1.9.47.1. Preparing JITT modules for PODs, disaster shelters, FAC/FRC, NEHC, and AHS using Department-provided templates.

1.9.47.2. Providing JITT immediately prior to deployment.

1.9.47.3. Tracking volunteer completion of JITT training.

1.9.47.4. Updating JITT training as needed and communicating changes promptly to all volunteers.

1.9.48. The Contractor must, by June 30th of each contract year, conduct at least one (1) annual volunteer exercise (drill, discussion-based, functional, or full-scale) in addition to call-down drill and POD exercise requirements, focusing on disaster sheltering, FAC/FRC operations, or medical surge responses, ensuring participation from at least 75% of active volunteers. To ensure accountability and continuous improvement, the Contractor must complete the following actions after each exercise:

1.9.48.1. Within 60 business days of each exercise, complete all the following required after-action processes:

1.9.48.1.1. Conduct a debriefing immediately following the exercise.

1.9.48.1.2. Hold at least one (1) after-action meeting with volunteers and stakeholders for each exercise conducted.

1.9.48.1.3. Develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within 90 business days of the exercise, documenting objectives, strengths, areas for improvement, and corrective actions.

1.9.48.1.4. Track corrective actions and verify implementation of improvements.

1.9.48.1.5. Incorporate lessons learned into future training and exercises.

Volunteer Health, Safety, and Resilience

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1.9.49. The Contractor must, by June 30th of each contract year and in coordination with the Department, implement and maintain a standardized process to track and monitor the health and safety of all volunteers before, during, and after deployments, to include:

1.9.49.1. Distributing a pre-deployment health checklist and require volunteers to complete it prior to deployment.

1.9.49.2. Requiring volunteers to provide proof of required vaccinations prior to deployment, when applicable.

1.9.49.3. Delivering incident-specific safety briefings and reminders at volunteer check-in.

1.9.49.4. Conducting wellness check-ins at regular intervals during operations.

1.9.49.5. Tracking hours worked to prevent fatigue and enforce rest breaks during active work hours.

1.9.49.6. Developing standards and procedures to ensure adequate time off between deployment shifts.

1.9.49.7. Documenting any incidents, injuries, or exposures immediately upon occurrence and reporting them to the Department.

1.9.49.8. Developing plans and protocols for managing occupational health exposures and injuries as directed by the Department and aligned with the Department's medical direction program.

1.9.49.9. Collecting post-deployment health surveys and solicit feedback on health and safety concerns to inform future responses.

1.9.49.10. Maintaining health and safety records related to deployments for all deployed volunteers in the Department-provided system.

1.9.49.11. Submitting summary reports with de-identified data to the Department within thirty (30) calendar days of each deployment.

1.9.49.12. Tracking trends in health and safety issues and recommend opportunities for program improvement.

1.9.49.13. Offering annual training on responder health and safety, including stress management, resilience, and self-care practices.

1.9.49.14. Ensuring compliance with all Department-issued health and safety guidance during public health incidents and emergencies by distributing updated guidance to volunteers within 24 hours of receipt and incorporating requirements into pre-deployment briefings.

1.9.49.15. Increasing volunteer awareness and access to mental health and resiliency resources, including community programs, behavioral health services, critical incident stress management, peer support, and the 9-8-8 crisis line, by distributing resource information annually and after every deployment through at least two (2) distinct communication channels (e.g., email, trainings, newsletters).

1.9.50. The Contractor must attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.9.51. The Contractor must attend a minimum of two (2) trainings per year offered by Department's training programs on topics relevant to this scope of work.

1.9.52. The Contractor must provide PHEP with a technical assistance needs assessment report in a format approved in advance by the Department, and update this report on an ongoing basis to ensure it reflects current needs and priorities.

Public Health Emergency Preparedness Reporting

1.9.53. The Contractor must complete quarterly and annual reports that include progress toward meeting the program services outlined in this Agreement including activities identified in the Department-approved annual Work Plan, including but not limited to:

1.9.53.1. Response plan updates, including:

1.9.53.1.1. Indicating completion of biennial RPHEA Base Plan update and uploading the plan to the Department's SharePoint site by required deadlines (annual reporting requirement).

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1.9.53.1.2. Indicating completion of annual RPHEA Annexes and Attachments updates (i.e. Critical Contact Sheets, etc.) and uploading the updated documents to the Department's SharePoint site (annual reporting requirement).

1.9.53.2. Delivery of training sessions for partners, volunteers, and the public, to include:

1.9.53.2.1. Number and topic of training sessions delivered quarterly (quarterly reporting requirement).

1.9.53.2.2. The number of people trained by type (partner, volunteers, and public), quarterly (quarterly reporting requirement).

1.9.53.2.3. Training sessions rating summaries based on post-training evaluations, quarterly (quarterly reporting requirement).

1.9.53.3. Coordination and delivery of required exercises, including:

1.9.53.3.1. Number and types of exercises conducted quarterly (quarterly reporting requirement).

1.9.53.3.2. Submit After-Action Reports and Improvement Plans (AAR/IPs) utilizing Federal Emergency Management Agency's (FEMA) template, written as a result of an exercise or real-world event, to the Department within 60 calendar days of the event.

1.9.53.3.3. Number of improvement items identified and closed within three (3), six (6), nine (9), and twelve (12) months (annual reporting requirement).

1.9.53.4. Regional partner engagement.

1.9.53.5. Document outcomes of PHEP Committee meetings held at least every two (2) months (annual reporting requirement).

1.9.53.6. Identify which sectors have been invited to participate but do not participate, including providing details if targeted sector participation is not achieved, and document what corrective action items are implemented (annual reporting requirement).

Response Capacity Reporting Requirements

1.9.54. For Closed POD agreements, the Contractor must provide an annual list of participating and non-participating entities, organized by target sectors (healthcare entities, educational institutions, first responder agencies, and other organizations). The list must also document each entity's eligibility to

serve as a Closed POD and indicate whether the entity currently has the capacity and capability to do so (annual reporting requirement).

1.9.54.1. An annual inventory of all regional assets, including reporting on supply distribution rates (annual reporting requirement).

1.9.54.2. Equipment deficiencies and corrective actions open and closed within three (3), six (6), nine (9), and twelve (12) months, as needed (quarterly reporting requirement).

1.9.54.3. Trailer agreements renewals are to be uploaded by June 30th of each contract year to the Department's SharePoint site (annual reporting requirement).

Volunteer Management Reporting Requirements

1.9.55. The Contractor must prepare an annual volunteer recruitment and retention report that clearly indicates whether recruitment targets have been met (annual reporting requirement), to include:

1.9.55.1. Identification and summary of volunteer recruitment activities conducted by the RPHN.

1.9.55.2. Identification and summary of volunteer retention activities conducted by the RPHN.

1.9.55.3. Total number and percentages of volunteers recruited, retained, and separated.

1.9.55.4. Corrective action plan developed by the Contractor if 25% recruitment (and 5% every year thereafter) is not achieved.

1.9.55.5. Skills set analysis to identify strengths and gaps in volunteer capacity based on response requirements.

1.9.55.6. Strategies implemented to improve retention and engagement.

1.9.55.7. Records of volunteer attrition, including reason for separation (e.g., relocation, loss of interest, credential lapses).

1.9.55.8. Percent of volunteers who are deployment ready (annual reporting requirement), including:

1.9.55.8.1. The percentage of volunteers registered and credentialed in NH Responds.

1.9.55.8.2. The percentage of volunteers who have completed background checks and other onboarding steps (e.g. orientation).

1.9.55.8.3. The percentage of volunteers with verified licenses.

1.9.55.8.4. The percentage of volunteers who have completed training requirements for shelter, POD, AHS, NEHC, FAC/FRC operations.

Responder Safety and Health Reporting Requirements

1.9.56. The Contractor must:

1.9.56.1. Prepare and submit an annual summary of responder safety and health monitoring activities.

1.9.56.2. Report promptly on any incidents, exposures, or injuries that occur during responses, drills, or exercises, as needed.

1.9.57. The Contractor may be required to provide other data and metrics to the Department in a format specified by the Department.

1.9.58. The Contractor must submit all reports electronically through a secure depository system approved or directed by the Department by the established deadlines within this Agreement.

2. Background Checks

2.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:

2.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;

2.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

2.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

2.2. Confidential Data

2.2.1. 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.

2.2.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with

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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.

2.3. Privacy Impact Assessment

2.3.1. 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:

2.3.1.1. How PII is gathered and stored;

2.3.1.2. Who will have access to PII;

2.3.1.3. How PII will be used in the system;

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

2.3.1.5. Privacy practices.

2.3.2. 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.

2.4. Department Owned Devices, Systems and Network Usage

2.4.1. Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfilment of this Agreement, must:

2.4.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures and guidelines, and complete applicable trainings as required;

2.4.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden

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including, but not limited, to personal or other private and non-Department use, and that at no time must they access or attempt to access information without having the express authority of the Department to do so;

2.4.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

2.4.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

2.4.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;

2.4.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;

2.4.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "Department-funded email systems."

2.4.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and

2.4.1.9. Agree when utilizing the Department's email system:

To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".

2.4.1.9.1. Include in the signature lines information identifying the End User as a non-Department workforce member; and

2.4.1.9.2. Ensure the following confidentiality notice is embedded underneath the signature line;

CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

2.4.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

2.4.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

2.4.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

2.4.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

2.4.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

2.4.1.12. Contractor agrees to notify the Department a minimum of three (3) business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees to

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notify the Department's Information Security Office or designee immediately.

2.5. Contract End-of-Life Transition Services

2.5.1. General Requirements

2.5.1.1. 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 Department must provide the DTP template to the Contractor.

2.5.1.2. 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.

2.5.1.3. If a system, portal, 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.

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2.5.1.4. The internal planning of the Transition Services by the Contractor and its End Users must be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Agreement.

2.5.1.5. 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.

2.5.1.6. 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.

2.5.2. Completion of Transition Services

2.5.2.1. Each service or transition phase must 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.

2.5.2.2. 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.

2.5.3. Disagreement over Transition Services Results

2.5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department must notify the Contractor, in writing, stating the reason for the lack of

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satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties must discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department must be entitled to initiate actions in accordance with the Agreement.

2.6. Website and Social Media

2.6.1. The Contractor must provide a website approved by the Department to disseminate RPHN program information and public health resources to the public and agency partners, which includes information on the PHAC, Community Health Improvement Plan (CHIP), Substance Misuse Prevention Coordinator(SMPC), CoC facilitation, and PHEP programs.

2.6.2. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

2.6.3. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

2.7. State of New Hampshire's Website Copyright

2.7.1. All right, title and interest in the State WWW site, including copyright to all data and information, must remain with the State of New Hampshire. The State of New Hampshire must also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information must, where applicable, display the State of New Hampshire's copyright.

3. Exhibits Incorporated

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3.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

3.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.

3.3. 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 F, Business Associate Agreement, which has been executed by the parties.

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

4.2.1. The Contractor must submit:

4.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

4.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors); and

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

4.3. Credits and Copyright Ownership

4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "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."

4.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

4.3.3. 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.

4.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

4.4. Operation of Facilities: Compliance with Laws and Regulations

4.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire

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Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

5. Records

5.1. The Contractor must keep records that include, but are not limited to:

5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to 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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

5.1.4. Medical records on each patient/recipient of services.

5.2. 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.

5.3. 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.

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Payment Terms

1. This Agreement is funded by:
   1.1. 84% Federal funds, including:
      1.1.1. Preventative Health Block Grant, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.991, FAIN # NB01OT009381, and
      1.1.2. Public Health Emergency Preparedness, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.069, FAIN # NU90TU000009, and
      1.1.3. Substance Use Prevention, Treatment, and Recovery Block Grant,
      as awarded on January 28, 2026, by the US Department of Health and Human Services, ALN # 93.959, FAIN # B08TI088484,and
      1.1.4. Strengthening NH Public Health Infrastructure, Workforce, and Data Systems, as awarded on 11/29/2022, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.967; FAIN # NE11OE000077.
   1.2. 16% 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 Agreement as NON-R&D, in accordance with 2 CFR §200.332.
   2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual paid allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-2
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 of allowable costs, labeled by budgeted line item with each invoice that may include, but are not limited

to, timesheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

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 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 only upon receipt and approval of the submitted invoice and required supporting documentation.

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.

7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

8.1.3. Condition C - The Contractor is a public company and required by Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to 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.

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8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. 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.

8.5. 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 shall 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.

9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

Exhibit C-1, Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	*North Country Health Consortium*
Budget Request for:(Pull-down)	North Country Regional Public Health Network
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	33% of Salary & Benefits Only

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$17,790	$50,856	$2,646	$5,144	$74,686
2. Fringe Benefits	$4,447	$12,714	$662	$1,286	$18,672
3. Consultants	$0	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$290	$2,987	$0	$348	$2,175
7. Software	$100	$0	$0	$0	$338
8. (a) Other - Marketing/Communications	$0	$0	$0	$0	$1,400
8. (b) Other - Education and Training	$0	$35	$0	$0	$100
8. (c) Other - Other (Office Supplies)	$35	$0	$30	$100	$51
Other (MRC Inventory Project)	$0	$980	$0	$0	$0
Other (Volunteer Liability Insurance)	$0	$0	$0	$1,000	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$22,662	$67,572	$3,338	$7,878	$97,422
Total Indirect Costs	$7,338	$20,978	$1,092	$2,122	$30,808
Subtotals	**$30,000**	**$88,550**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$261,210**

Contractor Initials: Initial UP

Date: 5/13/2026

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New Hampshire Department of Health and Human Services	
Contractor Name:	*North Country Health Consortium*
Budget Request for:(Pull-down)	North Country Regional Public Health Network
Budget Period(Pull-down):	SFY 2028 (7/1/27-6/30/2028)
Average Indirect Cost Rate (if applicable)	33% of Salary & Benefits Only

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$17,715	$50,933	$2,632	$5,186	$74,586
2. Fringe Benefits	$4,429	$12,733	$658	$1,297	$18,646
3. Consultants	$0	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$300	$3,090	$0	$360	$2,250
7. Software	$100	$0	$0	$0	$338
8. (a) Other - Marketing/Communications	$0	$0	$0	$0	$1,493
8. (b) Other - Education and Training	$0	$35	$0	$0	$100
8. (c) Other - Other (Office Supplies)	$149	$0	$54	$18	$50
Other (MRC Inventory Project)	$0	$749	$0	$0	$0
Other (Volunteer Liability Insurance)	$0	$0	$0	$1,000	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$22,693	$67,540	$3,344	$7,861	$97,463
Total Indirect Costs	$7,307	$21,010	$1,086	$2,139	$30,767
Subtotals	**$30,000**	**$88,550**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$261,210**

Contractor Initials Initial UP

Date 5/13/2026

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SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub- contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

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

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1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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

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

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SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see https://omb.report/icr/201009-0348-022/doc/20388401

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context.

6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) https://www.ecfr.gov/current/title-22/chapter-V/part-513.

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9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).

14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

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

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SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

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SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

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FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: JCGKTJGKCNX9

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

   X NO _____ YES

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

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: North Country Health Consortium

5/13/2026
Date:

Signed by: Lauren Pearson
6128DD510AE3466...
Name: Lauren Pearson
Title: Executive Director

New Hampshire Department of Health and Human Services

Exhibit E

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

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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.

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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.

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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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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.).

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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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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/doit/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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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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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

Docusign Envelope ID: 510A8F02-EBCA-86C3-80F6-03F76B40CDC9

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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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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

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 in

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 used,

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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	North Country Health Consortium
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	Signed by: Lauren Pearson 6128DD510AF3466...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Lauren Pearson
Name of Authorized Representative	Name of Authorized Representative
Director - DPH	Executive Director
Title of Authorized Representative	Title of Authorized Representative
5/28/2026	5/28/2026
Date	Date

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Date: 5/28/2026

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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 NORTH COUNTRY HEALTH CONSORTIUM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 05, 1998. 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: **301456**
Certificate Number: **0007906720**

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 April A.D. 2026.

David M. Scanlan
Secretary of State

Docusign Envelope ID: 0A083816-4617-8F0B-82DD-C4D47D7AE7FE

CERTIFICATE OF AUTHORITY

I, Karen Woods, hereby certify that:

1. I am a duly elected Officer of North Country Health Consortium.

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 November 21, 2024, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Lauren Pearson, Executive Director, is duly authorized on behalf of North Country Health Consortium to enter into contracts or agreements with the State 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 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 **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: 4/22/2026

DocuSigned by:
Karen Woods
2054E5BF3F94435...

Signature of Elected Officer
Name: Karen Woods
Title: NCHC Board Secretary

Docusign Envelope ID: 98910A67-B881-89CD-8120-C7A401FCC373

CERTIFICATE OF AUTHORITY

I, Karen Woods, hereby certify that:

1. I am a duly elected Officer of North Country Health Consortium.

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 November 21, 2024, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Lauren Pearson, Executive Director, is duly authorized on behalf of North Country Health Consortium to enter into contracts or agreements with the State 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 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 **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: 5/29/2026

DocuSigned by:
Karen Woods
2054E5BF3F94435...

Signature of Elected Officer
Name: Karen Woods
Title: NCHC Board Secretary

Docusign Envelope ID: 0A083816-4617-8F0B-82DD-C4D47D7AE7FE

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/13/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Anne Bennett	
Cross Insurance-Portland 2331 Congress Street Portland ME 04102	PHONE (A/C, No, Ext): (207) 780-1677	FAX (A/C, No): (207) 780-6377
	E-MAIL ADDRESS: anne.bennett@crossagency.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
North Country Health Consortium Inc 260 Cottage St Ste C Littleton NH 03561-4137	INSURER A : Philadelphia Indemnity Ins Co	18058
	INSURER B : Eastern Alliance Insurance Co	10724
	INSURER C : Arch Ins Group	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 26/27 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2624203-008	01/01/2026	01/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Professional Liability	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			PHPK2624203-008	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 100,000 $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			PHUB889411-008	01/01/2026	01/01/2027	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: Y (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		0000114697	01/01/2026	01/01/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
C	Directors and Officers			NFP0340097-01	08/10/2025	08/10/2026	General Aggregate	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of NH Department of Health and Human Services
129 Pleasant St
Concord NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NONPROFIT COVER SHEET

A. Entity Name: North Country Health Consortium

B. **Entity's Contact Information:** (603) 259-3700

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

Name / Phone / Email: Lauren M. Pearson (603) 259-4785 Lpearson@nchcnh.org

Person responsible for Accuracy and Completeness of information provided:

Name: Lauren M. Pearson Title: Executive Director

Signature: Signed by: Lauren Pearson 6128DD510AF3466...

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Kenneth Gordom (President)	CEO – Coos County Family Health Services
Margo Sullivan (Vice President)	Executive Director – Androscoggin Valley Home Care
Ann Duffy (Treasurer)	CFO – Cottage Hospital
Karen Woods (Secretary)	VP of Physician Practices – Weeks Medical Center
Michael Peterson	CEO – Androscoggin Valley Hospital
Jeanne Robillard	CEO – Tri-County CAP
Greg Cook	CEO – Upper Connecticut Valley Hospital
Tiffany Haynes	CNO – North Country Healthcare
Kristina Fjield-Sparks	Community Member
Suzanne Gaetjens-Oleson	CEO – Northern Human Services

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

Name	Role	Annual Salary (Current)	Amount Paid from This Contract
Kristen van Bergen-Buteau	Project Director	$88,870	$20,675 ($11,638 SFY27 + $9,037 SFY28)
Zina Schmidt	Program Manager – Volunteer Management & PHEP	$60,288	$75,301 ($37,532 SFY27 + $37,769 SFY28)
Michelle Couturier	Program Coordinator – Volunteer Management	$45,462	$56,782 ($28,302 SFY27 + $28,480 SFY28)
Greg Williams	Program Coordinator – CoC & SMP	$81,649	$139,863 $68,898 SFY27 + $70,965 SFY28)

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Joy Noel	Program Manager – SMP & CoC	$74,675	$7,770 ($3,828 SFY27 + $3,942 SFY28)
Drew Brown	Data Coordinator – SMP & CoC	$88,585	$1,783 ($924 SFY27 + $859 SFY28)
Tracy Page	Director of Finance	$88,055	$0
Lauren Pearson	Executive Director	$109,735	$0

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

E. Check one of the following:

[X] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

_____

_____

_____

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

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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:

Please reference the provided audited financials for income and balance sheet data.

1. INCOME STATEMENT

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

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2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

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Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
3108	North Country Center for the Arts, Inc.	PO Box 1060	Lincoln	NH	03251	G	11/15/2025
1884	North Country Chamber Players	PO Box 865	Franconia	NH	03580	G	5/15/2026
16251	North Country Charter Academy	260 Cottage Street Suite A	Littleton	NH	03561	G	11/15/2025
14217	North Country Chorus, Inc.	PO Box 4361	St. Johnsbury	VT	05819	X	1/15/2023
35198	North Country Christian Formation	278 Kearsarge Mountain Road	Warner	NH	03278	G	5/15/2026
14813	North Country Community Recreation Center, Inc.	33 Rec Center Drive	Colebrook	NH	03576	G	5/15/2027
5484	North Country Community Theatre, Inc.	PO Box 462	Lebanon	NH	03766	G	5/15/2026
1682	North Country Education Services Agency	300 Gorham Hill Road	Gorham	NH	03581	G	11/14/2026
19821	North Country Educational Radio	262 Cottage St.	Littleton	NH	03561	X	5/15/2025
11239	North Country Health Consortium	260 Cottage Street, Suite CLittleton, NH 03561	Littleton	NH	03561	G	8/15/2026
30252	North Country Healthcare, Inc.	8 Clover Lane	Whitefield	NH	03598	G	8/15/2026
30252	North Country Healthcare, Inc.	PO Box 240	Whitefield	NH	03598	G	8/15/2026
2708	North Country Home Health and Hospice Agency, Inc.	536 Cottage Street	Littleton	NH	03561	G	8/15/2026
17409	North Country Leadership & Commerce Alliance, Inc.	40 Brandy Lee Lane	Colebrook	NH	03576	X	11/15/2022
2710	North Country Library Cooperative	PO Box 58	Colebrook	NH	03576	X	5/15/2024
19224	North Country Missions	PO Box 459Colebrook, NH 03576	Colebrook	NH	03576	G	5/15/2027
12276	North Country Peer Support	PO Box 241	Conway	NH	03818	G	11/14/2025
30093	North Country Pony Club	4041 Iron Works Parkway	Lexington	KY	40511	X	5/15/2025
35235	North Country Pride	81 B Main Street c/o Little Village Toy and Book shop	LIttleton	NH	03561	G	5/15/2026
16577	North Country Public Safety Benevolent Foundation	PO Box 239	Franconia	NH	03580	G	5/15/2026
5038	North Country Resource Conservation & Development Area	PO Box 870	Meredith	NH	03253	X	5/15/2022
10297	North Country Serenity Center	PO Box 507	Littleton	NH	03561	X	11/15/2021
14219	North Country Studio Workshops	PO Box 247	North Hampton	NH	03862	G	10/15/2026
34086	North Country Trail Association	229 East Main Street	Lowell	MI	49331	G	11/15/2026
30569	North Dakota State University Foundation and Alumni Association	PO Box 5144	Fargo	ND	58105	G	5/15/2026
11597	North East Biosolids and Residuals Association	P.O. Box 207	Hope	RI	02831	G	5/15/2026
32880	North Fund	C/O 3675 Crestwood Parkway, Suite 350	Duluth	GA	30096	G	5/15/2026
6253	North Hampton Firefighters Association	235 Atlantic Avenue	North Hampton	NH	03842	G	5/15/2026
1683	North Hampton Historical Society, Inc.	PO Box 17	North Hampton	NH	03862	G	11/15/2026
14561	North Hampton Public Library & Cultural Center Foundation	237A Atlantic Avenue	North Hampton	NH	03862	G	5/15/2026
14221	North Hampton School P.A.L. (People Active In Learning, Inc.)	201 Atlantic Avenue	North Hampton	NH	03862	G	6/15/2026
32161	North Hampton Youth Association, Inc.	PO Box 218	North Hampton	NH	03862	G	5/15/2026

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North Country HEALTH CONSORTIUM

North Country Health Consortium Mission Statement:

"An Innovative Collaboration to improve the health status of northern New Hampshire.

The North Country Health Consortium (NCHC) is a non-profit 501(c)3 rural health network, created in 1997, as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern New Hampshire.

NCHC is engaged in activities for:

- Solving common problems and facilitating regional solutions
- Creating and facilitating services and programs to improve population health status
- Health professional training, continuing education, and management services to encourage sustainability of the health care infrastructure
- Increasing capacity for local public health essential services
- Increasing access to health care for underserved and uninsured residents of Northern New Hampshire

262 Cottage Street | Suite 230 | Littleton, NH 03561 | p: 603-259-3700 | f: 603-444-0945 | NCHCNH.org

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North Country Health Consortium, Inc.

FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

AND THE UNIFORM GUIDANCE

September 30, 2025 and 2024

With Independent Auditor's Report

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NORTH COUNTRY HEALTH CONSORTIUM, INC.

September 30, 2025 and 2024

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BDMP Assurance, LLP

INDEPENDENT AUDITOR'S REPORT

Board of Directors
North Country Health Consortium, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of North Country Health Consortium, Inc. (a nonprofit organization) (the Organization), which comprise the statements of financial position as of September 30, 2025 and 2024, and the related 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 financial statements present fairly, in all material respects, the financial position of the Organization as of September 30, 2025 and 2024, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards (U.S. GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. 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 financial statements in accordance with U.S. GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 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 audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying 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 financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated February 24, 2026 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.

BSMP Assurance, LLP

Bangor, Maine
February 24, 2026

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NORTH COUNTRY HEALTH CONSORTIUM, INC.

Statements of Financial Position

September 30, 2025 and 2024

ASSETS

	2025	2024
Current assets		
Cash and cash equivalents	$ 688,886	$ 564,410
Certificates of deposit	59,238	134,843
Accounts, grants, and contracts receivable, net	472,607	603,979
Prepaid expenses	62,997	62,216
Total current assets	1,283,728	1,365,448
Property and equipment		
Computers and equipment	232,162	232,162
Dental equipment	10,813	10,813
Furniture and fixtures	30,045	30,045
Vehicles	-	368,061
	273,020	641,081
Less accumulated depreciation	(237,781)	(320,580)
Property and equipment, net	35,239	320,501
Other assets		
Right-of-use (ROU) assets–operating	161,530	75,297
ROU asset–finance	5,023	6,513
Total other assets	166,553	81,810
Total assets	$ 1,485,520	$ 1,767,759

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable	$ 31,230	$ 85,408
Accrued wages and related liabilities	147,282	144,726
Current portion of lease liabilities–operating	63,027	70,507
Current portion of lease liability–finance	1,500	1,433
Deferred revenue	218,935	187,593
Total current liabilities	461,974	489,667
Long-term liabilities		
Lease liabilities–operating, net of current portion	99,041	6,512
Lease liability–finance, net of current portion	3,780	5,281
Total liabilities	564,795	501,460
Net assets		
Without donor restrictions	920,725	1,266,299
Total net assets	920,725	1,266,299
Total liabilities and net assets	$ 1,485,520	$ 1,767,759

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

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NORTH COUNTRY HEALTH CONSORTIUM, INC.

Statements of Activities

Years Ended September 30, 2025 and 2024

	2025	2024
Support		
Grant and contract revenue	$ 2,911,584	$ 3,026,884
Revenue		
Fees for programs and services	192,061	201,507
Interest income	4,930	13,269
Loss on sale of property and equipment	(152,781)	-
Other income	259	93
Total revenue	44,469	214,869
Total support and revenue	2,956,053	3,241,753
Program expenses		
Workforce	463,334	938,473
Public health	415,711	192,672
Mobile clinic	200,620	208,069
Community substance abuse protection (CSAP)	1,474,220	1,263,083
Total program expenses	2,553,885	2,602,297
Management and general expenses	747,742	781,371
Total expenses	3,301,627	3,383,668
Change in net assets	(345,574)	(141,915)
Net assets, beginning of year	1,266,299	1,408,214
Net assets, end of year	$ 920,725	$ 1,266,299

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

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NORTH COUNTRY HEALTH CONSORTIUM, INC.

Statement of Functional Expenses

Year Ended September 30, 2025

	Workforce	Public Health	Mobile Clinic	CSAP	Total Program	Management and General	Total
Personnel							
Salaries	$ 262,076	$ 296,103	$ 70,844	$ 901,887	$ 1,530,910	$ 409,058	$ 1,939,968
Payroll taxes and employee benefits	60,232	68,744	17,791	210,854	357,621	95,273	452,894
Total personnel expenses	322,308	364,847	88,635	1,112,741	1,888,531	504,331	2,392,862
Non-personnel expenses							
Computer fees	15,578	11,211	4,674	44,987	76,450	23,994	100,444
Medical and pharmacy supplies	8,353	4,032	137	19,893	32,415	-	32,415
Office supplies	1,655	6,083	545	7,091	15,374	3,578	18,952
Memorandum of Agreement (MOA)	81,897	-	22,250	158,993	263,140	-	263,140
Bad debts	-	-	-	-	-	18,150	18,150
Depreciation	-	-	42,928	1,548	44,476	23,004	67,480
Dues, memberships, education, and subscriptions	1,100	664	658	1,847	4,269	6,258	10,527
Staff development	1,150	2,256	225	2,862	6,493	2,375	8,868
Equipment and maintenance	224	231	82	743	1,280	322	1,602
Rent and occupancy	200	-	12,000	6,511	18,711	78,930	97,641
Insurance	1,193	1,562	533	4,636	7,924	6,425	14,349
Miscellaneous	-	-	657	16,772	17,429	3,257	20,686
Payroll processing fees	-	-	-	-	-	9,557	9,557
Postage	535	44	166	170	915	597	1,512
Printing	229	1,061	222	3,095	4,607	472	5,079
Professional fees	-	-	2,988	-	2,988	54,955	57,943
Training fees and supplies	13,503	2,866	11,241	28,268	55,878	817	56,695
Travel	6,816	16,337	3,336	44,314	70,803	2,634	73,437
Telephone	3,836	4,336	1,275	10,318	19,765	2,949	22,714
Vehicle expense	-	125	7,884	-	8,009	-	8,009
Event facility fees	4,757	56	184	9,431	14,428	5,137	19,565
Total non-personnel expenses	141,026	50,864	111,985	361,479	665,354	243,411	908,765
Total expenses	463,334	415,711	200,620	1,474,220	2,553,885	747,742	3,301,627
Indirect costs allocated to programs	132,976	127,225	32,735	410,749	703,685	(703,685)	-
Total expenses after indirect cost allocations	$ 596,310	$ 542,936	$ 233,355	$ 1,884,969	$ 3,257,570	$ 44,057	$ 3,301,627

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

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NORTH COUNTRY HEALTH CONSORTIUM, INC.

Statement of Functional Expenses

Year Ended September 30, 2024

	Workforce	Public Health	Mobile Clinic	CSAP	Total Program	Management and General	Total
Personnel							
Salaries	$ 453,879	$ 136,729	$ 85,947	$ 848,678	$ 1,525,233	$ 445,919	$ 1,971,152
Payroll taxes and employee benefits	90,018	27,042	16,739	168,599	302,398	87,444	389,842
Total personnel expenses	543,897	163,771	102,686	1,017,277	1,827,631	533,363	2,360,994
Non-personnel expenses							
Computer fees	23,942	5,806	3,593	46,834	80,175	39,189	119,364
Medical and pharmacy supplies	15,763	76	513	29,827	46,179	-	46,179
Office supplies	4,246	8,080	253	4,316	16,895	2,631	19,526
MOA	278,928	-	-	64,071	342,999	-	342,999
Bad debts	-	-	-	-	-	11,063	11,063
Depreciation	-	-	52,580	2,940	55,520	16,526	72,046
Dues, memberships, education, and subscriptions	897	182	197	1,679	2,955	3,749	6,704
Staff development	1,099	935	-	75	2,109	2,476	4,585
Equipment and maintenance	516	159	100	1,185	1,960	2,581	4,541
Rent and occupancy	-	-	12,000	4,017	16,017	86,218	102,235
Insurance	1,763	614	328	3,328	6,033	5,719	11,752
Miscellaneous	325	-	5	1,864	2,194	2,634	4,828
Payroll processing fees	-	-	-	-	-	11,584	11,584
Postage	1,671	12	8	260	1,951	390	2,341
Printing	6,964	28	20	1,888	8,900	145	9,045
Professional fees	-	-	11,497	-	11,497	55,847	67,344
Training fees and supplies	22,907	3,866	-	27,676	54,449	171	54,620
Travel	18,817	5,907	1,556	38,404	64,684	3,124	67,808
Telephone	7,178	2,461	2,208	12,281	24,128	3,428	27,556
Vehicle expense	-	775	20,508	-	21,283	-	21,283
Event facility fees	9,560	-	17	5,161	14,738	533	15,271
Total non-personnel expenses	394,576	28,901	105,383	245,806	774,666	248,008	1,022,674
Total expenses	938,473	192,672	208,069	1,263,083	2,602,297	781,371	3,383,668
Indirect costs allocated to programs	205,929	63,091	39,572	386,705	695,297	(695,297)	-
Total expenses after indirect cost allocations	$ 1,144,402	$ 255,763	$ 247,641	$ 1,649,788	$ 3,297,594	$ 86,074	$ 3,383,668

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

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NORTH COUNTRY HEALTH CONSORTIUM, INC.

Statements of Cash Flows

Years Ended September 30, 2025 and 2024

	2025	2024
Cash flows from operating activities		
Change in net assets	**$ (345,574)**	$ (141,915)
Adjustments to reconcile change in net assets to net cash used by operating activities		
Loss on sale of property and equipment	**152,781**	-
Depreciation	**67,480**	72,046
Change in allowance for doubtful accounts	**-**	11,893
Amortization of ROU asset–operating	**(1,184)**	185
Amortization of ROU asset–finance	**1,490**	1,316
(Increase) decrease in operating assets		
Accounts, grants, and contracts receivable	**131,372**	60,776
Prepaid expenses	**(781)**	26,440
Increase (decrease) in operating liabilities		
Accounts payable	**(54,178)**	(7,410)
Accrued wages and related liabilities	**2,556**	16,441
Deferred revenue	**31,342**	(43,410)
Net cash used by operating activities	**(14,696)**	(3,638)
Cash flows from investing activities		
Transfers from certificates of deposit	**75,605**	196,080
Purchases of property and equipment	**-**	(11,000)
Proceeds from sale of property and equipment	**65,001**	-
Net cash provided by investing activities	**140,606**	185,080
Cash flows from financing activities		
Principal payments on finance lease	**(1,434)**	(1,115)
Net cash used by financing activities	**(1,434)**	(1,115)
Net increase in cash and cash equivalents	**124,476**	180,327
Cash and cash equivalents, beginning of year	**564,410**	384,083
Cash and cash equivalents, end of year	**$ 688,886**	$ 564,410

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

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1. Nature of Activities and Summary of Significant Accounting Policies

North Country Health Consortium, Inc. (NCHC) (the Organization) is a not-for-profit health organization chartered under the laws of the State of New Hampshire. The Organization's mission is to lead innovative collaboration to improve the health status of the region. NCHC is engaged in promoting and facilitating access to services and programs that improve the health status of the area population, provide health training and educational opportunities for healthcare purposes.

The Organization's primary programs are as follows:

Workforce – To provide workforce education programs.

Public Health – To coordinate public health networks, and promote the community emergency response plan.

Mobile Clinic – To sustain operations of a mobile clinic program, offering health services to all residents in northern New Hampshire.

Community Substance Abuse Prevention (CSAP) – To conduct community substance abuse prevention activities.

Following is a summary of the significant accounting policies used in the preparation of these financial statements.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

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

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities. The Organization had no net assets with donor restrictions at September 30, 2025 and 2024.

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Use of Estimates

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

Concentration of Risk

The Organization's operations are affected by various risk factors, including credit risk and risk from geographic concentration and concentrations of funding sources. Management attempts to manage risk by obtaining and maintaining revenue funding from a variety of sources. A substantial portion of the Organization's activities are funded through grants and contracts with private, federal, and state agencies. As a result, the Organization may be vulnerable to the consequences of change in the availability of funding sources and economic policies at the agency level.

Revenue Recognition

Below are the revenue recognition policies of the Organization:

Grant and Contract Revenue

Grants and contracts are recorded as revenue in the period they are earned by satisfaction of grant obligations. Grants and contracts are recorded as support without donor restrictions if restrictions are met in the year revenue is recognized.

Fees for Programs and Services

Fees for programs and services are recorded as revenue in the period the related services were performed.

Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied over time is recognized based on actual services rendered. Generally, performance obligations are satisfied over time when services are provided. The Organization measures the performance obligation from when the Organization begins to provide services to a client to the point when they are no longer required to provide services to that client, which is generally at the date services are performed.

Each performance obligation is separately identifiable from other promises in the contract with the client. As the performance obligations are met (i.e., day of services), revenue is recognized based on allocated transaction price. The transaction price is allocated to separate performance obligations based upon the relative standalone selling price.

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Because all of its performance obligations relate to short-term contracts, the Organization has elected to apply the optional exemption provided in U.S. GAAP, and therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period.

Program service fee revenue is included in the statements of activities within the fees for programs and services and are as follows:

	2025	2024
Fees	$ 161,797	$ 176,124
Other	30,264	25,383
Net fees for programs and services	$ 192,061	$ 201,507

Accounts, grants, and contracts receivable, net related to exchange transactions were $243,967, $243,515, and $445,009 as of September 30, 2025, 2024, and 2023 respectively.

Cash and Cash Equivalents

For purposes of the statements of cash flows, the Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Accounts, Grants, and Contracts Receivable

The Organization has receivable balances due from grants and contracts received from federal, state, and private agencies. Management reviews the receivable balances for collectibility and records an allowance for credit losses based on historical information, estimated contractual adjustments, and current economic trends. Management considers the individual circumstances when determining the collectibility of past due amounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to earnings and a credit to accounts receivable. Any collection fees or related costs are expensed in the year incurred. The Organization recorded an allowance for credit losses for accounts, grants, and contracts of $17,773 as of September 30, 2025 and 2024. The Organization does not charge interest on its past due accounts, and collateral is generally not required.

Certificates of Deposit

The Organization has three certificates of deposit that may be withdrawn without penalty with one financial institution. These certificates carry original terms of 12 months to 18 months, have interest rates ranging from 4.02% to 4.22%, and mature at various dates through fiscal year 2026.

Property and Equipment

The Organization generally capitalizes property and equipment with an estimated useful life in excess of one year and installed costs over $2,500. Lesser amounts are generally expensed. Property and equipment is capitalized at cost if purchased or at fair market value if donated.

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Property and equipment are depreciated using the straight-line method using the following ranges of estimated useful lives:

Computers and equipment	3 - 7 years
Dental equipment	5 - 7 years
Furniture and fixtures	5 - 7 years
Vehicles	5 years

Deferred Revenue

Deferred revenue is related to advance payments on grants or advance billings relative to anticipated expenses or events in future periods. The revenue is realized when the expenses are incurred or as services are provided in the period earned.

Memorandum of Agreement (MOA) Expenses

The Organization has entered into agreements with subrecipients to help position program participants to deliver integrated physical and behavioral health care that addresses the full range of individuals' needs, to expand capacity to address emerging and ongoing behavioral health needs, to reduce gaps in care across settings by improving coordination across providers, and to address relevant alternative payment models. Expenditures associated with these agreements include payments to subrecipients, service provider contracts, and consulting costs.

Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and is not classified as a private foundation. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. The Organization had no unrelated business income activity subject to taxation for the years ended September 30, 2025 and 2024.

The Organization has adopted the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Subtopic 740-10, *Income Taxes–Overall*. FASB ASC Subtopic 740-10 prescribes a recognition threshold and measurement attributable for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. Based on management's evaluation, management has concluded that there were no significant uncertain tax positions requiring recognition in the financial statements at September 30, 2025 and 2024.

Although the Organization is not currently the subject of a tax examination by the Internal Revenue Service or the State of New Hampshire, the Organization's tax years ended September 30, 2022 through September 30, 2025 are open to examination by the taxing authorities under the applicable statute of limitations.

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Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, interest, and office and occupancy, which are allocated on a square-footage basis, as well as salaries and benefits, which are allocated on the basis of estimates of time and effort.

Right-of-Use Asset and Lease Liability

The Organization follows FASB ASC Topic 842, *Leases* (Topic 842). The Organization determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified property, plant, or equipment (an identified asset) in exchange for consideration. The Organization determines these assets are leased because the Organization has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset. Assets in which the supplier or lessor has the practical ability and right to substitute alternative assets for the identified asset and would benefit economically from the exercise of its right to substitute the asset are not considered to be or contain a lease because the Organization determines it does not have the right to control and direct the use of the identified asset. The Organization's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

The Organization has elected the practical expedient to not separate lease and non-lease components and classifies the contract as a lease if consideration in the contract allocated to the lease component is greater than the consideration allocated to the non-lease agreement.

Leases result in the recognition of ROU assets and lease liabilities on the statements of financial position. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Organization determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. Topic 842 requires the use of the implicit rate in the lease when readily determinable. As the leases do not provide an implicit rate, the Organization uses the treasury bill rate for a term comparable to the life of the lease based on the information available at the commencement date to determine the present value of lease payments. This rate represents one which would be incurred to borrow, on a collateralized basis, over a similar term, an amount equal to the lease payments over a similar term.

The lease term may include options to extend or to terminate the lease that the Organization is reasonably certain to exercise. Lease expense for operating leases is recognized on a straight-line basis over the lease term.

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The Organization has elected not to record leases with an initial term of 12 months or less on the statements of financial position. Lease expense on such leases is recognized on a straight-line basis over the lease term.

2. Cash Concentrations

The Organization maintains cash balances at two financial institutions. These accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per financial institution. Management believes the Organization is not exposed to any significant credit risk on cash as of September 30, 2025.

The Organization manages credit risk relative to cash concentrations by utilizing "sweep" accounts. The Organization maintains Insured Cash Sweep accounts that invest cash balances in other financial institutions at amounts that do not exceed FDIC insured limits. Cash at these institutions is held in interest-bearing money market accounts.

3. Leases

The Organization has entered into the following lease agreements:

Operating Leases

The Organization leases office spaces in Littleton, New Hampshire for administrative purposes under an operating lease that expires in May 2028 with a one-year renewal option, storage units that expire in May 2028, and office space in North Haverhill and Lebanon that expires June 2026.

Finance Lease

The Organization leases a copier under a finance lease that expires in February 2029.

Required quantitative disclosures are as follows for the years ended September 30:

	2025	2024
Lease cost		
Finance lease cost:		
Amortization of right-of-use assets	**$ 1,490**	$ 1,316
Interest on lease liabilities	**272**	306
Operating lease cost	**91,136**	91,492
Short-term lease cost	**1,186**	3,415
Total lease cost	**$ 94,084**	$ 96,529

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Other information:	2025	2024
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from finance leases	$ 272	$ 306
Operating leases	92,320	91,304
Financing cash flows from finance leases	1,434	1,115
Right-of-use assets obtained in exchange for new finance lease liabilities	-	7,829
Right-of-use assets obtained in exchange for new operating lease liabilities	173,808	34,872
Weighted-average remaining lease term–finance leases	3.4 years	4.4 years
Weighted-average remaining lease term–operating leases	2.6 years	0.9 years
Weighted-average discount rate–finance leases	4.6 %	4.6 %
Weighted-average discount rate–operating leases	3.9 %	4.4 %

Future Minimum Lease Payments and Reconciliation to the Statement of Financial Position

Approximate future minimum payments under the leases having initial or remaining terms in excess of one year as of September 30, 2025 were as follows:

	Operating	Finance
2026	$ 67,931	$ 1,705
2027	61,260	1,705
2028	40,840	1,705
2029	-	569
Total future undiscounted lease payments	170,031	5,684
Less present value discount	(7,963)	(404)
Total lease liabilities	162,068	5,280
Less current portion	63,027	1,500
Less liabilities, net of current portion	$ 99,041	$ 3,780

4. Related-Party Transactions

A majority of the Organization's members and the Organization are also members of a Limited Liability Company. There were no transactions between the Limited Liability Company and the Organization in 2025 and 2024.

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The Organization contracts various services from other organizations of which members of management of these other organizations may also be members of the Board of Directors of NCHC. Amounts paid to these organizations were $4,984 and $11,484 for the years ended September 30, 2025 and 2024, respectively. There was a net balance due from these organizations of $19,220 as of 2024, which is included in accounts, grants, and contracts receivable, net on the statements of financial position. There were no such balances due as of September 30, 2025.

5. Retirement Plan

The Organization participates in a defined contribution plan under section 401(k) of the Internal Revenue Code (the Plan). Under the Plan, all employees are eligible, regardless of age. There is no service requirement to participate in the Plan. Employee contributions are permitted and are subject to Internal Revenue Service limitations. Monthly employer contributions are $50 for each part-time employee and $100 for each full-time employee. Employer contributions for the years ended September 30, 2025 and 2024 were $25,798 and $31,105, respectively, which is included in payroll taxes and employee benefits, net on the statements of functional expenses.

6. Liquidity and Availability of Financial Assets

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the date of the statements of financial position, were comprised of the following as of September 30:

	2025	2024
Cash and cash equivalents	**$ 688,886**	$ 564,410
Accounts receivable, grants, and contracts, net	**472,607**	603,979
Certificates of deposit, current portion	**59,238**	134,843
	$ 1,220,731	$ 1,303,232

In addition to maintaining financial assets available to meet general expenditures over the next 12 months, the Organization strives to operate with a balanced budget and budgets to collect sufficient revenue to cover expenses.

7. Contingencies

The Organization receives a significant portion of its support from various funding sources. Expenditure of these funds requires compliance with terms and conditions specified in the related contracts and agreements. These expenditures are subject to audit by the contracting agencies. Any disallowed expenditures would become a liability of the Organization requiring repayment to the funding sources. Liabilities resulting from these audits, if any, will be recorded in the period in which the liability is ascertained. Management estimates that any potential liability related to such audits will be immaterial.

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The Organization may be involved in various claims or legal actions arising in the ordinary course of business. The ultimate disposition of any such matters is indeterminable, but in the opinion of management, the amount of any potential liabilities would not have a significant impact on the Organization's financial condition.

8. Subsequent Events

In accordance with FASB ASC Topic 855, *Subsequent Events,* management has evaluated subsequent events for possible recognition or disclosure through February 24, 2026, which is the date these financial statements were available to be issued.

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SUPPLEMENTARY INFORMATION

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NORTH COUNTRY HEALTH CONSORTIUM

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2025

Federal grantor/pass-through grantor/program title	Federal AL Number	Pass-through Number	Federal Expenditures
Department of Health and Human Services (DHHS)			
Direct Programs			
Area Health Education Centers	93.107	N/A	$ 119,056
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	N/A	257,511
Advanced Nursing Education Workforce Grant Program	93.247	N/A	55,073
Drug-Free Communities Support Program Grants	93.276	N/A	125,000
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912	N/A	739,282
Passed through State of New Hampshire - DHHS			
Medical Reserve Corps Small Grant Program	93.008	U3REP230690	10,649
Public Health Emergency Preparedness	93.069	U90TP922018	92,283
Immunization Cooperative Agreements	93.268	NH23IP922592	6,313
Activities To Support State, Tribal, Local and Territorial (STLT) Health Department Response To Public Health or Healthcare Crises	93.391	NH750T000031	304,747
Passed through State of New Hampshire - BDAS			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	NB01OT009381	14,768
Block Grants for Prevention and Treatment of Substance Abuse	93.959	TI084659/TI083955	130,331
Total AL Number 93.959			145,099
Preventive Health and Health Services Block Grant	93.991	NB01OT009381	14,768
Total Department of Health and Human Services			1,869,781
Total Expenditures of Federal Awards			$ 1,869,781

See accompanying notes to the schedule of expenditures of federal awards

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NORTH COUNTRY HEALTH CONSORTIUM, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2025

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of North Country Health Consortium, Inc. (the Organization) under programs of the federal government for the year ended September 30, 2025. The information in the Schedule is presented in accordance with Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to, and does not, present the financial position, changes in net assets or cash flows of the Organization.

2. Summary of Significant Accounting Policies

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. Pass-through entity identifying numbers are presented where available.

The Organization has elected not to use the 10% de minimis indirect cost rate, for awards issued before September 30, 2024 or up to 15% for awards issued after October 1, 2024.

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BerryDunn

BDMP Assurance, LLP

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

Board of Directors
North Country Health Consortium, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards (U.S. GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of North Country Health Consortium, Inc. (the Organization) (a New Hampshire nonprofit organization), which comprise the statement of financial position as of September 30, 2025, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 24, 2026.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing 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 entity'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, and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified a deficiency in internal control, described in the accompanying schedule of findings and questioned costs as item 2025-001 that we consider to be a material weakness.

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Board of Directors
North Country Health Consortium, Inc.

Report on Compliance and Other Matters

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

The Organization's Response to Finding

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the finding identified in our audit and described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

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 communication is not suitable for any other purpose.

BDMP Assurance, LLP

Bangor, Maine
February 24, 2026

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BDMP Assurance, LLP

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

Board of Directors
North Country Health Consortium, Inc.

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited North Country Health Consortium, Inc.'s (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on the Organization's major federal program for the year ended September 30, 2025. The Organization's major federal program is 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 compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended September 30, 2025.

Basis for Opinion on the Major Federal Program

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

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the 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.

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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 U.S. GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of its major federal program as a whole.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the 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 the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the 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.

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Board of Directors
North Country Health Consortium, Inc.

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

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

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

BDMP Assurance, LLP

Bangor, Maine
February 24, 2026

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NORTH COUNTRY HEALTH CONSORTIUM, INC.

Schedule of Findings and Questioned Costs

Year Ended September 30, 2025

Section I. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:			Unmodified	
Material weakness(es) identified?	☑	Yes	☐	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:

Material weakness(es) identified:	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)?	☐	Yes	☑	No

Identification of major program:

AL Number	Name of Federal Program or Cluster
93.912	Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement

Dollar threshold used to distinguish between Type A and Type B programs: $1,000,000

Auditee qualified as low-risk auditee?	☑	Yes	☐	No

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NORTH COUNTRY HEALTH CONSORTIUM, INC.

Schedule of Findings and Questioned Costs (Concluded)

Year Ended September 30, 2025

Section II. Financial Statement Findings

Finding 2025-001

Criteria

The Organization is responsible for designing, implementing, and maintaining effective internal controls over financial reporting to provide reasonable assurance that the internal controls will prevent misstatements or detect and correct misstatements on a timely basis, intentional or unintentional, from occurring.

Condition and Context

One significant audit adjustment was required to present the Organization's financial statements in accordance with U.S. GAAP. The Organization recorded two duplicate postings to the cash and revenue accounts totaling approximately $89,000. This was corrected by an audit adjustment to remove the duplicate entries to cash and the related revenue as of September 30, 2025.

Cause and Effect

The condition identified was the result of the Organization's not implementing a process of review of bank reconciliations sufficient to prevent or detect and correct timely an overstatement of revenue and cash.

Recommendation

We recommend that the Organization provide training to key members of management who perform review of the cash reconciliations to help provide reasonable assurance that they would detect and correct misstatements on a timely basis.

Views of Responsible Officials and Planned Corrective Actions

Management agrees with the finding. See attached Planned Corrective Actions.

Section III. Federal Award Findings and Questioned Costs

Not applicable.

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NORTH COUNTRY HEALTH CONSORTIUM, INC.

Summary Schedule of Prior Year Findings and Questioned Costs

Year Ended September 30, 2025

Section II. Financial Statement Findings

Not applicable.

Section III. Federal Award Findings and Questioned Costs

Not applicable.

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North Country Health Consortium, Inc.
Schedule of Findings and Questioned Costs
Year Ended September 30, 2025

Financial Audit Finding 2025-001: Duplicate Cash Posting

Planned Corrective Action:

Management has implemented additional internal controls over cash posting and reconciliation procedures to prevent and detect duplicate cash entries within the accounting system.

Effective January 2026, the following procedures have been implemented:

Key members of management who perform review of the bank statement reconciliations immediately expanded the process of monthly cash account reconciliation. Expanded processes included implementation of a multi-step approach throughout the reconciliation cycle to include monthly department review of accounting system activities to timely identify potential issues along with enhanced methods of reconciliation and verification with general ledger cash accounts.

Daily Transaction Review

- The Director of Finance reviews the daily cash receipts posting report from the accounting system to verify that each deposit batch is recorded once and agrees to support deposit documentation.
- Any discrepancies or duplicate entries are investigated and corrected immediately.

Monthly Bank Reconciliation Procedures

- Monthly bank reconciliations are completed within 15 days of receipt of the bank statement.
- Reconciliation includes verification of individual deposits and withdrawals between the bank statement, supporting documentation, and the general ledger detail (not solely ending balances).
- A reconciliation checklist is completed and retained with the reconciliation documentation.

Independent Review and Approval

- The Executive Director performs an independent review of each completed bank reconciliation, including review of reconciling items and general ledger cash detail.

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- Evidence of review is documented by signature and date.

Monitoring and Documentation

- All reconciliations, posting reports, and review checklists are retained electronically for audit verification.
- Any adjustments to cash accounts require written explanation and supervisory approval.

These controls provide both preventative and detective measures to identify system-generated duplicate postings in a timely manner.

Expected Completion Date: January 2026 (retroactively to end of previous fiscal year) and performed monthly thereafter

Person(s) Responsible: Tracy Page, Director of Finance and Lauren Pearson, Executive Director

Contact Information: 603-259-3700

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Kristen G. van Bergen-Buteau, CPHQ

As a Certified Professional in Healthcare Quality, I bring more than two decades of experience in the areas of leadership development, quality improvement, the application of evidence-based practice in a variety of healthcare settings, population health management and regulatory compliance to my work. Additionally, I serve as a community practitioner, knitting together resources to elevate the community connections across the rural region in which I live, am a member of a public cooperative school district Board of Education, providing strategic guidance to a 5-town, 3-school district serving students in grades pre-K through 12, and an advocate and ally for marginalized populations with a focus on equity and connectedness

EDUCATION

2020 – present University of New Hampshire, Master of Arts, Community Development Policy & Practice
1997 – 2000 USNH College for Lifelong Learning, Bachelor of Science, Behavioral Science
1998 – 1999 International 4-H Youth Exchange NH Delegate to the Netherlands (June 1998 - March 1999)
1994 – 1997 University of New Hampshire Bachelor of Science general studies

CERTIFICATIONS

2008 – Present Certified Professional in Healthcare Quality (CPHQ)
2023 American Red Cross CPR/AED

WORK EXPERIENCE

2019 – Present Director of Workforce Development & Public Health Programs, North Country Health Consortium

- Senior Program Manager, June 2020 - March 2021
- Integrated Delivery Network Program Manager, Feb 2019 - June 2020
- Overall program management for the Integrated Delivery Network (IDN), Northern NH Area Health Education Center (NNH AHEC), North Country Public Health Network (NC PHN), and various public health programs, including project management, leadership development, adherence to state, federal and private grant funding processes, development and submission of all required program reports, and negotiation of partner agreements
- Operationalize project plans to ensure timely achievement of deliverables and milestones; evaluate and assess program strengths, identify areas for improvement and implement interventions to ensure that program goals are achieved
- Foster partner engagement to build upon the successful innovative collaboration that improves the health status of the region
- Build positive relations within the team and external parties by keeping all stakeholders up to date with relevant project information, communicating to ensure maximum efficiency and participating as a team member to complete program deliverables

2020 – 2023 Community Weaver, Niel & Louise Tillotson Fund Relief & Resiliency Program

- Collaboration in genuine solidarity with partners in Coös County and bordering communities in NH to build community and support a more resilient, prosperous region during and after the COVID-19 pandemic, with a focus on community resilience-building and related innovation
- Participation in the design of this new program, including the clarification of desired outcomes to the work, and development of funding recommendations to the Tillotson Fund Advisors
- Development of a thought partnership with a range of local community builders through which input is gathered informally and formally from across the region, creating solutions to problems and taking calculated risks in the name of achieving specific outcomes
- Improvement of connections that serve the region, including identification of adaptations that have resulted from the COVID-19 pandemic which should be sustained because they hold promise for providing critical community services and building long-term resilience
- Participation in learning exchanges to better understand approaches that accelerate and deepen community resilience and how existing power structures reinforce an imbalance of wealth and

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opportunity in the region, leveraging the learning to inform the Fund's strategic planning process
- Evaluation and assessment of program strengths, identification of areas for improvement and implementation of interventions to ensure that program goals are achieved

2009 – 2019 Assistant Director, Quality Services, Littleton Regional Healthcare
- Provided day-to-day operational oversight for the Quality Services Department, including budgeting, management of projects and personnel, and delegation of tasks
- Oversaw and coordinated facility programs for Risk Management, Corporate Compliance, Patient Safety, Quality Improvement, Patient Relations, Customer Service, and survey readiness activities for state and federal licensing activities
- Chair, Ethics Committee
- Coordinator, LRH Family Support Team
- Facilitated North Country Transitions in Care team monthly meetings
- Represented LRH at North Country Healthcare workgroups for Quality, Compliance, Risk Management and Privacy
- Served as facility point of contact for population health initiatives, including Accountable Care Organization, Integrated Delivery Network and Community Care Organization work
- Implemented leadership and cultural development programs
- Oriented all new hires for the organization to LRH cultural standards and expectations

2005 – 2009 Data Specialist & Executive Administrative Support, Quality Services, Littleton Regional Hospital
- Provided executive support to the Chief Administrative Officer/Chief Nursing Officer and CEO
- Assisted in coordination, development, implementation, continuation and follow-up of projects developed by Quality Services and Department Leaders, including the coordination of data collection, analysis and reporting for identified quality improvement initiatives

2003 – 2005 Training and QA Staff Coordinator, Patient Access Services, Littleton Regional Hospital
2002 – 2003 Emergency Department Registrar, Littleton Regional Hospital
1999 – 2000 Clinical Lab Clerk, Weeks Medical Center
1997 – 1999 Cashier, Rite Aid Corporation; Junior Level Management (Key Cashier) promotion 12/97
1995 – 1997 Resident Advisor, UNH Department of Residential Life, Durham, NH

VOLUNTEER/COMMUNITY SERVICE EXPERIENCE

2022 – 2024 Advisory Council, Center for the Advancement of Rural Health Equity, Dartmouth Health
2021– Present North Country Advisory Council, CASA New Hampshire
2019 – Present Girl Scouts USA
- Co-Leader, Troop 63202; Parent Volunteer, Troop 30356

2018 – Present SAU 36 School Board Member, Lancaster Representative
- Educational Programming & Curriculum Committee
- Policy Committee
- Strategic Planning Committee
- Personnel Committee
- Apportionment Advisory Committee

2017 – 2022 Scouting BSA Troop 219, Lancaster NH
- Troop Committee Member; Advancement Coordinator; Merit Badge Counselor

2016 – 2023 Neil & Louise Tillotson Fund's Community Practitioners' Network & Community Weave Team
2015 – 2016 Member, SAU 36 Ad Hoc Strategic Planning Committee
2012 – 2017 Volunteer, North Country Home Health & Hospice Agency
2009 – 2020 Founder & Leader, Littleton Regional Healthcare Family Support Team
2007 – 2020 Member, Weeks Medical Center Family Support Team

PUBLICATIONS – Field-Sparks, K., Smith, P., & van Bergen-Buteau, K. (2021). Tomorrow's Healthcare Workforce: Strengthening NH's Clinical Placement Opportunities. NH Area Health Education Center.

REFERENCES - Available upon request

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ANDREW BROWN

Systems Administrator and Information Technology Director

CONTACT

603-259-3700
abrown@nchcnh.org

SKILLS

Office 365 Administrator
Active Directory Administrator
Windows Support Administrator
Salesforce Administrator
Population Health
Quantitative Analysis
Qualitative Analysis
Integration of AI into business use cases
Help Desk
Mobile Device Management
Data Analysis
Program Evaluation

EDUCATION

UVM
2002-2004
BA in Political Science

PROFILE

User-focused systems administrator and solutions-focused data analyst, with an emphasis on deploying flexible technologies and evaluation tools to serve the needs of a fast paced, constantly evolving multi-goal non-profits. I view technology as a tool that should serve a larger cause. As such, my goal is leveraging technology and data as a tool to empower positive community change.

EXPERIENCE

NCHC Systems Administrator
2005-2016
Took the lead in managing all information technology systems at a nonprofit managing a variey of grant-funded initiatives. Included helpdesk, server support, windows desktop support, management of a SQL database for client screenings and a mobile dental clinic EHR. Also assisted in evaluation, including aggregation of several multi-agency reporting initiatives.

Management Information Systems Administrator
2016-2024
Manages all information technology systems at a nonprofit managing a variety of grant funding initiatives and a 24/7 residential SUD treatment facility. Included helpdesk, server support (including backup), windows desktop support, cloud-based services (including office 365 and Salesforce) and AI tools. Led IT transition to remote stance during 2020 pandemic and hardening of organization against cybersecurity risks through training and deployment of new monitoring and backup tools.

Director of Data, Technology and Innovation
2024-Current
Responsible for all organizational IT planning and operations for a regional public health nonprofit. Also responsible for collecting and aligning data systems and supporting grant submissions and project operations through creation and implementation of evaluation plans. Took lead on regional community health needs assessment process.

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Zina Schmidt

PHEP COORDINATOR

Objective

Public Health is working towards building healthier communities. This is achieved by coordinating efforts to address the social determinates of health as well as preparing for possible emergencies before they arise. Preparing helps a community to recover but also helps build resiliency.

Education

2015-2018	**SNHU** **Bachelors Healthcare Administration** Graduated Cum Laude Honor Society
1990-1993	**NHTC (now WMCC)** **AS Automotive Technology** **AS Automotive Service Management**

Honors and awards

List relevant awards, fellowships, honors, grants, and academic distinctions in reverse chronological order. Include a short description if necessary.

May 2018	**Cum Laude** GPA of 3.7
Winter 2016	**Deans List**
2016	**Honor Society**

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Professional training

2000	**Emergency Medical Technician** **Whitefield NH** Completed EMT class, psycho motor and cognitive exams. Became certified by the National Registry of EMTs as well as NH
2004	**Fire fighter Level 1** Completed course work which included forestry, knots, fire behavior, SCBA, ladders, breeching, haz mat, ICS and more. Passed psychomotor and cognitive exams.
2006	**Intermediate EMT (later renamed Advanced EMT** Completed course work, psychomotor and cognitive exams. Course work included acid base balances, IV's, respiratory treatments, cardiac treatments.
2008	**Fire Fighter level 2**

Community service

2022-present	**Girl Scout Leader** Troop 63202 leader in Lancaster NH, troop is part of the Girl Scouts of the Green and White Mountains council.

Languages

English	Native language

Computer skills

Programs	Microsoft Office

References

Lorraine Henry	EMT Basic, Lancaster Fire Dept 430 North Rd, Lancaster NH 03584 603-723-0495
Elizabeth Milligan	EMR, Jefferson Fast 61 Stag Hollow Rd, Jefferson NH 03583, 603-723-0343

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Michelle Couturier

Whitefield, NH 03598

Authorized to work in the US for any employer

Work Experience

Mobile medical clinic van driver/ CHW/PRC

North Country Health Consortium-Littleton, NH

August 2022 to Present

Certified community health worker/ mobile clinic van driver.

Drive and maintain the mobile medical van. Document miles ,gas and maintenance on van. Park at different locations to provide none medical emergency services. Medical personnel will be there for that day and will provide non emergency services and I will be there as a CHW to help with referrals for services.

Data entry, Microsoft, Excel, PowerPoint, email, zooms. Working with Clients. Taking notes, processing paper work into Apricot, filing. Answering phones, fax.

ordering medical supplies. stocking clinic van.

Residential Instructor

Easterseals-Lancaster, NH

March 2024 to August 2024

working with clients that have experience trauma and abuse and behavioral disorders.

Helping clients with their behavioral plan.

Conducting groups.

Assisting with ADLS. Shift reports daily. medical documentations

Med certified for passing daily medications to the clients.

Patient Access Representative

Weeks Medical Center-Lancaster, NH

April 2023 to September 2023

Per diem patient access representative. Switch board, patent intake for appointments and Ed. Computer work and filing. Checking patients out, insurance verification and co payments,Answering phones and faxing. Excel, Microsoft, data entry

Medical terminology

verifying medical insurance

Team lead

Becket Family of Services-Bethlehem, NH

March 2020 to September 2022

Lead a team in direct support for 6 clients. Daily activities and community access with them as well s doing clinical groups everyday, exercise, care reports, shift reports and med passes.

ordering medication. mars, weight documentation. blood pressure check.

Schedule an appointments. medication counts, double checks. follow up with Scripts. medical documentation. order medical supplies.

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Residential Aide / team lead

Northern Human Services-Littleton, NH

March 2020 to 2021

Responsible for aiding and implementing of the residential service plan for each residential consumer by motivating and supporting residents in their performance on daily living skills. Doing daily reports and medication pass.

medication counts, medical documentations. ordering meds follow up.

Driver

Ready to go-Saint Johnsbury, VT

April 2019 to March 2020

Driver clients and children to appointments and job requirements and daycare.

Overnight auditor / front desk / housekeeper / laundry

Colonnade inn-Lyndonville, VT

September 2017 to May 2019

Audit customer service computer laundry cleaning paper work

Sous chef

Lyndon Institute-Lyndonville, VT

September 2016 to July 2018

Preparing food for students and faculty. Prepping food and serving. Need to follow saftey guidelines with handling and prepping and serving.

Direct Support Professional team lead

Waterford group home for men-Waterford, VT

April 2006 to April 2010

Supporting the clients in and out of the community. Supporting their needs in a group home. Assist program manager with daily duties , Doing daily reports for the shift and reports on clients. Log and document the shift. Ensure duties and responsibilities are being carried out with support and professional way.

med certified. passed medication to clients. schedule appointments. medical documentation.

EMT-B

Eastern Ambulance-Woburn, MA

October 2000 to April 2008

Security Assistant Manager

Meadow glen mall-Medford, MA

June 1996 to May 2000

Would make sure the mall was secured. Responsibility would onvouled 6 - 8 security office that Iwould. I was part of the hiring and firing. Training, scheduling each work week for each one of my employees. Daily reports incident report, as well as safety of my team end of the 52 stores within the mall along with the customers. support my team as they need it at times would have to coach them.

Public Health Coordinator/ CHW/PRC

North Country Health Consortium-Littleton, NH

volunteer placements with community partners at the direction of program management staff.

Coordination of public health events.

Supply purchasing inventory management.

Work with program staff to expand training, opportunities, internally, externally.

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Maintain necessary, knowledge of public health, emergency preparedness, and responded by participating and required trainings.

Work plan completion and meeting and report and requirements.

Preparation and dissemination of outreach, marketing materials for public health, events and initiatives.

Facilitation of programmatic, website, update, social media, postings and other media opportunities.

Coordination and maintenance of database of context for outreach, marketing other program needs.

Provides clear and conscious, verbal written and electronic communications for both internally and externally partners.

Demonstrates proficiency with various software platforms, including the Microsoft Office suite, Canva and salesforce

Head start cook

Lyndonville headstart-Lyndonville, VT

Head cook for headstart program. OrDering food. Menuprep, following guide lones on nutrition an good safety. Safe serve certified. Food ordering, shopping and clean up.

Education

Business (High school or equivalent)

Medford High School-Medford, MA

September 1982 to May 1985

High school or equivalent

Skills

Organizational skills **Classroom experience** **Budgeting** **Supervising experience** **Working with families** **Experience with children** **Autism Experience** **Teaching** **Clerical experience** **Care plans** **Hospice Care** **Dementia care** **Medical Office Experience** **Van Driver** **Typing** **Crisis intervention** **Vital signs** **Maintaining patient confidentiality** **Working with people with developmental disabilities** **Social work** **Team management** **Tube Feeding** **Time management** **Intake** **Meal Preparation** **Developmental Disabilities Experience** **Documentation review** **Leadership** **Working with geriatric patients** **Driving** **Resident's rights** **Geriatrics** **Special education** **Medical Records** **EMR Systems** **Caregiving** **Vital Signs** **Experience working with students** **Laundry** **Working with children** **Case management** **Behavior management** **Critical Care Experience** **Delivery Driver Experience** **Senior care** **EMT Experience** **Medication Administration** **Nursing** **Substance abuse** **Patient Care** **Communication skills** **Microsoft Word** **Child protective services** **Patient observation** **Home health** **Hospital Experience**

Languages

- Bilingual

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- English

Certifications and Licenses

Train the trainer suicide prention
May 2025 to Present

I train people to learn the signs of potential suicide and help develop skills in helping the person in crisis.

Community health worker
November 2022 to Present

BLS Certification

driver's license

First Aid Certification
February 2024 to February 2026

CPR/FIRST AIDE/ AED

CPR Certification
February 2024 to February 2026

Driver's License

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JOY NOEL

Senior Program Manager

CONTACT

603-259-1733
jnoel@nchcnh.org

PROFILE

Enthusiastic professional with a strong sense of dedication, motivation and responsibility to help cultivate and enrich local, rural communities.

SKILLS

Business Leadership
Community Relations
Resource Development
Communications
Strategic Planning
Event Management
Recruitment
Computer Proficiency

EDUCATION

NH Community Technical College- Nashua, NH

2005-2007

Business Administration

EXPERIENCE

Senior Program Manager | North Country Health Consortium- Littleton, NH

2023-PRESENT

- Overall program management for NCHC's Substance Misuse, Opioid Abatement, Drug Free Community, Young Adult Strategies, Reaching Rural programs which include staff supervision, program, and budget management, and ensuring compliance with all contractual and regulatory obligations related to program budgets, contracts, work plans, evaluation plans, and reporting.
- Oversee and manage all aspects of Coos County Juvenile Court Diversion Restorative Justice Program, including: guiding and monitoring program deliverables, ensuring compliance and timely reporting, assessing needs and providing direct services &/or referrals to youth, victims, and families, managing records accurately and confidentially, recruiting, training, and supervising program volunteers, effectively communicating with and updating program stakeholders, and cultivating and maintaining a network of relationships with justice agencies, schools, and communities at large.
- Collaborate with staff from other NCHC SMP program areas to ensure alignment of programs across the team and efficient utilization of resources.
- Be responsible for managing contracts and communications with NH Division of Public Health Services staff, including contract renewal, amendment, and reporting.
- Serve as a liaison with academic, state, federal, and private agencies involved with prevention work.
- Foster partner engagement to build upon the successful innovative collaboration for improving the health status of the region.
- Build positive relations within the team and external parties by keeping all stakeholders up to date with

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relevant project information, communicating to ensure maximum efficiency and participating as a team member to complete program deliverables.
- Collaborate with NCHC staff on grant writing activities and sustainability planning as requested.
- Cross collaboration with other NCHC program areas as required.
- Participate in NCHC's Leadership Team meetings on a regular basis and join NCHC's management team meeting as requested.
- Duties, responsibilities, and activities may change, or new ones may be assigned at any time with or without notice.

Director of Operations | AHEAD, Inc.- Littleton, NH

2016-2023

- Oversee day-to-day corporate administration and resource development operations.
- Work collaboratively with senior managers, board members, committees, community partners and staff to effectuate the organization's mission.
- Assist with analysis, development and adherence of the annual budget.
- Prepare organizational publications such as annual reports, appeal letters, email campaigns, social media blasts, marketing materials and newsletters for internal and external communications.
- Plan, organize and deploy special events; solicit corporate sponsorships and donations accordingly.
- Devise and implement donor stewardship while adhering to ethical fundraising principles.
- Manage systems of soliciting, receiving, processing, acknowledging and reporting contributions using donor management software.
- Write funding requests and grant applications to obtain supplemental funds as needed.
- Co-lead Race, Equity, Diversity, Inclusion (REDI) Committee which involves identifying opportunities and executing effective strategies.
- Cultivate and maintain strong relationships in the community in addition to recruiting board, committee members, volunteers and advocates.

Administrative Assistant/Accounting | McLure's- Littleton, NH

2016-2023

- Performed accounting duties such as accounts payable for two companies, purchase orders, receipts of goods and production entries.
- Completed scheduled inventory counts of raw materials and finished goods and supply audits to track shrinkage.
- Coordinated shipments from production to end-user and scheduled weekly pickups and deliveries.

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- Provided administrative and management assistance to auditor and directed activities in the office.
- Conducted standardized inspections to check processes and adequacy of internal control structure.
- Researched quality control specifications for finished goods and generated analysis certificates.
- Oversaw the Preventative Maintenance Program including SOP and SSOP systems.

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Gregory Williams B.A., CPS

EXPERIENCE: **North Country Health Consortium | Littleton, New Hampshire | March 2017 - Present**
Substance Misuse Prevention Coordinator, Continuum of Care Coordinator.

- Covering Northern Grafton Countyand all of Coos County. CPS certification From 2-15-20 to 4/15/26

North Country Charter Academy | Lancaster , New Hampshire | August 2014 - March 2017
High School Teacher

- Help reduce the dropout rate by working with at risk and disadvantaged youth that can not successfully navigate through a traditional high school. Individualize and personalize each student's online high school experience to promote success.

Kaze Martial Arts | Lancaster , New Hampshire | October 2005 - November 2023
Martial Arts Instructor

- Owner and operator of one of the most successful martial arts schools in the North Country. Giving youth and adults a healthy alternative to substance abuse by mentoring and believing in them. I have interacted with hundreds of individuals in the past 18 years at Kaze Dojo.
- Started Martial Arts training (Jujitsu) in 1988- Long Island NY with Sensei Tom Renner at Kazan Dojo.
- A student of Martial Arts since 1988. Teaching since 1991. Ranked in 6 different systems (JuJitsu(5th degree), Judo(1st Degree), BKI(3rd Degree), Shotokan(1st Degree), and Kamishin Ryu(6th Degree).
- Notable teachers include Wally Jay, Willy Cahill, Benny "THe Jet" Urquidez, and Rigan Machado.
- Well versed in Brazilian Jiu Jitsu, Boxing and Kickboxing.
- Head coach of Team Kaze MMA from 2008-2021.
- Professional MMA fighter- 2009.
- Currently commentating (via pay per view) on Mixed Martial Arts events in New England. New England Fights, and Combat Zone.
- Highly regarded as one of the best MMA coaches in New England.
- Podcaster and Pay Per View commentator for numerous MMA organizations.

Jerry Jam | Bath , New Hampshire | July 2013 - June 2021
Head of Security

- Keep the peace and help keep safe, the 5 thousand attendees of the Jerry Jam music festival. Hire a staff of 10 peacekeepers to report any problems to the local authorities. Be the liaison between the organizers and the police in Bath and neighboring towns. Because of my reputation and work with law enforcement, I was asked to make sure that both organizers and local municipalities work together to hold a successful event. So far, the past 3 years have been very successful!

Schillings | Littleton , New Hampshire | October 2013 - October 2018
Event Security Agent

- Make sure patrons are in compliance with NH State liquor laws. Hired to work larger events such as Oktoberfest and New Years.

EDUCATION:

State University of New York at Stony Brook | Stony Brook, New York | August 2015
Bachelor's Degree-Studio Art.

Other Jobs: Working artist, currently showing in the North Country.

LANGUAGES: Spanish

REFERENCES: *References are available upon request.*

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Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: North Country Health Consortium
Program: North Country Public Health Netw
Budget Period: July 1, 2026 - June 30, 2027

A	B	C	D	E	F	G	H
Position Title	**Name**	**Projected Hourly Rate**	**Hours per Week dedicated to this program**	**Amount Funded by this program for SFY 2027**	**Total Salary for Budget Period**	**% of Salary Funded by this RFP**	**Site***
Example:							
Program Coordinator	*Sandra Smith*	*$21.00*	*40*	*$13,680*	*$43,680*	*31%*	
PHN Director	Kristen van Bergen-Buteau	43.71	5.13	$11,638	$90,926	13%	
Data Analyst	Drew Brown	43.57	0.41	$924	$90,635	1%	
PHEP Coordinator	Zina Schmidt	29.65	24.34	$37,532	$61,670	61%	
Public Health Coordinator	Michelle Couturier	22.36	24.34	$28,302	$46,509	61%	
Senior Program Manager	Joy Noel	36.73	2	$3,828	$76,400	5%	
SMP/CoC Coordinator	Greg Williams	40.16	32.99	$68,898	$83,528	82%	
						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
Total Salaries by Program				$151,122	$449,669	#DIV/0!	

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all

*Please list which site(s) each staff member works at, if your agency has multiple sites.

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Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: North Country Health Consortium
Program: North Country Public Health Netw
Budget Period: July 1, 2027 - June 30, 2028

A	B	C	D	E	F	G	H
Position Title	**Name**	**Projected Hourly Rate**	**Hours per Week dedicated to this program**	**Amount Funded by this program for SFY 2027**	**Total Salary for Budget Period**	**% of Salary Funded by this RFP**	**Site***
Example:							
Program Coordinator	*Sandra Smith*		*40*			*31%*	
PHN Director	Kristen van Bergen-Buteau		3.86			10%	
Data Analyst	Drew Brown		0.37			1%	
PHEP Coordinator	Zina Schmidt		23.78			59%	
Public Health Coordinator	Michelle Couturier		23.78			59%	
Senior Program Manager	Joy Noel		2			5%	
SMP/CoC Coordinator	Greg Williams		32.99			82%	
						#DIV/0!	
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						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
Total Salaries by Program						#DIV/0!	

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all

*Please list which site(s) each staff member works at, if your agency has multiple sites.

Subject: Regional Public Health Networks (RFA-2027-DPH-01-REGIO-07)

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 Lamprey Health Care, Inc		1.4 Contractor Address 207 S. Main Street Newmarket, NH 03857	
1.5 Contractor Phone Number (603) 244-7332	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2028	1.8 Price Limitation $562,792
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: Gregory White 7D623A8E49294D6... Date: 5/12/2026		1.12 Name and Title of Contractor Signatory Gregory White CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BD63F9784C7... 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: DocuSigned by: Robyn Guarino 74873484494146D... On: 5/19/2026			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials: Initial GWW
Date: 5/12/2026

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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.

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Date 5/12/2026

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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.

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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.

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Date 5/12/2026

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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 four (4) 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 9, Termination, Subparagraph 9.2., is amended as follows:

9.2. Termination Procedure

9.2.1. In the event of the termination pursuant to Subparagraph 9.1., the Contractor shall immediately stop all work hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. The State will pay for cost of all Services and Deliverables for which Acceptance has been given by the State, provided through the date of termination but will not be liable for any costs for incomplete Services or winding down the Contract activities. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

9.2.2. Upon termination of the Contract, the State, in addition to any other rights provided in the Contract, may require Contractor to deliver to the State any property, including without limitation, Software and Written Deliverables, for such part of the Contract as has been terminated. After receipt of a notice

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of termination, and except as otherwise directed by the State, Contractor shall:

a. Stop work under the Contract on the date, and to the extent specified, in the notice;

b. Promptly, but in no event longer than ten (10) days after termination, terminate its orders and subcontracts related to the work which has been terminated, and settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of the State to the extent required, which approval or ratification shall be final for the purpose of this Section;

c. Take such action as the State directs, or as necessary to preserve and protect the property related to the Contract which is in the possession of Contractor and in which the State has an interest;

d. Take no action to intentionally erase or destroy any State Data, which includes State Data held by the Contractor's subcontractors;

e. Transfer title to the State and deliver in the manner, at the times, and to the extent directed by the State, any property which is required to be furnished to the State and which has been accepted or requested by the State;

f. Work with the State to develop a Services and Data Transition Plan per the "Contract End-of-Life Transition" requirements within this Contract; and

g. Provide written Certification to the State that Contractor has surrendered to the State all said property.

9.2.3. If the Contract has expired, or terminated prior to the Completion Date, for any reason, the Contractor must provide, for a period up to ninety (90) days after the expiration or termination, all transition services requested by the State, at no additional cost, to allow for the expired or terminated portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees ("Transition Services").

9.2.4. This covenant in paragraph 9 shall survive the termination of this Contract.

1.5. Paragraph 10, Property Ownership/Disclosure, Subparagraphs 10.2., through 10.8., is amended as follows:

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. The data must be returned to the State in a manner and format agreeable to the State.

10.3. Disclosure of data, information and other records shall be governed by NH RSA chapter 91- A and/or other applicable law, and Exhibit E - DHHS Information Security Requirements. Disclosure requires prior written approval of the State.

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10.4. In performing its obligations under this Agreement, Contractor may gain access to Confidential Information of the State. Confidential Information is defined in Exhibit E - DHHS Information Security Requirements.

10.5. Subject to applicable federal or State laws and regulations, Confidential Information shall not include information which:

10.5.1. Shall have otherwise become publicly available other than as a result of disclosure by the receiving Party in breach hereof;

10.5.2. Was disclosed to the receiving Party on a non-confidential basis from a source other than the disclosing Party, which the receiving Party believes is not prohibited from disclosing such information as a result of an obligation in favor of the disclosing Party; or

10.5.3. Is disclosed with the written consent of the disclosing Party.

10.6. A receiving Party also may disclose the disclosing Party's Confidential Information to the extent required by law or an order of a court of competent jurisdiction. Any disclosure of the Confidential Information shall require the prior written approval of the State. Contractor shall immediately notify the State if any request, subpoena or other legal process is served upon Contractor regarding the Confidential Information, and Contractor shall cooperate with the State in any effort the State undertakes to contest the request, subpoena or other legal process, at no additional cost to the State.

10.7. Contractor Confidential Information. Contractor shall clearly identify in writing all information it claims to be confidential or proprietary upon providing such information to the State. For the purposes of complying with its legal obligations, the State is under no obligation to accept the Contractor's designation of material as confidential. Contractor acknowledges that the State is subject to State and federal laws governing disclosure of information including, but not limited to, RSA Chapter 91-A. In the event the State receives a request for the information identified by Contractor as confidential, the State shall notify Contractor and specify the date the State will be releasing the requested information. At the request of the State, Contractor shall cooperate and assist the State with the collection and review of Contractor's information, at no additional expense to the State. Any effort to prohibit or enjoin the release of the information shall be Contractor's sole responsibility and at Contractor's sole expense. If Contractor fails to obtain a court order enjoining the disclosure, the State shall release the information on the date specified in the State's notice to Contractor, without any liability to the State.

10.8. This covenant in paragraph 10 shall survive the termination of this Contract.

1.6. Paragraph 12, Assignment/Delegation/Subcontracts, Subparagraph 12.1., is amended as follows:

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. In the event that the State does not consent to the assignment the State shall have the option to

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immediately terminate the Agreement without liability to or further compensation owed to Contractor, its successors or assigns.

1.7. 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 must 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 must manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor must annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance. Failure to enter into Business Associate Agreements with its subcontractors that create or receive protected health information on the behalf of the State through this Contract, and failure to comply with the implementation specifications for such agreements is a direct HIPAA violation by the Contractor.

1.8. The following Paragraphs are added and made part of the P37:

27. Force Majeure

27.1. Neither Contractor nor the State shall be responsible for delays or failures in performance resulting from events beyond the control of such Party and without fault or negligence of such Party. Such events shall include, but not be limited to, acts of God, strikes, lock outs, riots, and acts of War, epidemics, acts of Government, fire, power failures, nuclear accidents, earthquakes, and unusually severe weather.

27.2. Except in the event of the foregoing, Force Majeure events shall not include the Contractor's inability to hire or provide personnel needed for the Contractor's performance under the Contract.

28. Requirements for Web Content and Mobile Application Accessibility.

28.1. Under Title II of the Americans with Disabilities Act, the State is required to provide equal access to all of its services, programs, and activities that are provided or made available to the public (whether directly or through contractual, licensing, or other arrangements) via the web and mobile applications. Accordingly, all web content and mobile applications developed, delivered, or otherwise furnished by Contractor pursuant to the terms and conditions of this Agreement shall comply with all applicable accessibility requirements under 28 C.F.R. § 35.200 and the technical standards for web content and mobile application accessibility specified in version 2.1., of the Web Content Accessibility Guidelines at Level AA conformance.

28.2. Contractor acknowledges and agrees that the State may require Contractor's compliance with the web content and mobile application accessibility standards

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set forth in Paragraph 28.1., to be determined by a third-party selected by the State in its sole and discretion.

29. Exhibits/Attachments

The Exhibits and Attachments referred to in and attached to the Contract are incorporated by reference as if fully included in the text of the Contract.

30. Non-Exclusive Contract

The State reserves the right, at its discretion, to retain other vendors to provide any of the Services or Deliverables identified under this Agreement. Contractor shall make best efforts to coordinate work with all other State vendors performing Services which relate to the work or Deliverables set forth in the Agreement. The State intends to use, whenever possible, existing Software and hardware contracts to acquire supporting Software and hardware.

31. Prohibited Technologies

a. No equipment or services listed on the State of New Hampshire's Prohibited Technologies List may be used, as required by in Executive Order 2022-09; and

b. No equipment or services on the FCC Covered List may be used as required by The Secure and Trusted Communications Networks Act of 2019, Pub. L. No. 116-124, 133 Stat. 158 (2020) (codified as amended at 47 U.S.C. §§ 1601–1609).

32. Order Of Precedence

In the event of conflict or ambiguity among any of the text within this agreement, the following Order of Precedence shall govern:

In the event of conflict or ambiguity among any of the text within the awarded Agreement, the following Order of Precedence shall govern:

i. State of New Hampshire, Department of Health and Human Services Contract Agreement.

ii. State of New Hampshire, Department of Health and Human Services RFP.

iii. Vendor Proposal Response.

iv. Additional Contractor Provided Documents, if applicable.

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Scope of Services

1. Statement of Work

1.1. The Contractor must serve as a lead organization to oversee a Regional Public Health Network (RPHN) and ensure the delivery of public and behavioral health services within the Seacoast region. The Contractor must provide a broad range of public health services for the following Department programs:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care (CoC) Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Public Health Advisory Council (PHAC).

1.1.5. Public Health Emergency Preparedness, including:

1.1.5.1. Community Preparedness;

1.1.5.2. Regional Stakeholder Engagement;

1.1.5.3. Regional Community Engagement;

1.1.5.4. Response Readiness;

1.1.5.5. Training and Exercises;

1.1.5.6. Response Capacity; and

1.1.5.7. Volunteer Management.

1.2. **Substance Misuse Prevention**. The Contractor must provide the following services:

1.2.1. Leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-informed primary prevention approaches, programs, policies, and services in collaboration with the Department's Bureau of Drug and Alcohol Services (BDAS), including:

1.2.1.1. Implementation of the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework which includes assessment, capacity development, planning, implementation, and evaluation.

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1.2.1.2. Ensuring focus on collaboration with other prevention statewide funded programs, including but not limited to: Juvenile Justice Network, Getting to Y- NH, NH Harm Reduction Coalition, Multi-tiered System of Support-Behavioral Health, Student Assistance Network, and Young Adult Strategies.

1.2.1.3. Utilizing a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. The Contractor must ensure regional data driven primary prevention approaches are consistent with the Center for Substance Abuse Prevention (CSAP) categories, but do not need to include all CSAP categories.

1.2.1.4. Supporting and advancing the implementation of evidenced-informed approaches, programs, policies, and services within the region served through community engagement and mobilization.

1.2.1.5. Advancement, promotion, and implementation of substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.1.6. Compliance with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.1.7. Ensuring substance misuse prevention is addressed at PHAC meetings, and with a bi-directional exchange of

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information, to advance efforts of substance misuse prevention initiatives.

1.2.1.8. Assisting, as directed by the Department's BDAS, with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.3. Substance Misuse Prevention Coordination and CoC Facilitation. The Contractor must:

1.3.1. Consider and apply the SPF and Assets and Gaps Analysis, and in collaboration with the Department's BDAS, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year Strategic Plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.3.2. Develop a bi- annual Work Plan for Department approval that guides actions and includes outcome-based performance measures and alignment with the three (3) year Strategic Plan. Based on changing and emerging local conditions, the Contractor must adapt Work Plans as necessary with approval by the Department.

1.3.3. Report progress on the Work Plan and three (3) year Strategic Plan including outcomes via a secure depository system approved or directed by the Department.

1.3.4. Report activity data accurately into a system designated or approved by the Department on a monthly basis.

1.3.5. Maintain a substance misuse leadership team consisting of regional representatives with special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.3.6. Produce and disseminate an Annual Report that demonstrates successes, challenges, outcomes from the previous year and projected deliverables for the following year, as directed and approved by BDAS.

1.3.7. Participate in RPHN Substance Misuse meetings as directed by

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BDAS.

1.4. Continuum of Care

1.4.1. The Contractor must facilitate implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), in collaboration with the Department's BDAS, ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.4.2. The Contractor must provide leadership and support for activities that assist the Department's BDAS in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor must:

1.4.2.1. Engage regional partners in conducting a regional asset and gap analysis, and ongoing update of regional assets and gaps. The Contractor must ensure regional partners include:

1.4.2.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.4.2.1.2. Primary health care providers.

1.4.2.1.3. Behavioral health care providers.

1.4.2.1.4. Other interested and/or affected parties approved by the Department.

1.4.2.2. Facilitate and/or provide support for initiatives that result in:

1.4.2.2.1. Increased awareness of and access to services.

1.4.2.2.2. Increased communication and collaboration among providers.

1.4.2.2.3. Increased capacity and delivery of services.

1.4.2.3. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.4.2.4. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorways.

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1.4.2.5. Collaborate with the Contractor's partnering stakeholders/organizations to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.4.2.5.1. Health service providers.

1.4.2.5.2. Public and charter schools and institutes of higher education.

1.4.2.5.3. Police and fire stations.

1.4.2.5.4. Municipal government buildings.

1.4.2.5.5. Businesses in every community of the region.

1.4.2.5.6. Other organizations, as directed by the Department.

1.4.2.6. Disseminate and distribute overdose prevention education resources, Naloxone, testing strips and Naloxone kits to reach high-need, high-risk populations within the region served.

1.4.2.7. Engage regional stakeholders to assist with information dissemination.

1.5. The Contractor must provide Substance Misuse Prevention and CoC technical assistance and training, as requested, in formats specified by the Department, including but not limited to, the following:

1.5.1. Attendance at community of practice meetings and/or activities.

1.5.2. Working with designated BDAS technical assistance and data and/or evaluation contractors to develop metrics and measures to evaluate outcomes and use aggregate data and tools to demonstrate outcomes.

1.5.3. Attendance at all regularly scheduled Department RPHN substance misuse meetings.

1.5.4. Attendance at additional meetings, conference calls, and webinars as required by the Department.

1.5.5. Ensuring the Substance Misuse Prevention Coordination (SMPC) lead staff are credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium

(IC&RC), and the New Hampshire Prevention Certification Board.

1.5.6. Ensuring SMPC lead staff attend required trainings, including Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.5.7. Ensuring CoC facilitation lead staff are familiar with the SPF and RROSC systems development within NH.

1.6. **Overdose Prevention Response.** The Contractor must:

1.6.1. Conduct an initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN, at the direction of the Department, for the project period.

1.6.2. Conduct a needs assessment to inform response efforts that include:

1.6.2.1. Gathering regional and local level data related to alcohol and other drug overdoses.

1.6.2.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.6.2.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include:

1.6.2.3.1. Doorways.

1.6.2.3.2. Recovery care organizations.

1.6.2.3.3. Treatment providers.

1.6.2.3.4. Law enforcement.

1.6.2.3.5. Hospitals.

1.6.2.3.6. Other organizations, as directed by the Department.

1.6.3. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care and distribute and disseminate resources.

1.6.4. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

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1.6.5. Participate in other training courses and meetings, as requested by the Department.

1.7. **Public Health Advisory Council**. The Contractor must:

1.7.1. Coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction for public health activities within the region served.

1.7.2. Maintain a set of operating guidelines or by-laws for the PHAC.

1.7.3. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team to complete the following:

1.7.3.1. Approve regional health priorities and implement high-level deliverables and strategies.

1.7.3.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.7.3.3. Form and/or identify already existing committees and workgroups to address specific strategies and public health topics.

1.7.3.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.7.3.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.7.3.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.7.4. Ensure the PHAC leadership team meets at least quarterly to complete the following:

1.7.4.1. Draft and share of meeting minutes are available to the public upon request.

1.7.4.2. Ensure all members of the PHAC sign a conflict- of-interest statement, as provided by the Department.

1.7.4.3. Coordinate with the Department to collect, analyze, and disseminate data related to the health status of the

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region, educate network partners about on-line and other sources of data, and participate in community health assessments.

1.7.4.4. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complementary and shared public health outcomes.

1.7.4.5. Review the regional CHIP and SHIP annually and develop action plans for the services in this RFA, as advised by the PHAC.

1.7.4.6. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.7.4.7. Publish an Annual Report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.7.4.8. Advance the work of RPHNs by conducting educational and training programs annually to RPHN partners and others.

1.7.4.9. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.7.4.10. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.8. The Contractor must provide PHAC technical assistance and training, as requested, in formats specified by the Department. This includes, but is not limited to:

1.8.1. Attendance at semi-annual meetings of PHAC leadership

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convened by Department's Division of Public Health and/or BDAS.

1.8.2. Completion of a PHAC technical assistance needs assessment in a format approved by the Department.

1.9. **Public Health Emergency Preparedness.** The Contractor must provide the following services:

Community Preparedness

1.9.1. The Contractor must provide leadership and coordination to improve regional public health emergency response plans and ensure partner organizations have the capacity to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor must:

1.9.1.1. Submit an annual Work Plan by July 30th in Year 1 of the Agreement, and thereafter, submit an annual a 12-month Work Plan by June 1st utilizing a Department-provided template addressing regional preparedness priorities that are aligned with the Scope of Services in this Agreement and reflect the Center for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

1.9.1.2. Attend and participate in all statewide and regional meetings as directed by the Department, including:

1.9.1.2.1. Public Health Emergency Preparedness (PHEP)/Volunteer Management meetings held every two (2) months and led by the Department.

1.9.1.2.2. Monthly Regional Public Health Network (RPHN)/State Coordination Calls led by the Department.

1.9.1.2.3. Quarterly Hospital Emergency Management Coordination (HEMC)/RPHN meetings led by the Granite State Healthcare Coalition and the Department.

1.9.1.3. Facilitate other meetings as directed by the Department.

1.9.1.4. Participate in the following projects, as directed by the Department:

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1.9.1.4.1. The annual RPHN PHEP site visit with the RPHN Administrator to assess contract and programmatic compliance, including:

1.9.1.4.1.1. Compliance with contract requirements, including planning, training, exercise, response readiness, volunteer management, financial reporting, and reporting on Work Plan activities.

1.9.1.4.1.2. Implementation of preparedness activities outlined in the regional Work Plan.

1.9.1.4.1.3. Tracking and reporting on progress for any corrective actions identified during the visit indicating which corrective actions have been resolved.

1.9.1.5. Participate in a biennial site visit with the Department's Strategic National Stockpile (SNS) coordinator and RPHN program administrator to assess capacity and readiness, which includes:

1.9.1.5.1. Completing the Department-provided evaluation workbook.

1.9.1.5.2. Attending the SNS site visit to review the workbook, verify its components, and discuss findings.

1.9.1.5.3. Identifying at least one (1) area for improvement within the program area, by the end of each biennial SNS site visit,

1.9.1.5.4. Developing and submitting an improvement plan within 30 days of the SNS site visit including a timeline for completion.

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1.9.1.5.5. Incorporating corrective actions identified in the SNS Improvement Plan into regional priorities and plans.

1.9.1.5.6. Reporting on progress on corrective actions at three (3), six (6), nine (9), and twelve (12) month intervals indicating which corrective actions have been resolved.

1.9.1.5.7. Participation in at least 90% of Department-led Regional Public Health Emergency Annex (RPHEA) template project meetings to support the development of new and revision of current RPHEA template components.

1.9.1.5.8. Reviewing and updating the RPHEA Base Plan every two (2) years, making sure to incorporate partner feedback.

1.9.1.5.9. Submitting the updated RPHEA Base Plan to the Department's SharePoint site by April 1st every two (2) years for review and feedback.

1.9.1.5.10. Incorporating feedback into the final RPHEA Base Plan and uploading it to the Department's SharePoint site by June 30 of each contract year.

1.9.1.6. In collaboration with regional partners and designated workgroups, conduct an annual review and update of the RPHEA Annexes and Attachments, including the Critical Contact Sheet, Facility Activation Attachments, and other RPHEA components prioritized by the Department. This process must include the following actions:

1.9.1.6.1. Submitting updated Annexes and Attachments to the Department's SharePoint site for review and feedback.

1.9.1.6.2. Incorporating feedback into the RPHEA Annexes and Attachments and uploading the final versions to the Department's SharePoint site each contract year.

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1.9.2. The Contractor must disseminate the Department-approved updated RPHEA plan to all identified regional partners and conduct at least two (2) training or education sessions to ensure that a minimum of 80% of partners demonstrate awareness of their roles and responsibilities outlined in the RPHEA, as assessed through a post-training evaluation, by June 30th of each contract year.

1.9.3. The Contractor must participate in the development of the Statewide Jurisdictional Risk Assessment (JRA), as directed by the Department, ensuring regional risks are identified and incorporated into the State JRA report, which includes:

1.9.3.1. Attending scheduled JRA sessions.

1.9.3.2. Providing regional input during JRA sessions.

1.9.3.3. Within three (3) business days of receiving the Department's request, distributing surveys to partners to gather input for the JRA, ensuring at least 75% of identified regional partner organizations respond

1.9.4. The Contractor must participate in the development of the Statewide Integrated Preparedness Plan (IPP) by attending the IPP workshop and providing regional input.

1.9.5. The Contractor must hold regional workshops to gather partner input on public health and health care priorities, including:

1.9.5.1. Using the Department-provided template, annually updating the regional IPP, ensuring it includes a four (4)-year calendar that addresses all PHEP elements including Preparedness (P), Skills/Training/Exercises (S/T/Ex), and Equipment and Technology (E/T).

1.9.5.2. Submitting the finalized regional IPP to the Department by May 1st annually for review and approval.

1.9.5.3. Uploading the final regional IPP to the Department's SharePoint site by June 1st annually.

1.9.6. The Contractor must maintain active access to and operational capability in all required systems designated or approved by the Department, ensuring readiness through regular monthly or quarterly logins and completion of associated reporting requirements.

1.9.7. The Contractor must promote training opportunities at least twice

annually for applicable systems designated or approved by the Department and related modules to community organizations, partners, and volunteers. Training announcements must be distributed to all identified partners and volunteer groups, as appropriate, by June 30th of each contract year.

1.9.8. The Contractor must ensure all account information is up to date and inform the Department about any personnel or access changes as soon as possible, but no later than three (3) business days.

Regional Partner Engagement

1.9.9. The Contractor must identify, engage, integrate, strengthen, and sustain community partnerships to improve public health preparedness, community resilience, and the capacity of partnering organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. This includes, at a minimum, the following activities:

1.9.9.1. Ensuring the PHEP Planning Committee has multidisciplinary partner representation, including at least one (1) representative from each of the following sectors within the RPHN catchment area:

1.9.9.1.1. Long-Term Care Facilities (LTCFs).

1.9.9.1.2. Home Health Agencies.

1.9.9.1.3. Behavioral Health Providers (must include a representative from a Community Mental Health Center).

1.9.9.1.4. Urgent Care Centers (at least one representative from each chain).

1.9.9.1.5. Pharmacy Chains.

1.9.9.1.6. Independent Pharmacies.

1.9.9.1.7. Correctional Facilities (where applicable).

1.9.9.1.8. A school district or school superintendent.

1.9.9.1.9. Local fire department official.

1.9.9.1.10. Emergency Medical Services (EMS), including volunteer, fire-based, private, and municipality-based services.

1.9.9.1.11. Law Enforcement officials.

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1.9.9.1.12. Representation from each organization/partner in the following sectors:

1.9.9.1.12.1. Hospitals.

1.9.9.1.12.2. Local Emergency Management Agencies or officials.

1.9.9.1.12.3. Homeland Security and Emergency Management (HSEM) Community Stakeholder Liaisons serving the RPHN catchment area.

1.9.9.1.12.4. Local Health Officers.

1.9.9.2. Convening Regional PHEP Planning Committee meetings at least every other month, with participating from the sectors outlined in Section 1.9.9.1.

1.9.9.3. Consulting additional regional partners (e.g., faith-based organizations, key business partners, civic groups) to inform plan development.

1.9.9.4. Maintaining an up-to-date contact list by sector, as outlined in Section 1.8.7.1.

1.9.9.5. Discussing workforce challenges and gaps related to volunteer management and incorporate partner feedback into volunteer training.

1.9.10. The Contractor must disseminate all Health Alert Network (HAN) messages to eligible local partners within one (1) business day for non-emergency messages and within two (2) hours for urgent messages, for each contract year. This includes:

1.9.10.1. Promoting enrollment into the HAN system to eligible regional partners. Eligible HAN partners include, but are not limited to:

1.9.10.1.1. State and local health officers,

1.9.10.1.2. Hospitals and healthcare facilities,

1.9.10.1.3. Emergency medical services (EMS),

1.9.10.1.4. Local public health and safety officials,

1.9.10.1.5. Clinical providers,

1.9.10.1.6. Emergency management agencies, and

1.9.10.1.7. Other public health, healthcare, and emergency response organizations identified by the Department as critical to public health preparedness and response.

Regional Community Engagement

1.9.11. The Contractor must complete the following Regional Community Engagement activities:

1.9.11.1. By June 30th of each contract year, coordinate at least eight (8) community preparedness training courses on the following topics:

1.9.11.1.1. Family, individual, and pet preparedness sessions (minimum of two (2) per year).

1.9.11.1.2. “Stop the Bleed” training (minimum of four (4) per year).

1.9.11.1.3. CPR/First Aid (minimum of two (2) per year).

1.9.11.2. For each Community Preparedness training, the Contractor must:

1.9.11.2.1. Coordinate training logistics including securing training venue, coordinating trainers, developing and disseminating promotional materials, and managing training registration.

1.9.11.2.2. Develop training content, if applicable.

1.9.11.2.3. Ensure training materials are prepared and available during the preparedness training. Any existing materials should be used with minor adjustments allowed to tailor content for specific audiences.

1.9.11.2.4. Collect and submit post-training evaluation documentation in a format approved by the Department.

1.9.11.2.5. Participate in the Department's annual community preparedness awareness activities, including:

1.9.11.2.5.1. Sharing all of the Department's social media and community preparedness press releases.

1.9.11.2.5.2. Attending at least one (1) regional emergency preparedness awareness event annually to promote individual, family, or pet preparedness, either in coordination with the Department or at an independently identified event that meets the same goal, using Department-provided or Department-approved materials.

1.9.11.2.5.3. Promoting NH Alerts enrollment via partner channels and social media at least twice per year, using methods such as email campaigns, newsletters, RPHN presentations, and meetings.

Response Readiness

1.9.12. The Contractor must maintain the capability to respond to all-hazard emergencies with public health and healthcare impacts by directly managing small-scale response activities, defined as activities that can be managed and resolved using available local or regional resources, and participating in Department-led larger scale responses. All hazard emergencies may include, but are not limited to:

1.9.12.1. Biological Incidents: Accidental or natural outbreaks of high-consequence diseases, or the intentional release

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of pathogens (e.g., bacteria, viruses, or toxins) that may cause widespread illness, disability, or death in humans or animals.

1.9.12.2. Natural Hazards: Hurricanes, floods, earthquakes, wildfires, severe storms, tornadoes, winter weather events, and other natural disasters that disrupt community health and healthcare services.

1.9.12.3. Technological and Infrastructure Hazards: Dam or levee failures, chemical or radiological spills or releases, nuclear accidents, and other technological or infrastructure failures that threaten public health and safety.

1.9.12.4. Human-Caused Incidents: Intentional acts such as terrorism, mass violence, or other deliberate disruptions.

Training and Exercises

1.9.13. The Contractor must ensure participation in all Department-led open and closed Points of Dispensing (POD) planning activities, as requested. This includes meetings, trainings, workshops, and exercises for each contract year. PODs include:

1.9.13.1. Open PODs: Public locations such as schools, community centers, municipal buildings, public clinics, etc.

1.9.13.2. Closed PODs: Targeted sites not open to the public that offer Medical Countermeasures (MCMs), such as long-term Care facilities, businesses, and police/fire departments, and that dispense medication or MCMs to a specific population (e.g., residents or employees).

1.9.14. The Contractor must participate in statewide full-scale exercises testing medical surge and/or POD response plans as requested by the Department. This includes:

1.9.14.1. Coordinating with the Department on emergency scenarios and the scope of the exercise.

1.9.14.2. Serving as the regional exercise lead, establishing and guiding a planning team to coordinate local and regional

participation, and overseeing the successful design, conduct, and evaluation of the exercise.

1.9.14.3. Participating in exercises, such as open POD activities or volunteer management coordination at medical surge locations.

1.9.14.4. Participating in after-action meetings and providing regional feedback.

1.9.15. The Contractor must conduct a minimum of one (1) regional partner POD training and one (1) regional POD exercise per contract year, following the Homeland Security Exercise and Evaluation Program (HSEEP) framework, which includes:

1.9.15.1. Developing an annual POD training and exercise calendar and distributing it to all regional partners.

1.9.15.2. Managing exercise design and implementation in accordance with the HSEEP framework.

1.9.15.3. Managing training and exercise logistics, including securing space if held in person.

1.9.15.4. Inviting all open and closed POD partners to participate in at least one (1) training or exercise annually and ensuring that at least 75% of both open and closed POD partners attend.

1.9.15.5. Sending invitations and save-the-dates at least 60 days in advance, with regular reminders to maximize partner participation.

1.9.15.6. Managing and tracking registrations and participation.

1.9.15.7. Developing and submitting a corrective action plan to the Department to improve engagement if the 75% participation threshold in Section 1.9.15.4. is not met, to be delivered to the Department within fifteen (15) business days.

1.9.15.8. Implementation of the corrective action plan must be within 30 business days of Department approval unless additional time is approved by the Department in writing.

1.9.16. The Contractor must conduct post-training and post-exercise evaluations using Department-provided templates (e.g., surveys, hotwash/debriefing sessions), which includes:

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1.9.16.1. Participating in other Department-led exercises (discussion-based, functional, or full-scale).

1.9.16.2. Completing all required after-action processes within 60 calendar days of each RPHN-led regional exercise.

1.9.16.3. Conducting a debriefing session immediately following the event.

1.9.16.4. Holding at least one (1) after-action meeting with stakeholders for every exercise conducted.

1.9.17. The Contractor must develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within sixty (60) business days of the exercise. The report must summarize objectives, strengths, areas for improvement, and corrective actions, and be used to track progress and apply lessons learned to future planning, training, and exercises.

Response Capacity

1.9.18. The Contractor must ensure readiness and capacity for PHEP and small-scale response events, including the following:

1.9.18.1. Operation of small-scale PODS;

1.9.18.2. Support for large-scale public health operations, such as PODs and other types of public health clinics;

1.9.18.3. Support for medical countermeasure distribution to home-based populations;

1.9.18.4. Disaster sheltering operations; and

1.9.18.5. Surge capacity through Neighborhood Emergency Health Center (NEHC), Alternate Health System (AHS), and Family Assistance Center (FAC)/Family Reunification Centers (FRC).

1.9.19. The Contractor must plan for and maintain small-scale response capability, including the ability to independently operate an open POD serving up to 250 people per day for three (3) consecutive days within 72 hours of notice, as directed by the Department and per Department guidance. PODs must be located in areas accessible to at-risk populations and people with disabilities. This includes:

1.9.19.1. Identifying and maintaining agreements with Open POD facilities.

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1.9.19.2. Maintaining Open POD operational plans and agreements.

1.9.19.3. Updating Open POD facility point-of-contact lists annually.

1.9.19.4. Operating under the medical direction (if applicable) of the Department or its designated medical contractor.

1.9.19.5. Making copies of standing orders, emergency protocols, and Vaccine Adverse Event Reporting System (VAERS) instructions available at all clinics.

1.9.19.6. Independently managing all operational aspects, including site set up and logistics, staffing and role assignments, client flow and operations, implementation of medical guidance and standing orders, communication with the Medical Director or designee, inventory management, responder safety and health, communications and information management, throughput and efficiency, and demobilization and recovery, as outlined in the RPHEA.

1.9.20. The Contractor must recruit, train, and retain qualified medical and non-medical volunteers to support clinic operations. Qualified medical staff must have the following credentials:

1.9.20.1. Clinical license or copy from the NH online license verification showing the license type, expiration, and status (e.g. RNs, APRNs, FNP-Cs, MDs, DOs).

1.9.20.2. Current Basic Life Support (BLS) certification.

1.9.21. The Contractor must procure necessary supplies to conduct vaccine clinics, including but not limited to emergency management medications, equipment, and needles.

1.9.22. The Contractor must complete the required clinic operational reports within thirty (30) business days of the event, including the final throughput report and final inventory usage report.

1.9.23. The Contractor must report any adverse events or incidents:

1.9.23.1. Within two (2) business days for unusual events not related to individual safety

1.9.23.2. As soon as possible, but within 24 hours, for events impacting individual safety, including adverse reactions, medication

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errors, patient consent errors, or any other life safety event compromising care or safety.

1.9.24. Within sixty (60) business days after an incident closes, the Contractor must complete all required after-action processes, including:

1.9.24.1. Conducting a debriefing immediately following the event.

1.9.24.2. Holding at least one (1) after-action meeting with stakeholders.

1.9.24.3. Developing and submitting an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.25. The Contractor must ensure proper vaccine storage, handling, and management, and must:

1.9.25.1. Submit a signed Vaccine/Immunoglobulin (IG)/Pharmaceutical Management Agreement to New Hampshire Immunization Program (NHIP) annually, ensuring all listed requirements are met by providers administering vaccines, IG, or other NHIP-supplied pharmaceuticals.

1.9.25.2. Submit a signed Vaccination Provider Agreement to NHIP annually.

1.9.25.3. Ensure the PHEP Coordinator completes the NHIP vaccination training annually.

1.9.25.4. Retain a copy of PHEP Coordinator training certificates on file.

1.9.25.5. Use NHIP training materials or other Department-approved materials to train POD staff on vaccine administration, ordering, storage, and handling.

1.9.25.6. Retain a copy of all training materials on site for reference during PODs.

1.9.25.7. Ensure vaccine is stored at the manufacturer's recommended temperatures at all times while in the Contractor's custody.

1.9.25.8. Record temperatures twice daily, AM and PM, during normal business hours for the primary refrigerator, and hourly when the vaccine is stored outside the primary refrigerator.

1.9.25.9. Maintain an emergency backup plan in case of primary refrigerator failure.

1.9.25.10. Use temperature data logger for all vaccine monitoring, including while stored in the primary refrigerator and during any time outside of it.

1.9.25.11. Complete the following for the vaccine supply:

1.9.25.11.1. Account for every dose of vaccine.

1.9.25.11.2. Submit a monthly temperature log for the vaccine storage refrigerator.

1.9.25.11.3. In the event of a vaccine temperature excursion (i.e., when stored vaccine experiences temperatures outside the manufacturer's recommended range), the Contractor must:

1.9.25.11.3.1. Immediately quarantine the vaccine in an appropriate temperature-controlled setting, separate it from other vaccine, and label it "DO NOT USE."

1.9.25.11.3.2. Contact the manufacturer immediately to explain the duration and temperature details of the event to determine if the vaccine is still viable.

1.9.25.11.3.3. Notify NHIP immediately after contacting the manufacturer.

1.9.25.11.3.4. Submit a Cold Chain Incident Report and Data Logger Report to NHIP within 24 hours of the temperature excursion.

1.9.25.12. Ensure consent for vaccination, medication administration, infectious disease testing, and participation in New Hampshire Immunization Information System (NHIIS). The Contractor must:

1.9.25.12.1. Use the consent processes provided by medical direction, approved by the Department, to obtain consent from parents/legal guardians of individuals under age 18, and for individuals over the age of 18 who have a legal guardian.

1.9.25.12.2. Distribute, obtain, verify, and store written or electronic consent forms prior to vaccine administration, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations.

1.9.25.12.3. Ensure a signed consent form is obtained before any vaccine, medication, or infectious disease outbreak testing is administered.

1.9.25.12.4. Maintain a written or electronic record of consent via a secure depository system approved or directed by the Department.

1.9.25.12.5. Maintain vaccine administration records for all individuals vaccinated, in compliance with HIPAA and other state and federal regulations.

1.9.25.12.6. Ensure individuals are notified that they may elect not to participate in vaccinations, NHIIS, treatment, and/or testing at any time.

1.9.25.12.7. Provide each patient, or the patients' parent/legal guardian, if applicable, the opportunity to opt-in or opt-out of NHIIS in accordance with RSA 141-C:20-f, II-a.

1.9.25.12.8. Obtain explicit consent before sending any personal information to NHIIS.

1.9.25.12.9. Only enter vaccine administration records for individuals who have opted in and provided explicit consent.

1.9.25.12.10. Maintain all completed opt-in consent forms, in either paper or electronic format.

1.9.25.12.11. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a Vaccine Information Sheet (VIS) to the patient, legal guardian, or parent on the day of vaccination.

1.9.25.13. The Contractor must perform the following tasks within 24 hours of completing each clinic:

1.9.25.13.1. Update the NHIIS with vaccines administered and wasted, as outlined in Section 1.9.25.12

and in accordance with RSA 141-C:20-f, II-a. This includes:

1.9.25.13.1.1. Ensuring doses entered match the clinical documentation.

1.9.25.13.1.2. Submitting the hourly vaccine temperature log for the period the vaccine was stored outside of the primary refrigerator.

1.9.25.13.1.3. Submitting totals to NHIP outside of the vaccine ordering system, including:

1.9.25.13.1.3.1. Individuals vaccinated, by age group and vaccineformulation/ lot number.

1.9.25.13.1.3.2. Vaccines wasted, by formulation/lot number.

1.9.26. The Contractor must develop and maintain capacity to vaccinate and/or dispense medication to at least 50% of identified home-based populations who do not have access through alternate means, within Department- established timelines, which includes:

1.9.26.1. Developing and annually updating a home health agency contact list.

1.9.26.2. Developing operational procedures and protocols for home-based vaccination/medication dispensing in accordance with the Department's medical direction. These procedures and protocols must, at a minimum, address:

1.9.26.2.1. Criteria for defining "home-based populations" (e.g., homebound individuals, individuals with disabilities, or those lacking transportation).

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1.9.26.2.2. Methods for identifying eligible individuals (e.g., home health agency referrals, local registries, social service partners).

1.9.26.2.3. Establishing and maintaining, including annual review and update of, Memorandums of Understanding (MOUs) with home health agencies, visiting nurse services, and other community-based organizations.

1.9.26.2.4. Defining roles and responsibilities for RPHN, volunteers, and partner agency staff.

1.9.26.2.5. Resource planning, including cold chain management, PPE, and communication tools.

1.9.26.2.6. How teams are activated, assigned, and tracked.

1.9.26.2.7. Client communication, including notification of eligibility, appointment scheduling, and consent procedures.

1.9.26.2.8. Delivery, transport, storage, and administration of MCMs in home settings, including infection control practices.

1.9.26.2.9. Documentation of doses administered, inventory used, and client follow-up in Department-approved systems.

1.9.26.2.10. Responder safety procedures, including PPE use, exposure control, and staff check-ins.

1.9.26.2.11. Real-time communication protocols between dispensing teams, Medical Director/clinical oversight, and the Department.

1.9.26.2.12. Access considerations for individuals with limited English proficiency, low literacy, or hearing/vision impairments.

1.9.26.2.13. Verification of client identity and eligibility.

1.9.26.2.14. Medication/vaccine safety protocols, including proper handling and adverse event response procedures.

1.9.26.2.15. Security of medical supplies during transport and dispensing.

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1.9.26.2.16. Annual review and update of home-based dispensing operational procedures and protocols.

1.9.26.2.17. Pre-deployment review of procedures and protocols to ensure alignment with incident-specific response needs.

1.9.26.2.18. Volunteer training on home-based vaccination/medication dispensing procedures and protocols.

1.9.26.2.19. Maintenance of trained volunteer rosters.

1.9.26.2.20. Maintenance of Department-required resources in accordance with specified baseline inventory levels for successful operation, including:

1.9.26.2.20.1. Medical resources (e.g., vaccine administration supplies, basic first aid equipment);

1.9.26.2.20.2. Cold chain and storage equipment (e.g., vaccine refrigerators, data loggers);

1.9.26.2.20.3. Technology and documentation equipment (e.g., laptops, printers);

1.9.26.2.20.4. Transportation and logistics (e.g., secured containers to store documents or medical supplies);

1.9.26.2.20.5. Personal protective equipment (PPE);

1.9.26.2.20.6. Safety and security (e.g., identification badges);

1.9.26.2.20.7. Client support and education materials; and

1.9.26.2.20.8. Administrative and operational resources.

1.9.26.2.21. Conducting at least one (1) annual drill or exercise to test operational readiness.

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1.9.26.2.22. Within sixty (60) days after the exercise or incident, completing all required after-action processes, including conducting a hotwash/debriefing immediately following the event, at least one (1) after-action meeting with stakeholders, and submission of an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.26.2.23. Participating in any Department-led After-Action Meetings (AAMs) to provide regional input.

1.9.27. The Contractor must assist the Department in collecting public feedback on public health initiatives during emergency response, as requested, to inform response activities by:

1.9.27.1. Disseminating Department-developed feedback forms during and after major incidents, as requested.

1.9.27.2. Compiling and submitting completed surveys to the Department.

1.9.27.3. Developing and submitting a summary report within thirty (30) business days of the survey closing date, documenting recommendations or corrective actions based on feedback.

1.9.28. The Contractor must, for each contract year, establish and maintain Closed Point of Dispensing (POD) agreements with at least 75% of healthcare entities, 75% of educational institutions, and other organizations within the catchment area that are capable of independently receiving and administering medical countermeasures. To achieve this, the Contractor must implement the following activities to identify, engage, and formalize agreements with eligible organizations, including:

1.9.28.1. Hospitals and health systems;

1.9.28.2. Long-Term Care and Residential Facilities (e.g., nursing homes, assisted living facilities, and group homes);

1.9.28.3. Outpatient and ambulatory clinics (e.g., community health centers, FQHCs, primary care practices, dialysis centers, specialty clinics with established patient populations);

1.9.28.4. Pharmacies (independent and chain pharmacies with established dispensing infrastructure); and

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1.9.28.5. Home health agencies able to provide in-home dispensing for homebound clients.

1.9.29. The Contractor must carry out the following tasks to support the establishment and maintenance of these Closed POD agreements:

1.9.29.1. Recruit and onboard organizations for Closed POD operation to reach target deliverables.

1.9.29.2. Ensure all Closed POD agreements and contact lists are reviewed and updated annually, including verification of each organization's continued ability to administer countermeasures.

1.9.29.3. Track participation in Closed POD enrollments and provide the Department with an annual list of all participating organizations.

1.9.29.4. Upload new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.5. Provide the Department with a list of all organizations in the catchment area eligible to serve as Closed PODs but without a signed agreement due to lack of current capability or capacity .

1.9.29.6. For each contract year, establish and maintain Closed POD agreements with all of first responder organizations (local police, fire, and EMS) in the catchment area, which includes:

1.9.29.6.1. Maintaining a list of all first responder agencies in the catchment area.

1.9.29.6.2. Recruiting and onboarding first responder organizations to meet the target goal.

1.9.29.6.3. Contacting uncovered agencies annually to revisit participation.

1.9.29.6.4. Providing the Department with an annual list of participating and non-participating first responder agencies.

1.9.29.6.5. Uploading new and updated Closed POD agreements to the Department's SharePoint site.

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1.9.29.7. Facilitate delivery of medical countermeasures to all of Closed POD sites, including direct federal shipments when applicable, ensuring receipt and timely reporting to the Department, which includes:

1.9.29.7.1. Tracking countermeasure shipments within the region.

1.9.29.7.2. Confirming receipt of shipment with the Closed POD lead within 24 hours.

1.9.29.7.3. Documenting and resolving shipment discrepancies.

1.9.29.7.4. Submitting a report to the Department that includes a distribution summary, receipt verification, and inventory and supply tracking.

1.9.30. The Contractor must maintain at least one (1) emergency response trailer at inventory levels approved by the Department, keeping trailers in a state of operational readiness so that municipal organizations may access them within 24 hours of request. To meet this requirement, the Contractor must:

1.9.30.1. Inspect trailers quarterly for damage and perform preventative maintenance as needed, or at a minimum annually, to reduce deployment delays, as funding allows.

1.9.30.2. Stock trailers with pre-approved medical surge or disaster sheltering equipment and supplies; regularly check for expiration or wear and replenish items after each use to maintain required inventory levels, as funding allows.

1.9.30.3. Keep an updated inventory list inside each trailer.

1.9.30.4. Verify mutual aid agreements and MOUs with partners to ensure towing vehicles and drivers are available.

1.9.30.5. Coordinate annual trailer deployment to practice hitching, transporting, and demobilizing trailers.

1.9.30.6. Maintain trailer readiness logs documenting inspections, repairs, and supply restocking.

1.9.30.7. Provide safety equipment (e.g., fire extinguishers, wheel chocks, reflective vests, cones) in each trailer, as funding allows.

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1.9.30.8. Provide insurance to cover the cost of replacing the trailer and supplies, if necessary.

Sheltering

1.9.31. The Contractor must maintain capacity to deploy trained volunteers to community or state-based disaster shelters within 24 hours of Department or local municipality requests by:

1.9.31.1. Maintaining a roster of volunteers trained in shelter operations.

1.9.31.2. Providing annual shelter training for volunteers.

1.9.31.3. Coordinating with local emergency management for staffing requests.

1.9.31.4. Ensuring all assigned volunteers complete just-in-time training (JITT) at the beginning of each shift, as requested by the Department or partner agency.

1.9.31.5. Tracking and documenting volunteer deployments.

1.9.31.6. Conducting a hotwash/debriefing with all volunteers after each shift.

1.9.31.7. Participating in AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.31.8. Participating in any Department led After-Action Meetings to provide regional input.

Family Assistance Center (FAC)/Family Reunification Center (FRC)

1.9.32. The Contractor must maintain capacity to deploy volunteers to Family Assistance Centers (FAC) and Family Reunification Centers (FRC) to fill pre-identified positions within 24 hours of request by maintaining updated volunteer rosters and ensuring role-specific training, which requires:

1.9.32.1. Maintaining a roster of volunteers trained in FAC/FRC positions and operations.

1.9.32.2. Providing annual FAC/FRC training for volunteers.

1.9.32.3. Coordinating with local emergency management for staffing requests.

1.9.32.4. Tracking and documenting volunteer deployments.

1.9.32.5. Using Department-provided templates, ensuring all assigned FAC/FRC volunteers complete JITT prior to shift start.

1.9.32.6. Liaising with the FAC/FRC Manager and/or Incident Commander during operations.

1.9.32.7. Participating in the AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.32.8. Conducting debriefings with volunteers after each shift.

1.9.32.9. Participating in any department led After-Action Meetings (AAM) to provide regional input.

1.9.32.10. Participating in at least 50% of regional and state-level FAC/FRC planning activities annually as requested and 75% of annual FAC/FRC training and exercises.

Neighborhood Emergency Health Center (NEHC)

1.9.33. The Contractor must maintain capacity to deploy and schedule volunteers to Neighborhood Emergency Health Center (NEHC) sites each contract year to fill pre-identified positions within 24 hours of request by:

1.9.33.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.33.2. Maintaining a roster of volunteers trained in NEHC positions and operations.

1.9.33.3. Providing annual NEHC training for volunteers.

1.9.33.4. Coordinating with local emergency management for staffing requests.

1.9.33.5. Tracking and documenting volunteer deployments.

1.9.33.6. Using Department-provided templates to ensure JITT is completed for all assigned NEHC volunteers prior to shift start.

1.9.33.7. Liaising with the NEHC Manager and/or Incident Commander during operations.

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1.9.33.8. Conducting a hotwash with volunteers after each shift.

1.9.33.9. Participating in an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions, as requested by the Department.

1.9.33.10. Participating in any Department led After-Action Meetings to provide regional input.

Alternate Health System (AHS)

1.9.34. The Contractor must maintain capacity to deploy and schedule trained volunteers to Alternate Health System (AHS) sites to augment clinical and non-clinical staffing within 24 hours of Department request by:

1.9.34.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.34.2. Maintaining a roster of clinical and non-clinical volunteers trained in AHS operations.

1.9.34.3. Providing annual AHS training for volunteers.

1.9.34.4. Coordinating with local and state partners for staffing requests.

1.9.34.5. Tracking and documenting volunteer deployments.

1.9.34.6. Using Department-provided templates to ensure JITT is completed for all assigned AHS volunteers prior to shift start.

1.9.34.7. Liaising with the AHS Incident Commander during operations.

1.9.34.8. Conducting a hotwash with volunteers after each shift.

1.9.34.9. Participating in the development of an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.34.10. Participating in any Department led After-Action Meetings to provide regional input.

Inventory Management

1.9.35. The Contractor must, by June 30th of each contract year, update and upload a complete annual inventory of all regional assets into the

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Administration for Strategic Preparedness & Response (ASPR's) current inventory management system, as directed by the Department, and update inventory records within five (5) business days of any supply usage, redistribution, or replenishment. To support this requirement, the Contractor must:

1.9.35.1. Monitor, document, and report all regional inventory distribution rates as directed by the Department, to guide purchasing decisions and future preparedness planning.

1.9.35.2. Assess supply levels to ensure Department-required inventories are maintained for PODs, medical surge activities, mass casualty incident (MCI), and disaster sheltering operations, and document results in ASPR's current inventory management system.

1.9.35.3. Compare inventory against required supply list.

1.9.35.4. Reorder supplies from the pre-approved inventory list developed by the Department with Contractor input to ensure regional needs are addressed.

1.9.35.5. Maintain documentation of approvals and purchase records for submission in quarterly financial and logistics reports.

1.9.35.6. By June 30th of each contract year, review and update agreements with all trailer and cache host agencies, ensuring that all of agreements clearly define agency roles and responsibilities, and maintain updated contact information in regional records and the Department's SharePoint system.

1.9.35.7. Once each quarter, test all specialized equipment (e.g., generators, radios, cooling units, refrigerators) to verify operational readiness, document results in equipment logs, and report any deficiencies within two (2) business days, with a written corrective actions report submitted to the Department within fifteen (15) business days.

1.9.35.8. Review current inventory and par levels before drafting purchase requests to confirm actual need.

1.9.35.9. Confirm that all requested items are on the Department's approved inventory list and align with applicable funding

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guidance. If an item is required but not listed, obtain Department approval prior to purchase to ensure compliance with grant requirements and funding limitations.

1.9.35.10. Document price quotes from three (3) Contractors for items over $250 to ensure cost-effectiveness.

1.9.35.11. Draft purchase requests with justification and submit to the Department for approval.

1.9.35.12. Retain written or email purchase approval records.

Volunteer Recruitment and Retention

1.9.36. The Contractor must maintain the capability to manage and deploy volunteers for small-scale incidents and provide support to the State during medium and large-scale public health emergencies. The Contractor must provide the following volunteer management services:

1.9.36.1. For each contract year, hold a minimum of twelve (12) volunteer engagement activities (one per month), which may include meetings, trainings, exercises, or response activities. Ensure at least 75% of active Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers attend 50% of engagement opportunities, and document outcomes within two (2) weeks of each session.

1.9.36.2. Maintain updated rosters of MRC and, if applicable, CERT volunteers.

1.9.36.3. Develop and publish an annual volunteer engagement calendar by July 30th each year, ensuring a variety of engagement activities to maintain volunteer interest.

1.9.36.4. Track volunteer participation in engagement activities.

1.9.36.5. Document outcomes based on pre- and post- knowledge evaluations and training feedback.

1.9.37. The Contractor must ensure all of active MRC and CERT (if applicable) volunteers are registered and credentialed in the Department-provided volunteer management system, by June 30th of each contract year, with quarterly audits conducted to verify accuracy and completeness of records. To meet this requirement, the Contractor must complete the following activities:

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1.9.37.1. Provide instruction or a brief orientation to volunteers on how to use the system.

1.9.37.2. Support the registration of new volunteers, ensuring they are registered in the system within fourteen (14) business days of orientation and that their accounts are complete.

1.9.37.3. Provide technical assistance for access and other system-related issues.

1.9.37.4. Conduct a baseline audit of all current volunteers to identify missing or incomplete accounts.

1.9.37.5. Send quarterly reminders to volunteers to review and update their profiles (e.g., contact info, licenses, certifications).

1.9.37.6. Before each exercise or real-world event, verify that assigned volunteers are fully registered and credentialed in the system.

1.9.37.7. Review records quarterly to ensure accuracy, completeness, and credential validity.

1.9.37.8. Verify that all active volunteers maintain all position-required credentials (e.g., clinical licenses, CPR certification), document compliance in the system, and follow-up with volunteers within 30 days of any expired or missing credentials.

1.9.37.9. Track and report progress toward the 100% registration and credentialing goal.

1.9.38. The Contractor must, by June 30th of each contract year, implement recruitment activities to expand the active MRC and CERT (if applicable) volunteer teams. To support this effort, the Contractor must complete the following activities:

1.9.38.1. Annually assess the type, quantity, and skillsets required of volunteers to meet program requirements.

1.9.38.2. Engage with the region's first responders (police, fire, emergency medical services) to augment workforces during an emergency.

1.9.38.3. Develop volunteer recruitment materials, with Department approval.

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1.9.38.4. Partner with local organizations to distribute recruitment materials.

1.9.38.5. Track recruitment using volunteer sign-up forms and entries in the volunteer management system.

1.9.38.6. Provide quarterly reports highlighting progress toward recruitment and retention deliverables.

1.9.38.7. Within the first 12 months, increase volunteer numbers by at least 25% compared to the current baseline.

1.9.38.8. In each subsequent contract year, increase the volunteer roster(s) by 5%.

1.9.38.9. Maintain a volunteer attrition rate of no more than 2.5% annually and report barriers to meeting this requirement to the Department.

1.9.38.10. Prioritize recruitment of clinical and healthcare-experienced individuals by conducting quarterly outreach events at healthcare facilities and schools, and community events.

1.9.39. The Contractor must offer to conduct exit surveys or interviews with all departing volunteers and:

1.9.39.1. Compile and analyze results on a quarterly basis and submit a summary report to the Department that includes identified trends and recommendations for program improvement.

1.9.39.2. Send the Department-provided exit survey to volunteers within five (5) business days of their departure.

1.9.39.3. Conduct follow-up phone interviews if no survey response is received.

1.9.39.4. Compile findings and submit a quarterly report to the Department, including the following key areas:

1.9.39.4.1. Number of volunteers who have resigned;

1.9.39.4.2. Reasons for leaving, highlighting positive and negative trends and recurring issues; and

1.9.39.4.3. Actionable recommendations for program improvement.

1.9.40. The Contractor must ensure that all volunteer applicants meet

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Department eligibility criteria and that required background checks are completed at the time of application and renewed a minimum of every three (3) years thereafter.

1.9.41. The Contractor must complete the following activities to ensure readiness of PHEP Volunteers for deployment upon a public health emergency event:

1.9.41.1. Maintain a current roster of volunteers trained in POD operations.

1.9.41.2. Activate volunteers upon request from the Department.

1.9.41.3. Complete JITT for volunteers as requested by the Department using Department-provided training materials.

1.9.41.4. Track and report volunteer hours.

1.9.42. The Contractor must deliver a Department-approved volunteer orientation program to all of new volunteers within two (2) months of onboarding that covers the PHEP program overview, volunteer utilization, training/exercise requirements, credentialing, participation standards, deployment processes, and organizational structure, including the following:

1.9.42.1.1. Host orientation sessions.

1.9.42.1.2. Maintain attendance and completion records.

1.9.42.1.3. Follow-up with volunteers who miss orientation deadlines.

1.9.42.1.4. Review and update orientation content annually to reflect program changes.

1.9.42.1.5. Maintain documentation of completion in the Department's volunteer management system (NH Responds).

1.9.42.1.6. Include the number of volunteers who completed orientation in the quarterly report.

1.9.43. The Contractor must conduct quarterly volunteer notification drills with 75% response rate for each contract year, including:

1.9.43.1. Sending notification messages via email, text message, or phone.

1.9.43.2. Recording response rates and address barriers to communication within 30 business days of identification.

1.9.43.3. After each volunteer drill, notifying the Department if fewer than 50% of volunteers respond, and submitting a corrective action summary within 30 business days outlining identified barriers and strategies to improve volunteer responsiveness.

1.9.44. The Contractor must, from November through May of each contract year, facilitate participation of regional volunteers in the Department-led annual training series by promoting all training opportunities to all active volunteers. To achieve this requirement, the Contractor must:

1.9.44.1. Distribute the training calendar to all volunteers.

1.9.44.2. Issue training announcements and provide regular reminders to encourage participation.

1.9.45. The Contractor must, by June 30th of each contract year, provide volunteers with access to training for each of the following topics: Incident Command System (ICS) courses, inventory management, FAC, FRC, disaster sheltering, NEHC, open PODs, Responder Safety and Health, and other training topics as identified by the Department. To meet this requirement, the Contractor must:

1.9.45.1. Develop and publish a regional volunteer training schedule.

1.9.45.2. Recruit qualified instructors.

1.9.45.3. Manage registration and accurately record attendance.

1.9.45.4. Conduct post-training evaluations and compile results.

1.9.45.5. Maintain training records and submit quarterly participation summaries to the Department.

1.9.46. The Contractor must, by June 30, 2028, and every two (2) years thereafter, as requested by the Department, participate in Volunteer Training Needs Assessment (TNA), to include:

1.9.46.1. Providing formal feedback on survey content.

1.9.46.2. Promoting and encouraging participation in the state-led Volunteer Training Needs Assessment (TNA).

1.9.46.3. Reviewing survey results and updating the regional IPP and volunteer training calendar accordingly.

1.9.46.4. Publishing the updated IPP and volunteer training calendar to address identified gaps.

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1.9.47. The Contractor must require all volunteers activated to attend, Just-in-Time Training (JITT), in collaboration with the Department, prior to deployment, for every emergency response, ensuring all assigned volunteers complete the training, which includes:

1.9.47.1. Preparing JITT modules for PODs, disaster shelters, FAC/FRC, NEHC, and AHS using Department-provided templates.

1.9.47.2. Providing JITT immediately prior to deployment.

1.9.47.3. Tracking volunteer completion of JITT training.

1.9.47.4. Updating JITT training as needed and communicating changes promptly to all volunteers.

1.9.48. The Contractor must, by June 30th of each contract year, conduct at least one (1) annual volunteer exercise (drill, discussion-based, functional, or full-scale) in addition to call-down drill and POD exercise requirements, focusing on disaster sheltering, FAC/FRC operations, or medical surge responses, ensuring participation from at least 75% of active volunteers. To ensure accountability and continuous improvement, the Contractor must complete the following actions after each exercise:

1.9.48.1. Within 60 business days of each exercise, complete all the following required after-action processes:

1.9.48.1.1. Conduct a debriefing immediately following the exercise.

1.9.48.1.2. Hold at least one (1) after-action meeting with volunteers and stakeholders for each exercise conducted.

1.9.48.1.3. Develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within 90 business days of the exercise, documenting objectives, strengths, areas for improvement, and corrective actions.

1.9.48.1.4. Track corrective actions and verify implementation of improvements.

1.9.48.1.5. Incorporate lessons learned into future training and exercises.

Volunteer Health, Safety, and Resilience

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1.9.49. The Contractor must, by June 30th of each contract year and in coordination with the Department, implement and maintain a standardized process to track and monitor the health and safety of all volunteers before, during, and after deployments, to include:

1.9.49.1. Distributing a pre-deployment health checklist and require volunteers to complete it prior to deployment.

1.9.49.2. Requiring volunteers to provide proof of required vaccinations prior to deployment, when applicable.

1.9.49.3. Delivering incident-specific safety briefings and reminders at volunteer check-in.

1.9.49.4. Conducting wellness check-ins at regular intervals during operations.

1.9.49.5. Tracking hours worked to prevent fatigue and enforce rest breaks during active work hours.

1.9.49.6. Developing standards and procedures to ensure adequate time off between deployment shifts.

1.9.49.7. Documenting any incidents, injuries, or exposures immediately upon occurrence and reporting them to the Department.

1.9.49.8. Developing plans and protocols for managing occupational health exposures and injuries as directed by the Department and aligned with the Department's medical direction program.

1.9.49.9. Collecting post-deployment health surveys and solicit feedback on health and safety concerns to inform future responses.

1.9.49.10. Maintaining health and safety records related to deployments for all deployed volunteers in the Department-provided system.

1.9.49.11. Submitting summary reports with de-identified data to the Department within thirty (30) calendar days of each deployment.

1.9.49.12. Tracking trends in health and safety issues and recommend opportunities for program improvement.

1.9.49.13. Offering annual training on responder health and safety, including stress management, resilience, and self-care practices.

1.9.49.14. Ensuring compliance with all Department-issued health and safety guidance during public health incidents and emergencies by distributing updated guidance to volunteers within 24 hours of receipt and incorporating requirements into pre-deployment briefings.

1.9.49.15. Increasing volunteer awareness and access to mental health and resiliency resources, including community programs, behavioral health services, critical incident stress management, peer support, and the 9-8-8 crisis line, by distributing resource information annually and after every deployment through at least two (2) distinct communication channels (e.g., email, trainings, newsletters).

1.9.50. The Contractor must attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.9.51. The Contractor must attend a minimum of two (2) trainings per year offered by Department's training programs on topics relevant to this scope of work.

1.9.52. The Contractor must provide PHEP with a technical assistance needs assessment report in a format approved in advance by the Department, and update this report on an ongoing basis to ensure it reflects current needs and priorities.

Public Health Emergency Preparedness Reporting

1.9.53. The Contractor must complete quarterly and annual reports that include progress toward meeting the program services outlined in this Agreement including activities identified in the Department-approved annual Work Plan, including but not limited to:

1.9.53.1. Response plan updates, including:

1.9.53.1.1. Indicating completion of biennial RPHEA Base Plan update and uploading the plan to the Department's SharePoint site by required deadlines (annual reporting requirement).

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1.9.53.1.2. Indicating completion of annual RPHEA Annexes and Attachments updates (i.e. Critical Contact Sheets, etc.) and uploading the updated documents to the Department's SharePoint site (annual reporting requirement).

1.9.53.2. Delivery of training sessions for partners, volunteers, and the public, to include:

1.9.53.2.1. Number and topic of training sessions delivered quarterly (quarterly reporting requirement).

1.9.53.2.2. The number of people trained by type (partner, volunteers, and public), quarterly (quarterly reporting requirement).

1.9.53.2.3. Training sessions rating summaries based on post-training evaluations, quarterly (quarterly reporting requirement).

1.9.53.3. Coordination and delivery of required exercises, including:

1.9.53.3.1. Number and types of exercises conducted quarterly (quarterly reporting requirement).

1.9.53.3.2. Submit After-Action Reports and Improvement Plans (AAR/IPs) utilizing Federal Emergency Management Agency's (FEMA) template, written as a result of an exercise or real-world event, to the Department within 60 calendar days of the event.

1.9.53.3.3. Number of improvement items identified and closed within three (3), six (6), nine (9), and twelve (12) months (annual reporting requirement).

1.9.53.4. Regional partner engagement.

1.9.53.5. Document outcomes of PHEP Committee meetings held at least every two (2) months (annual reporting requirement).

1.9.53.6. Identify which sectors have been invited to participate but do not participate, including providing details if targeted sector participation is not achieved, and document what corrective action items are implemented (annual reporting requirement).

Response Capacity Reporting Requirements

1.9.54. For Closed POD agreements, the Contractor must provide an annual list of participating and non-participating entities, organized by target sectors (healthcare entities, educational institutions, first responder agencies, and other organizations). The list must also document each entity's eligibility to

serve as a Closed POD and indicate whether the entity currently has the capacity and capability to do so (annual reporting requirement).

1.9.54.1. An annual inventory of all regional assets, including reporting on supply distribution rates (annual reporting requirement).

1.9.54.2. Equipment deficiencies and corrective actions open and closed within three (3), six (6), nine (9), and twelve (12) months, as needed (quarterly reporting requirement).

1.9.54.3. Trailer agreements renewals are to be uploaded by June 30th of each contract year to the Department's SharePoint site (annual reporting requirement).

Volunteer Management Reporting Requirements

1.9.55. The Contractor must prepare an annual volunteer recruitment and retention report that clearly indicates whether recruitment targets have been met (annual reporting requirement), to include:

1.9.55.1. Identification and summary of volunteer recruitment activities conducted by the RPHN.

1.9.55.2. Identification and summary of volunteer retention activities conducted by the RPHN.

1.9.55.3. Total number and percentages of volunteers recruited, retained, and separated.

1.9.55.4. Corrective action plan developed by the Contractor if 25% recruitment (and 5% every year thereafter) is not achieved.

1.9.55.5. Skills set analysis to identify strengths and gaps in volunteer capacity based on response requirements.

1.9.55.6. Strategies implemented to improve retention and engagement.

1.9.55.7. Records of volunteer attrition, including reason for separation (e.g., relocation, loss of interest, credential lapses).

1.9.55.8. Percent of volunteers who are deployment ready (annual reporting requirement), including:

1.9.55.8.1. The percentage of volunteers registered and credentialed in NH Responds.

1.9.55.8.2. The percentage of volunteers who have completed background checks and other onboarding steps (e.g. orientation).

1.9.55.8.3. The percentage of volunteers with verified licenses.

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1.9.55.8.4. The percentage of volunteers who have completed training requirements for shelter, POD, AHS, NEHC, FAC/FRC operations.

Responder Safety and Health Reporting Requirements

1.9.56. The Contractor must:

1.9.56.1. Prepare and submit an annual summary of responder safety and health monitoring activities.

1.9.56.2. Report promptly on any incidents, exposures, or injuries that occur during responses, drills, or exercises, as needed.

1.9.57. The Contractor may be required to provide other data and metrics to the Department in a format specified by the Department.

1.9.58. The Contractor must submit all reports electronically through a secure depository system approved or directed by the Department by the established deadlines within this Agreement.

2. Background Checks

2.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:

2.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;

2.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

2.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

2.2. Confidential Data

2.2.1. 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.

2.2.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with

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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.

2.3. Privacy Impact Assessment

2.3.1. 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:

2.3.1.1. How PII is gathered and stored;

2.3.1.2. Who will have access to PII;

2.3.1.3. How PII will be used in the system;

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

2.3.1.5. Privacy practices.

2.3.2. 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.

2.4. Department Owned Devices, Systems and Network Usage

2.4.1. Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfilment of this Agreement, must:

2.4.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures and guidelines, and complete applicable trainings as required;

2.4.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden

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including, but not limited, to personal or other private and non-Department use, and that at no time must they access or attempt to access information without having the express authority of the Department to do so;

2.4.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

2.4.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

2.4.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;

2.4.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;

2.4.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "Department-funded email systems."

2.4.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and

2.4.1.9. Agree when utilizing the Department's email system:

To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".

2.4.1.9.1. Include in the signature lines information identifying the End User as a non-Department workforce member; and

2.4.1.9.2. Ensure the following confidentiality notice is embedded underneath the signature line:

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CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

2.4.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

2.4.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

2.4.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

2.4.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

2.4.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

2.4.1.12. Contractor agrees to notify the Department a minimum of three (3) business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees to

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notify the Department's Information Security Office or designee immediately.

2.5. Contract End-of-Life Transition Services

2.5.1. General Requirements

2.5.1.1. 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 Department must provide the DTP template to the Contractor.

2.5.1.2. 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.

2.5.1.3. If a system, portal, 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.

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2.5.1.4. The internal planning of the Transition Services by the Contractor and its End Users must be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Agreement.

2.5.1.5. 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.

2.5.1.6. 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.

2.5.2. Completion of Transition Services

2.5.2.1. Each service or transition phase must 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.

2.5.2.2. 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.

2.5.3. Disagreement over Transition Services Results

2.5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department must notify the Contractor, in writing, stating the reason for the lack of

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satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties must discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department must be entitled to initiate actions in accordance with the Agreement.

2.6. Website and Social Media

2.6.1. The Contractor must provide a website approved by the Department to disseminate RPHN program information and public health resources to the public and agency partners, which includes information on the PHAC, Community Health Improvement Plan (CHIP), Substance Misuse Prevention Coordinator(SMPC), CoC facilitation, and PHEP programs.

2.6.2. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

2.6.3. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

2.7. State of New Hampshire's Website Copyright

2.7.1. All right, title and interest in the State WWW site, including copyright to all data and information, must remain with the State of New Hampshire. The State of New Hampshire must also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information must, where applicable, display the State of New Hampshire's copyright.

3. Exhibits Incorporated

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3.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

3.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.

3.3. 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 F, Business Associate Agreement, which has been executed by the parties.

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

4.2.1. The Contractor must submit:

4.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

4.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors); and

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

4.3. Credits and Copyright Ownership

4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "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."

4.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

4.3.3. 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.

4.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

4.4. Operation of Facilities: Compliance with Laws and Regulations

4.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire

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Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

5. Records

5.1. The Contractor must keep records that include, but are not limited to:

5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to 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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

5.1.4. Medical records on each patient/recipient of services.

5.2. 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.

5.3. 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.

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Payment Terms

1. This Agreement is funded by:
   1.1. 84% Federal funds, including:
      1.1.1. Preventative Health Block Grant, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.991, FAIN # NB01OT009381, and
      1.1.2. Public Health Emergency Preparedness, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.069, FAIN # NU90TU000009, and
      1.1.3. Substance Use Prevention, Treatment, and Recovery Block Grant,
      as awarded on January 28, 2026, by the US Department of Health and Human Services, ALN # 93.959, FAIN # B08TI088484,and
      1.1.4. Strengthening NH Public Health Infrastructure, Workforce, and Data Systems, as awarded on 11/29/2022, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.967; FAIN # NE11OE000077.
   1.2. 16% 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 Agreement as NON-R&D, in accordance with 2 CFR §200.332.
   2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual paid allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-2.
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 of allowable costs, labeled by budgeted line item with each invoice that may include, but are not limited

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to, timesheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

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 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 only upon receipt and approval of the submitted invoice and required supporting documentation.

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.

7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

8.1.3. Condition C - The Contractor is a public company and required by Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to 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.

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8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. 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.

8.5. 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 shall 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.

9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

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Exhibit C-1, Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	*Lamprey Health Care, Inc.*
Budget Request for:(Pull-down)	Seacoast Regional Public Health Network
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$21,777	$68,845	$3,258	$7,427	$76,232
2. Fringe Benefits	$3,724	$11,772	$557	$1,270	$13,036
3. Consultants	$0	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$289	$3,250	$37	$0	$3,200
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$298	$798	$0	$0	$2,314
7. Software	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$1,500	$0	$0	$5,398
8. (b) Other - Education and Training	$0	$1,800	$0	$0	$3,000
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$6,588	$0	$0	$8,325
Total Direct Costs	$26,088	$94,553	$3,852	$8,697	$111,505
Total Indirect Costs	$3,912	$14,183	$578	$1,303	$16,725
Subtotals	**$30,000**	**$108,736**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$281,396**

Contractor Initials Initial GLW

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Exhibit C-2, Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	*Lamprey Health Care, Inc*
Budget Request for:(Pull-down)	Seacoast Regional Public Health Network
Budget Period(Pull-down):	SFY 2028 (7/1/27-6/30/2028
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$22,277	$70,662	$3,290	$7,428	$78,106
2. Fringe Benefits	$3,809	$12,083	$563	$1,270	$13,356
3. Consultants	$0	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$3,225	$0	$0	$2,200
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$0	$798	$0	$0	$2,314
7. Software	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$1,500	$0	$0	$4,795
8. (b) Other - Education and Training	$0	$1,800	$0	$0	$3,000
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$4,485	$0	$0	$7,734
Total Direct Costs	$26,086	$94,553	$3,853	$8,698	$111,505
Total Indirect Costs	$3,914	$14,183	$577	$1,302	$16,725
Subtotals	**$30,000**	**$108,736**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$281,396**

Contractor Initials GLW

Date 5/12/2026

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SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub- contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

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

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1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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

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

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SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see https://omb.report/icr/201009-0348-022/doc/20388401

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context.

6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) https://www.ecfr.gov/current/title-22/chapter-V/part-513.

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9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).

14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

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

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SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

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SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

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FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: 790913636

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

   X NO _____ YES

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

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Lamprey Health Care

5/12/2026
Date:

Signed by: Gregory White
7D623A8E49294D6...
Name: Gregory White
Title: CEO

New Hampshire Department of Health and Human Services

Exhibit E

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 Initial GAW

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.

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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.

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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.

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.).

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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

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/doit/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.

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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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

Docusign Envelope ID: 2C5C8674-A887-8520-83F8-979D547BE794

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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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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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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 in

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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 used,

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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	Lamprey Health Care
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	Signed by: 7D623A8E49294D6...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Gregory White
Name of Authorized Representative	Name of Authorized Representative
Director - DPH	CEO
Title of Authorized Representative	Title of Authorized Representative
5/28/2026	5/28/2026
Date	Date

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 LAMPREY HEALTH CARE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 16, 1971. 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: **66382**
Certificate Number: **0007934894**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of May A.D. 2026.

David M. Scanlan
Secretary of State

Docusign Envelope ID: 34F26F4F-C12F-8608-8306-FCF24B4DFE6E

CERTIFICATE OF AUTHORITY

I, Sarah Cronin, 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 Lamprey Health Care, 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 22, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

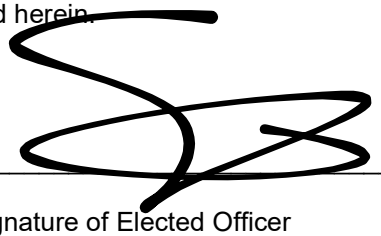
VOTED: That Susan Durkin, co-CEO or Gregory White, co-CEO, (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Lamprey Health Care, 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: 05/11/2026



Signature of Elected Officer

Name: Sarah Cronin

Title: Secretary, Board of Directors

Docusign Envelope ID: 34F26F4F-C12F-8608-8306-FCF24B4DFE6E

LAMPHEA-01 JKAMPERSAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1780862 HUB International New England 30 Donald B Dean Dr South Portland, ME 04106	CONTACT NAME: Lauren Stiles PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: lauren.stiles@hubinternational.com
INSURED Lamprey Health Care, Inc. 207 South Main Street Newmarket, NH 03857	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Philadelphia Indemnity Insurance Company 18058 INSURER B : Atlantic Charter Insurance Company 44326 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			PHPK2563602	7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A		WCA00545413	7/1/2025	7/1/2026	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of New Hampshire
Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NONPROFIT COVER SHEET

A. Entity Name: **Lamprey Health Care, Inc.**

B. Entity's Contact Information:

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

Name / Phone / Email: Paula Smith, MBA, EdD/603-244-7332/psmith@snhahec.org

Person responsible for Accuracy and Completeness of information provided:
Name: Title:
Signature: Gregory A. White, Co-CEO

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Andrea Laskey (President/Chair)	Retired
Mark Whitney (Vice President)	Retired
James Brewer (Treasurer)	Machias Savings Bank
Sarah Cronin (Secretary)	Fidelity Investments
Raymond Goodman, III (Imd. Past Chair)	Endicott College
Audrey Ashton-Savage	University of New Hampshire
Thomas "Chris" Drew	Seacoast Mental Health Center
Jane Goodman	Nashua Soup Kitchen and Shelter
Frank Goodspeed	Retired
Todd J. Hathaway	Wadleigh, Starr & Peters, PLLC
Susan Dorothy Hilchey	Retired
Carol LaCross	Retired
Mary Lyster	Dartmouth College
Colin T. McHugh	Southern NH Health
Arvind Ranade	SybioSys Solutions, Inc.
Jim Ryan	None
Erika Farrell Taylor	United Health Care

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

Name	Role	Annual Salary	Amount Paid From This Contract
Paula Smith	Contract Administrator	137571	16275
Julia Foulks	PHN Manager	37877	33896
Sarah Crowell	PHEP Coordinator	60778	60778
Samantha Thamsen	SMP Coordinator	55099	53936
Brianna Ferraro	Program Manager	75754	4006
Mary Margaret Finneran	Accountant	70200	8640

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

E. Check one of the following:

[X] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

_____

_____

_____

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

	16875	Lamprey Arts & Culture Alliance	55 Main Street, Suite 1	Newmarket	NH	03857-1685	G	5/15/2027
	1677	Lamprey Health Care, Inc.	207 South Main Street	Newmarket	NH	03857	G	8/15/2026
	1575	Lamprey River Elementary School PTO	33 Old Manchester Road	Raymond	NH	03077	G	11/14/2026

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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

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

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2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

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Vision, Mission, Values

Vision: A healthy and thriving community where every individual has equitable access to care and the opportunity to achieve their optimal health and well-being.

Mission: To provide high-quality, comprehensive healthcare and access to coordinated services for all individuals regardless of ability to pay.

We Value:

- Innovation and continuous improvement
- Excellence in outcomes through perseverance
- Empathy and dignity for all
- Collaboration through clinical and community partnerships

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BerryDunn

SINCE 1971
LAMPREY HEALTH CARE

CONSOLIDATED FINANCIAL STATEMENTS

and

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

September 30, 2025 and 2024
With Independent Auditor's Report

Docusign Envelope ID: 34F26F4F-C12F-8608-8306-FCF24B4DFE6E

BerryDunn

BDMP Assurance, LLP

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (collectively, the Organization), which comprise the consolidated balance sheets as of September 30, 2025 and 2024, and the related consolidated statements of operations, changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization as of September 30, 2025 and 2024, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards (U.S. GAAS) and the standards applicable to financial audit contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated 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 audits. 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 Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of 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 within one year after the date that the consolidated financial statements are available to be issued.

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Auditor's Responsibilities for the Audit of the Consolidated 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 U.S. GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 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 consolidated financial statements.
- Obtain an understanding of internal control relevant to the audits 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 audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets as of September 30, 2025 and 2024, and the related consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and changes in net assets of the individual entities, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including 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 U.S. GAAS. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

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Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

The accompanying schedule of expenditures of federal awards (SEFA), as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards,* is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the 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, including 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 U.S. GAAS. In our opinion, the SEFA 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 January 28, 2026 on our consideration of the Organization's internal control over financial reporting and on our tests of their 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.

BDMP Assurance, LLP

Manchester, New Hampshire
January 28, 2026

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Balance Sheets

September 30, 2025 and 2024

ASSETS

	2025	2024
Current assets		
Cash and cash equivalents	**$ 6,735,258**	$ 3,518,210
Patient accounts receivable	**1,501,137**	1,338,725
Grants receivable	**908,159**	470,387
Other receivables	**-**	324,825
Inventory	**69,163**	261,932
Other current assets	**102,540**	359,558
Total current assets	**9,316,257**	6,273,637
Assets limited as to use	**2,288,927**	2,243,324
Fair value of interest rate swaps	**71,182**	36,613
Property and equipment, net	**9,851,266**	10,241,575
Total assets	**$ 21,527,632**	$ 18,795,149

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	**$ 1,059,571**	$ 859,015
Accrued payroll and related expenses	**1,676,253**	1,479,301
Deferred revenue	**82,622**	107,702
Current maturities of long-term debt	**137,828**	134,467
Total current liabilities	**2,956,274**	2,580,485
Long-term debt, less current portion	**4,314,119**	4,442,126
Total liabilities	**7,270,393**	7,022,611
Net assets		
Without donor restrictions	**13,563,964**	11,125,241
With donor restrictions	**693,275**	647,297
Total net assets	**14,257,239**	11,772,538
Total liabilities and net assets	**$ 21,527,632**	$ 18,795,149

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statements of Operations

Years Ended September 30, 2025 and 2024

	2025	2024
Operating revenue		
Net patient service revenue	**$ 18,910,824**	$ 13,437,715
Grants, contracts and contributions	**9,095,454**	8,846,255
Mitigating funds for Community Health Centers	**976,236**	-
Employee retention tax credit	**1,100,402**	-
Rental income	**138,360**	127,743
Other operating revenue	**520,184**	1,204,714
Net assets released from restriction for operations	**632,574**	283,112
Total operating revenue	**31,374,034**	23,899,539
Operating expenses		
Salaries and wages	**14,720,274**	13,770,982
Employee benefits	**2,517,067**	2,344,694
Supplies	**3,964,562**	1,956,534
Purchased services	**4,665,395**	3,975,256
Facilities	**830,490**	704,639
Other operating expenses	**1,305,127**	1,266,618
Insurance	**218,991**	174,842
Depreciation	**727,637**	603,621
Interest	**216,165**	182,784
Total operating expenses	**29,165,708**	24,979,970
Excess (deficiency) of revenue over expenses	**2,208,326**	(1,080,431)
Change in fair value of interest rate swaps	**34,568**	(310,553)
Grants for capital acquisition	**195,829**	650,778
Net assets released from restriction for capital acquisition	**-**	705,964
Decrease in net assets without donor restrictions	**$ 2,438,723**	$ (34,242)

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statements of Changes in Net Assets

Years Ended September 30, 2025 and 2024

	2025	2024
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	**$ 2,208,326**	$ (1,080,431)
Change in fair value of interest rate swaps	**34,568**	(310,553)
Grants for capital acquisition	**195,829**	650,778
Net assets released from restriction for capital acquisition	**-**	705,964
Increase (decrease) in net assets without donor restrictions	**2,438,723**	(34,242)
Net assets with donor restrictions		
Contributions	**678,552**	712,944
Net assets released from restriction for operations	**(632,574)**	(283,112)
Net assets released from restriction for capital acquisition	**-**	(705,964)
Increase (decrease) in net assets with donor restrictions	**45,978**	(276,132)
Change in net assets	**2,484,701**	(310,374)
Net assets, beginning of year	**11,772,538**	12,082,912
Net assets, end of year	**$ 14,257,239**	$ 11,772,538

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statements of Functional Expense

Year Ended September 30, 2025

	Healthcare Services	AHEC/PHN	Total Program Services	Administration and Support Services	Total
Salaries and wages	$ 12,360,289	$ 818,717	$ 13,179,006	$ 1,541,268	$ 14,720,274
Employee benefits	2,025,771	134,182	2,159,953	357,114	2,517,067
Supplies	3,754,635	31,540	3,786,175	178,387	3,964,562
Purchased services	2,666,441	1,206,381	3,872,822	792,573	4,665,395
Facilities	830,490	-	830,490	-	830,490
Other	8,369	1,178,682	1,187,051	118,076	1,305,127
Insurance	175,528	22,015	197,543	21,448	218,991
Depreciation	574,183	72,015	646,198	81,439	727,637
Interest	174,091	21,835	195,926	20,239	216,165
Allocated program support	1,687,529	137,840	1,825,369	(1,825,369)	-
Total operating expenses	$ 24,257,326	$ 3,623,207	$ 27,880,533	$ 1,285,175	$ 29,165,708

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statements of Functional Expense

Year Ended September 30, 2024

	Healthcare Services	AHEC/PHN	Total Program Services	Administration and Support Services	Total
Salaries and wages	$ 10,963,430	$ 638,223	$ 11,601,653	$ 2,169,329	$ 13,770,982
Employee benefits	1,830,704	106,571	1,937,275	407,419	2,344,694
Supplies	1,742,430	19,521	1,761,951	194,583	1,956,534
Purchased services	1,538,605	1,210,885	2,749,490	1,225,766	3,975,256
Facilities	704,639	-	704,639	-	704,639
Other	111,718	921,614	1,033,332	233,286	1,266,618
Insurance	126,781	19,269	146,050	28,792	174,842
Depreciation	442,610	67,272	509,882	93,739	603,621
Interest	129,187	19,635	148,822	33,962	182,784
Allocated program support	1,518,047	110,271	1,628,318	(1,628,318)	-
Total operating expenses	$ 19,108,151	$ 3,113,261	$ 22,221,412	$ 2,758,558	$ 24,979,970

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statements of Cash Flows

Years Ended September 30, 2025 and 2024

	2025	2024
Cash flows from operating activities		
Change in net assets	**$ 2,484,701**	(310,374)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	**723,891**	603,621
Amortization of deferred financing costs	**3,746**	6,775
Gain on disposal of assets	**-**	(263,097)
Insurance proceeds for capital acquisitions	**-**	(404,469)
Change in fair value of interest rate swaps	**(34,569)**	310,553
Grants for capital acquisition	**(195,829)**	(650,778)
(Increase) decrease in the following assets		
Patient accounts receivable	**(162,412)**	137,341
Grants receivable	**(437,772)**	680,125
Other receivables	**324,825**	(171,780)
Inventory	**192,769**	(79,719)
Other current assets	**257,018**	78,358
(Decrease) increase in the following liabilities		
Accounts payable and accrued expenses	**169,080**	304,931
Accrued payroll and related expenses	**196,952**	59,036
Deferred revenue	**(25,080)**	(169,921)
Net cash provided by operating activities	**3,497,320**	130,602
Cash flows from investing activities		
Capital acquisitions	**(302,106)**	(1,952,064)
Insurance proceeds for capital acquisitions	**-**	404,469
Net cash used by investing activities	**(302,106)**	(1,547,595)
Cash flows from financing activities		
Grants received for capital acquisition	**195,829**	650,778
Proceeds from line of credit	**-**	812,050
Payments on line of credit	**-**	(812,050)
Proceeds from issuance of long-term debt	**-**	2,026,164
Payment of deferred financing costs	**-**	(39,507)
Principal payments on long-term debt	**(128,392)**	(106,588)
Net cash provided by financing activities	**67,437**	2,530,847

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statements of Cash Flows (Concluded)

Years Ended September 30, 2025 and 2024

	2025	2024
Net change in cash and cash equivalents	**3,262,651**	1,113,854
Cash and cash equivalents, beginning of year	**5,761,534**	4,647,680
Cash and cash equivalents, end of year	**$ 9,024,185**	5,761,534
Composition of cash and cash equivalents, end of year		
Cash and cash equivalents	**$ 6,735,258**	$ 3,518,210
Assets limited as to use	**2,288,927**	2,243,324
	$ 9,024,185	$ 5,761,534
Supplemental disclosure of cash flow information:		
Cash paid for interest	$ 216,165	$ 182,784
Capital expenditures included in accounts payable	$ 31,476	$ -

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

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Organization

Lamprey Health Care, Inc. (LHC) is a not-for-profit corporation organized in the State of New Hampshire. LHC is a Federally Qualified Health Center (FQHC) whose primary purpose is to provide high quality family health, medical and behavioral health services to residents of southern New Hampshire without regard to the patient's ability to pay for these services. LHC has three primary clinic facilities in Newmarket, Raymond, and Nashua, New Hampshire.

Subsidiary

Friends of Lamprey Health Care, Inc. (FLHC) is a not-for-profit corporation organized in the State of New Hampshire. FLHC's primary purpose is to support LHC. FLHC is also the owner of the property occupied by LHC's administrative and program offices in Newmarket, New Hampshire. LHC is the sole corporate member of FLHC.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of LHC and its subsidiary, FLHC (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Basis of Presentation

The consolidated financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Organization to report information in the consolidated financial statements according to the following net asset classifications:

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

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity, of which there were none at September 30, 2025 and 2024.

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Use of Estimates

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

Income Taxes

Both LHC and FLHC are public charities under Section 501(c)(3) of the Internal Revenue Code. As public charities, the entities are exempt from state and federal income taxes on income earned in accordance with their tax-exempt purposes. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of business checking and savings accounts, as well as petty cash funds.

The Organization maintains cash balances at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 at each financial institution. At various times throughout the year, the Organization’s cash balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligations as follows:

- Medical, behavioral health and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.
- Contract pharmacy services are measured when the prescription is dispensed to the patient as reported by the pharmacy administrator.

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The majority of the Organization's performance obligations are satisfied at a point in time.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Significant payer concentrations are presented in Note 3.

A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for medical, behavioral health, and ancillary services provided to Medicare beneficiaries based on the lesser of actual charges or prospectively set rates which essentially provides a fixed payment for each patient visit, regardless of the specific services provided during that visit. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Organization's public fee schedule.

Certain vaccines are reimbursed under a cost reimbursement methodology through submission of an annual cost report. Nonmaterial amounts due from Medicare are included in due from third-party payers in the accompanying balance sheets.

Medicaid

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to Medicaid beneficiaries based on prospectively set rates which essentially provides a fixed payment for each patient visit, regardless of the specific services provided during that visit. Certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule. Certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Organization's public fee schedule.

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Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program and certain other programs. The Organization estimates the costs associated with providing care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to eligible patients. The estimated cost of providing services to patients under the Organization charity care programs amounted to $1,439,100 and $1,331,411 for the years ended September 30, 2025 and 2024, respectively. The Organization is able to provide these services with a component of funds received through federal grants.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Contract Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription after the amount has been determined by the pharmacy benefits manager.

Regulatory Uncertainties

Laws and regulations governing the Medicare, Medicaid, and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare, Medicaid, and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

The Organization’s business could be impacted by federal and state legislation in the area of healthcare reform. Changes in these areas could adversely impact the Organization’s operations in the future.

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Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and are reduced by explicit and implicit price concessions. Management estimates implicit price concessions based on its historical collection experience with patients. No additional valuation allowance is necessary for possible credit losses based on historical experience, current conditions, and reasonable and supportable forecasts.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from the United States Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2025 and 2024, grants from HHS (including both direct awards and awards passed through other organizations) represented the majority of grants, contracts, and contributions revenue.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

The Organization has received notice of direct awards from HHS as outlined below. The awards are cost-reimbursable grants and have not been recognized as revenue at September 30, 2025 because qualifying expenditures have not yet been incurred but are available after September 30, 2025 as outlined below:

	Amount	Available Through
Community Health Worker Training Program	$ 1,026,029	March 31, 2026
Sustaining New Hampshire's CDSM & CPSM Self-Management Network	136,362	April 30, 2026
Health Center Program	2,257,892	May 31, 2026
Advanced Nursing Education-Nurse Practitioner Residency Fellowship Program	872,717	July 31, 2026
Substance Abuse and Mental Health Services Projects of Regional and National Significance	239,200	September 29, 2026

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Assets Limited as to Use

Assets limited as to use include cash and cash equivalents designated by the Board of Directors for specific projects or purposes and donor restricted funds, as discussed further in Note 4.

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets, which range from 3 to 40 years. The Organization's capitalization policy is applicable for acquisitions greater than $10,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Organization reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Functional Expenses

The consolidated financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Organization is a service organization, such expenses, which include employee benefits, occupancy, depreciation, interest, and other operating expenses, are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

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Excess (Deficiency) of Revenue Over Expenses

The consolidated statements of operations reflect the excess (deficiency) of revenue over expenses. Changes in net assets without donor restrictions which are excluded from this measure include contributions of long-lived assets (including assets acquired using grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and the related release from restriction for capital acquisition and the change in the fair value of interest rate swaps.

Subsequent Events

For purposes of the preparation of these consolidated financial statements, management has considered transactions or events occurring through January 28, 2026, the date that the consolidated financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the consolidated financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a $1,000,000 line of credit (Note 6). The Organization had average days operating cash and cash equivalents on hand (based on normal expenditures) of 86 and 53 at September 30, 2025 and 2024, respectively.

Financial assets available for general expenditure within one year were as follows at September 30:

	2025	2024
Cash and cash equivalents	**$ 6,735,258**	$ 3,518,210
Patient accounts receivable	**1,501,137**	1,338,725
Grants receivable	**908,159**	470,387
Other receivables	**-**	324,825
Financial assets available	**$ 9,144,554**	$ 5,652,147

The Organization has certain Board-designated assets limited as to use which are available for general expenditure within one year in the normal course of operations upon obtaining approval from the Board of Directors and other assets limited as to use for donor-restricted purposes, which are more fully described in Note 4. Accordingly, these assets have not been included in the quantitative information above.

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3. Patient Accounts Receivable and Net Patient Service Revenue

Patient accounts receivable consisted of the following at September 30:

	2025	2024	2023
Patient accounts receivable	$ 1,162,399	$ 885,942	$ 1,374,477
340B contract pharmacy program	338,738	452,783	101,589
Total patient accounts receivable	$ 1,501,137	$ 1,338,725	$ 1,476,066

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of allowances, were as follows at September 30:

	2025	2024
Governmental plans		
Medicare	20%	15%
Medicaid	29%	31%
Commercial payers	35%	40%
Patient	16%	14%
Total	100%	100%

Net patient service revenue was as follows for the years ended September 30:

	2025	2024
Gross charges	$ 19,235,441	$ 15,617,241
340B contract pharmacy revenue	6,581,731	4,063,610
Total gross revenue	25,817,172	19,680,851
Contractual adjustments and implicit price concessions	(6,053,438)	(5,684,377)
Sliding fee discounts	(1,261,012)	(1,044,240)
Other patient related revenue	408,102	485,481
Total patient service revenue	$ 18,910,824	$ 13,437,715

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The mix of net patient service revenue from patients and third-party payers was as follows for the years ended September 30:

	2025	2024
Medicare	**17%**	15%
Medicaid	**42%**	42%
Commercial payers	**34%**	33%
Patient	**7%**	10%
	100%	100%

4. Assets Limited as To Use

Assets limited as to use are made up of cash and cash equivalents which were to be used for the following purposes at September 30:

	2025	2024
Board-designated for:		
Transportation	**$ 27,059**	$ 27,059
Working capital	**1,449,500**	1,449,500
Capital improvements	**114,338**	114.338
Other	**4,755**	5,130
Total Board-designated	**1,595,652**	1,596,027
Donor restricted	**693,275**	647,297
Total	**$ 2,288,927**	$ 2,243,324

5. Property and Equipment

Property and equipment consisted of the following at September 30:

	2025	2024
Land and improvements	**$ 1,139,913**	$ 1,139,913
Building and improvements	**14,946,299**	15,405,920
Furniture, fixtures, and equipment	**2,340,640**	1,594,480
Total cost	**18,426,852**	18,140,313
Less accumulated depreciation	**8,626,376**	7,898,738
	9,800,476	10,241,575
Construction in progress and assets not in service	**50,790**	-
Property and equipment, net	**$ 9,851,266**	$ 10,241,575

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Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

6. Line of Credit

The Organization has an available $1,000,000 revolving line of credit from a local bank through June 2026, with an interest rate at the Wall Street Journal Prime Rate, but not less than 3.25% (7.25% at September 30, 2025). The line of credit is collateralized by all business assets. There was no outstanding balance as of September 30, 2025 and 2024. The line of credit has a 30-day clean up provision which was met during the year ended September 30, 2025.

7. Long-Term Debt

Long-term debt consisted of the following at September 30:

	2025	2024
Promissory note payable to local bank; see terms outlined below. (1)	**$ 2,646,494**	$ 2,729,038
Promissory note payable to local bank; see terms outlined below. (2)	**1,839,803**	1,885,651
Total long-term debt	**4,486,297**	4,614,689
Less unamortized debt issuance costs	**34,350**	38,096
Less current maturities	**137,828**	134,467
Long-term debt, less current maturities	**$ 4,314,119**	$ 4,442,126

(1) The Organization has a promissory note with a local bank which is a ten-year balloon note to be paid at the amortization rate of 20 years, with fixed monthly payments of $11,565 including principal and interest at the one-month Secured Overnight Financing Rate (SOFR) plus 1.5% through February 2034 when a balloon payment is due. The note is collateralized by real estate. The purpose of this note was for the renovation of the Organization's Nashua, New Hampshire facility. The Organization has an interest rate swap agreement for the ten-year period through 2034 that limits the potential interest rate fluctuation and substantively fixes the rate at 5.249%.

(2) The Organization has a promissory note with a local bank which is a ten-year balloon note to be paid at the amortization rate of 30 years, with variable monthly principal payments plus interest at the one-month SOFR plus 1.57% through October 2029 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2029 that limits the potential interest rate fluctuation and substantially fixes the rate at 3.173%.

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The Organization is required to meet certain administrative and financial covenants under the loan agreements described above. In the event of default, the bank has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization was in compliance with the loan covenants at September 30, 2025.

Maturities of long-term debt for the next five years and thereafter were as follows at September 30:

2026	$ 137,828
2027	144,625
2028	150,837
2029	158,392
2030	1,722,035
Thereafter	2,172,580
Total	$ 4,486,297

8. Derivative Financial Instruments

The Organization participates in certain fixed-payer swap contracts related to underlying, variable rate debt obligations. The purpose of these contracts is to protect the Organization against rising interest rates related to the variable rate debt. These contracts qualify for hedge accounting as a cash flow hedge and are reported at fair value as an asset or a liability. As a perfectly effective cash flow hedge, the change in fair value of the contracts is reported in the change in net assets without donor restrictions. The Organization expects to hold the swap contracts until their respective maturities.

The interest swap contract terms were as follows at September 30:

Entity	Fixed Rate Paid	Variable Rate Received	Notional Amount	**2025 Fair Value (Liability) Asset**	2024 Fair Value (Liability) Asset	Termination Date	Counterparty
LHC	5.2490%	5.6655%	$ 2,644,652	**$ (43,797)**	$ (101,342)	02-28-2034	TD Bank
FLHC	3.1730%	5.8502%	1,839,803	**114,979**	137,955	10-02-2029	TD Bank
Cumulative unrealized asset				**$ 71,182**	$ 36,613		

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U.S. GAAP establish a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

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

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

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

The Organization uses inputs other than quoted prices that are observable to value the interest rate swaps. The Organization considers these inputs to be Level 2 inputs in the context of the fair value hierarchy. These values represent the estimated amounts the Organization would receive or pay to terminate agreements, taking into consideration current interest rates and the current creditworthiness of the counterparty (present value of expected cash flows).

9. Net Assets

Net assets without donor restrictions were designated for the following purposes at September 30:

	2025	2024
Undesignated	**$ 11,968,312**	$ 9,529,214
Board-designated (Note 4)	**1,595,652**	1,596,027
Total	**$ 13,563,964**	$ 11,125,241

Net assets with donor restrictions were restricted for the following specific purposes at September 30:

	2025	2024
Temporary in nature:		
Community programs	**$ 693,275**	$ 647,297

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9. Mitigating Funds for Community Health Centers

In October 2024, the Organization received $976,236 from the State of New Hampshire, Department of Health and Human Services under the Mitigating Funds for Community Health Centers program, financed through the American Rescue Plan Act (ARPA). The purpose of the payment was to assist community health centers in mitigating operating losses and increased uncompensated care resulting from the expiration of continuous Medicaid coverage following the COVID-19 Public Health Emergency, thereby supporting continued access to care for affected individuals.

In accordance with 2 CFR 200.331, the State of New Hampshire identified the Organization as a beneficiary, not a subrecipient. Consequently, the payment represents a beneficiary or relief payment rather than a federal or state grant or contract. The payment is therefore not subject to a federal compliance audit in accordance with the Uniform Guidance and is excluded from the schedule of expenditures of federal awards (SEFA).

10. Employee Retention Tax Credits (ERTC)

The Organization filed for and received refunds totaling $1,100,402, including interest and net of third party preparer fees, under the ERTC program which is a refundable tax credit for business and tax-exempt organizations that had employees and were affected during the COVID-19 pandemic. Eligibility for the ERTC involves complex rules about full or partial suspension of operations due to government orders or a significant decline in gross receipts and inadequate documentation can result in denied claims or the need to repay the credit. The ERTC program is under increased scrutiny by the Internal Revenue Service, including the review claims for which refunds have already been issued. Management believes the Organization qualified for the ERTC under a partial suspension of operations.

11. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed $414,563 and $391,816 for the years ended September 30, 2025 and 2024, respectively.

12. Medical Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of September 30, 2025, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of either FTCA or medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

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SUPPLEMENTARY INFORMATION

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2025

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2025 Consolidated
Current assets			
Cash and cash equivalents	$ 5,009,244	$ 1,726,014	$ 6,735,258
Patient accounts receivable	1,501,137	-	1,501,137
Grants receivable	908,159	-	908,159
Inventory	69,163	-	69,163
Other current assets	102,540	-	102,540
Total current assets	7,590,243	1,726,014	9,316,257
Assets limited as to use	2,288,927	-	2,288,927
Fair value of interest rate swaps	(43,797)	114,979	71,182
Property and equipment, net	8,693,695	1,157,571	9,851,266
Total assets	$ 18,529,068	$ 2,998,564	$ 21,527,632

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 1,059,571	$ -	$ 1,059,571
Accrued payroll and related expenses	1,676,253	-	1,676,253
Deferred revenue	82,622	-	82,622
Due to (from) affiliate	4,338	(4,338)	-
Current maturities of long-term debt	84,748	53,080	137,828
Total current liabilities	2,907,532	48,742	2,956,274
Long-term debt, less current portion	2,527,396	1,786,723	4,314,119
Total liabilities	5,434,928	1,835,465	7,270,393
Net assets			
Without donor restrictions	12,400,865	1,163,099	13,563,964
With donor restrictions	693,275	-	693,275
Total net assets	13,094,140	1,163,099	14,257,239
Total liabilities and net assets	$ 18,529,068	2,998,564	$ 21,527,632

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2024

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2024 Consolidated
Current assets			
Cash and cash equivalents	$ 1,925,586	$ 1,592,624	$ 3,518,210
Patient accounts receivable	1,338,725	-	1,338,725
Grants receivable	470,387	-	470,387
Other receivables	324,825	-	324,825
Inventory	261,932	-	261,932
Other current assets	359,558	-	359,558
Total current assets	4,681,013	1,592,624	6,273,637
Assets limited as to use	2,243,324	-	2,243,324
Fair value of interest rate swaps	(101,342)	137,955	36,613
Property and equipment, net	8,988,288	1,253,287	10,241,575
Total assets	$ 15,811,283	$ 2,983,866	$ 18,795,149

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 859,015	$ -	$ 859,015
Accrued payroll and related expenses	1,479,301	-	1,479,301
Deferred revenue	107,702	-	107,702
Due to (from) affiliate	26,763	(26,763)	-
Current maturities of long-term debt	82,906	51,561	134,467
Total current liabilities	2,555,687	24,798	2,580,485
Long-term debt, less current portion	2,608,036	1,834,090	4,442,126
Due to (from) affiliate	990,331	(990,331)	-
Total liabilities	6,154,054	868,557	7,022,611
Net assets			
Without donor restrictions	9,009,932	2,115,309	11,125,241
With donor restrictions	647,297	-	647,297
Total net assets	9,657,229	2,115,309	11,772,538
Total liabilities and net assets	$ 15,811,283	$ 2,983,866	$ 18,795,149

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2025

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2025 Consolidated
Operating revenue				
Net patient service revenue	$ 18,910,824	$ -	$ -	$ 18,910,824
Grants, contracts and contributions	9,095,454	-	-	9,095,454
Mitigating funds for Community Health Centers	976,236	-	-	976,236
Employee retention tax credit	1,100,402	-	-	1,100,402
Rental income	138,360	203,916	(203,916)	138,360
Other operating revenue	439,082	81,102	-	520,184
Net assets released from restriction for operations	632,574	-	-	632,574
Total operating revenue	31,292,932	285,018	(203,916)	31,374,034
Operating expenses				
Salaries and wages	14,720,274	-		14,720,274
Employee benefits	2,517,067	-		2,517,067
Supplies	3,964,562	-		3,964,562
Purchased services	4,665,395	-		4,665,395
Facilities	1,034,106	300	(203,916)	830,490
Other operating expenses	1,299,612	5,515		1,305,127
Insurance	218,991	-		218,991
Depreciation	631,921	95,716		727,637
Interest	120,540	95,625		216,165
Total operating expenses	29,172,468	197,156	(203,916)	29,165,708
Excess of revenue over expenses	2,120,464	87,862	-	2,208,326
Change in fair value of interest rate swaps	57,545	(22,977)	-	34,568
Grants for capital acquisition	195,829	-	-	195,829
Net asset transfer	1,017,095	(1,017,095)	-	-
Increase (decrease) in net assets without donor restrictions	$ 3,390,933	$ (952,210)	$ -	$ 2,438,723

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2024

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2025 Consolidated
Operating revenue				
Net patient service revenue	$ 13,437,715	$ -	$ -	$ 13,437,715
Grants, contracts and contributions	8,846,255	-	-	8,846,255
Rental income	127,743	227,916	(227,916)	127,743
Other operating revenue	902,351	302,363	-	1,204,714
Net assets released from restriction for operations	283,112	-	-	283,112
Total operating revenue	23,597,176	530,279	(227,916)	23,899,539
Operating expenses				
Salaries and wages	13,770,982	-	-	13,770,982
Employee benefits	2,344,694	-	-	2,344,694
Supplies	1,956,534	-	-	1,956,534
Purchased services	3,975,181	75	-	3,975,256
Facilities	932,255	300	(227,916)	704,639
Other operating expenses	1,264,618	2,000	-	1,266,618
Insurance	174,842	-	-	174,842
Depreciation	495,401	108,220	-	603,621
Interest	121,537	61,247	-	182,784
Total operating expenses	25,036,044	171,842	(227,916)	24,979,970
(Deficiency) excess of revenue over expenses	(1,438,868)	358,437	-	(1,080,431)
Change in fair value of interest rate swaps	(190,710)	(119,843)	-	(310,553)
Grants for capital acquisition	650,778	-	-	650,778
Net assets released from restriction for capital acquisition	705,964	-	-	705,964
Net asset transfer	60,800	(60,800)	-	-
(Decrease) increase in net assets without donor restrictions	$ (212,036)	$ 177,794	$ -	$ (34,242)

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statement of Changes in Net Assets

Year Ended September 30, 2025

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2025 Consolidated
Net assets without donor restrictions			
Excess of revenue over expenses	$ 2,120,464	$ 87,862	$ 2,208,326
Change in fair value of interest rate swaps	57,545	(22,977)	34,568
Grants for capital acquisition	195,829	-	195,829
Net asset transfer	1,017,095	(1,017,095)	
Increase (decrease) in net assets without donor restrictions	3,390,933	(952,210)	2,438,723
Net assets with donor restrictions			
Contributions	678,552	-	678,552
Net assets released from restriction for operations	(632,574)	-	(632,574)
Increase in net assets with donor restrictions	45,978	-	45,978
Change in net assets	3,436,911	(952,210)	2,484,701
Net assets, beginning of year	9,657,229	2,115,309	11,772,538
Net assets, end of year	$ 13,094,140	$ 1,163,099	$ 14,257,239

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statement of Changes in Net Assets

Year Ended September 30, 2024

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2025 Consolidated
Net assets without donor restrictions			
(Deficiency) excess of revenue over expenses	$ (1,438,868)	$ 358,437	$ (1,080,431)
Change in fair value of interest rate swaps	(190,710)	(119,843)	(310,553)
Grants for capital acquisition	650,778	-	650,778
Net assets released from restriction for capital acquisition	705,964	-	705,964
Net asset transfer	60,800	(60,800)	-
(Decrease) increase in net assets without donor restrictions	(212,036)	177,794	(34,242)
Net assets with donor restrictions			
Contributions	712,944	-	712,944
Net assets released from restriction for operations	(283,112)	-	(283,112)
Net assets released from restriction for capital acquisition	(705,964)	-	(705,964)
Decrease in net assets with donor	(276,132)	-	(276,132)
Change in net assets	(488,168)	177,794	(310,374)
Net assets, beginning of year	10,145,397	1,937,515	12,082,912
Net assets, end of year	$ 9,657,229	$ 2,115,309	$ 11,772,538

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2025

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
Direct			
Health Center Program Cluster			
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 4,498,797
COVID-19 Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		5,864
Total 93.224			4,504,661
Grants for New and Expanded Services Under the Health Center Program	93.527		15,458
Total Health Center Program Cluster			4,520,119
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243		622,576
Public Health Training Centers Program	93.516		961,575
Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs Financed by Prevention and Public Health Funds (PPHF)	93.734		183,348
Advanced Nursing Education Workforce Grant Program	93.247		599,153
Pass-Through			
University System of New Hampshire			
Advanced Nursing Education Workforce Grant Program	93.247	PZL0035	12,930
Total 93.247			612,083
State of New Hampshire Department of Health and Human Services			
Medical Reserve Corps Small Grant Program	93.008	102-500731-90077740	11,554
Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	010-048-8917-102-500731	56,377

The accompanying notes are an integral part of this schedule.

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards (Continued)

Year Ended September 30, 2025

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Public Health Emergency Preparedness	93.069	074-500589-90077028	36,780
Public Health Emergency Preparedness	93.069	102-500731-90077410	37,134
Total 93.069			73,914
Family Planning Services	93.217	05-9590-902010-5530	279,941
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	n/a	181,184
Well-Integrated Screening and Evaluation For Women Across The Nation (Wisewoman)	93.436	n/a	63,280
477 Cluster			
Temporary Assistance for Needy Families	93.558	010-045-61460000-500891	32,245
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589-92057502	102,845
Preventive Health and Health Services Block Grant	93.991	074-500589-90001022	23,781
Maternal and Child Health Services Block Grant to the States	93.994	010-090-51900000-500731	71,382
Immunization Cooperative Agreements	93.268	074-500589-90023210	1,634
Bi-State Primary Care Association, Inc.			
Immunization Cooperative Agreements	93.268	n/a	95,036
Total 93.268			96,670
Trustees of Dartmouth College			
Area Health Education Centers	93.107	n/a	142,541
University of Massachusetts Chan Medical School			
Nurse Education, Practice Quality and Retention Grants	93.359	SUB00000591	95,417
Bi-State Primary Care Association, Inc.			
Opioid STR	93.788	n/a	172,013
Total U.S. Department of Health and Human Services			8,302,845

The accompanying notes are an integral part of this schedule.

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended September 30, 2025

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Housing and Urban Development			
City of Nashua, New Hampshire			
Community Development Block Grants/ Entitlement Grants	14.218	n/a	57,173
U.S. Department of Labor			
Elliot Hospital of the City of Manchester, New Hampshire			
H-1B Job Training Grants	17.268	n/a	19,158
Total Expenditures of Federal Award			$ 8,379,176

The accompanying notes are an integral part of this schedule.

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2025

1. Summary of Significant Accounting Policies

Expenditures reported on the schedule of expenditures of federal awards (the Schedule) are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Indirect Cost Rate

Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (collectively, the Organization) have elected not to use the 15-percent de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

The Schedule includes the federal grant activity of the Organization. The information in this Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

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BerryDunn

BDMP Assurance, LLP

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

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (collectively, the Organization), which comprise the consolidated balance sheet as of September 30, 2025, and the related consolidated statements of operations, changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated January 28, 2026.

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 consolidated 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 entity's consolidated 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.

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Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

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 consolidated 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 communication is not suitable for any other purpose.

BDMP Assurance, LLP

Manchester, New Hampshire
January 28, 2026

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BDMP Assurance, LLP

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

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.'s (collectively, the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget's *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended September 30, 2025. The Organization's major federal program is 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 compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended September 30, 2025.

Basis for Opinion on the Major Federal Program

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

We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the 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.

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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 U.S. generally accepted auditing standards, *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 the major federal program as a whole.

In performing an audit in accordance with U.S. generally accepted auditing standards, *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 the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the 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.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance which is required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as item 2025-001. Our opinion on the major federal program is not modified with respect to this matter.

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the noncompliance finding identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Internal Control over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, as discussed below, we did identify a deficiency in internal control over compliance that we consider to be a significant deficiency.

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. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2025-001 to be a significant deficiency.

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.

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the internal control over compliance finding identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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

BDMP Assurance, LLP

Manchester, New Hampshire
January 28, 2026

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Findings and Questioned Costs

Year Ended September 30, 2025

1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:		Unmodified		
Internal control over financial reporting:				
Material weakness(es) identified?	[ ]	Yes	[x]	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	[ ]	Yes	[x]	None reported
Noncompliance material to financial statements noted?	[ ]	Yes	[x]	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified:	[ ]	Yes	[x]	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	[x]	Yes	[ ]	None reported
Type of auditor's report issued on compliance for major programs:		Unmodified		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	[x]	Yes	[ ]	No

Identification of major programs:

Federal Assistance Listing Number	Name of Federal Program or Cluster
	Health Center Program Cluster

Dollar threshold used to distinguish between Type A and Type B programs:		$1,000,000		
Auditee qualified as low-risk auditee?	[ ]	Yes	[x]	No

2. Financial Statement Findings

None

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3. Federal Award Findings and Questioned Costs

Finding Number: 2025-001

Finding Type: Immaterial noncompliance and significant deficiency in internal controls over compliance related to allowable costs

Information on the Federal Program: Program Name: Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care) (ALN 93.224)
Federal Awards Project Title: Health Center Program
Award Period: June 1, 2024 – May 31, 2025
Award Number: H80CS00640
Agency: U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)

Criteria: Under 2 CFR §200.430(c)(2), compensation charged to federal awards must comply with the Executive Level II salary limitation established by the Office of Personnel Management (OPM). Salary costs allocated to the Health Center Program may not exceed this cap, and only the allowable portion up to the Executive Level II rate may be charged to the federal award.

Condition: During testing of payroll allocated to the federal program, 1 of the 25 employees tested had salary charges which exceeded the Executive Level II compensation cap. Upon further review of the full population, a total of 3 employees were identified whose salary charges to the federal program exceeded the cap.

Cause: The Organization relied on an informal, manual process to identify employees at or near the Executive Level II compensation cap. This process was not supported by documented policies, defined thresholds, or supervisory review controls.

Effect: Unallowable salary amounts were initially charged to the grant. However, the Organization was able to identify other allowable expenditures sufficient to support the total amount of grant funds drawn.

Questioned Costs: None

Repeat Finding: No

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3. Federal Award Findings and Questioned Costs (Concluded)

Finding Number: 2025-001 (Concluded)

Recommendation: We recommend the Organization implement a formalized internal control process to monitor and enforce compliance with the Executive Level II compensation cap. This should include documented procedures for identifying employees subject to the cap, periodic monitoring of compensation charged to federal programs, and evidence of supervisory review to help ensure amounts in excess of the cap are excluded from allowable costs and appropriately allocated to nonfederal funding sources.

Views of a Responsible Official and Corrective Action Plan: Management agrees with the finding. The Organization has implemented procedures to formally identify employees whose compensation is at or near the Executive Level II cap and to monitor compensation charged to federal programs on an ongoing basis. Management will document these procedures, establish defined review thresholds, and require supervisory review of compensation allocations to ensure amounts in excess of the applicable cap are excluded from federal charges. Any unallowable amounts identified will be adjusted in a timely manner. Management expects these controls to be fully implemented for the current fiscal year.

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Corrective Action Plan

Finding: 2025-001

Condition Found:

During testing of payroll allocated to the federal program, 1 of the 25 employees tested had salary charges which exceeded the Executive Level II compensation cap. Upon further review of the full population, a total of 3 employees were identified whose salary charges to the federal program exceeded the cap.

Individual(s) Responsible for Corrective Action:

Elizabeth Clark, Director of Finance

Planned Corrective Action:

Upon review of the salary allocation template, we found that the individuals whose salaries exceeded the Executive Level II compensation cap were allocated to grants without the application of appropriate proration. The result was that excess amounts could have been applied to grants in error.

To identify and correct these errors, we will look back 12 months at all salaries charged against any grant that is funded directly or indirectly by federal funds. If any salaries in excess of the Executive Level II compensation cap were charged, we will reverse that charge and substitute another qualifying employee salary in its place. The procedure for allocating salaries to grants will be modified to include instructions to exclude employees with salaries exceeding the cap from grant allocations.

Anticipated Completion Date:

February 15, 2026

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Paula K. Smith, MBA, EdD

EDUCATION

Rivier University, Nashua NH
Doctoral Program in Education, Leadership and Learning, May 2018

American Evaluation Association/Centers for Disease Control, Summer Institute, June 2012

The Dartmouth Institute of Health Policy and Clinical Practice, Coach the Coach: The Art of Coaching and Improving Quality, Microsystems Process Improvement Training, 2009

American Society of Training & Development, Professional Trainer Certificate Program, Concord, NH, 2002.

Cultural Competency; Training of Trainers Program, CCHCP Training Institute, Seattle, WA,2000

University of Massachusetts, Boston, Harbor Campus, Boston, MA 02125
Masters in Business Administration, 1991

Boston University School of Public Health, Boston, MA
Negotiation and Conflict Resolution for Health Care Management
(Training Program), 1991

University of New Hampshire, Durham, NH
Bachelor of Science, Health Administration and Planning, 1985

PROFESSIONAL EXPERIENCE

February 1998 Present — **Director, Southern New Hampshire Area Health Education Center (AHEC)**
Lamprey Health Care, Raymond, NH

- Coordinates, plans and supervises the establishment and operation of a new AHEC center and programs designed to increase access to quality health care in southern NH.
- Partners with community-based providers and academic institutions to improve the supply and distribution of primary health care professionals and facilitates student placements in the community with an emphasis on medically underserved areas.
- Provides training opportunities for residents, nurse practitioners, social worker, physician assistant, nursing and medical students, as well as practicing providers.
- Develops and coordinates health care awareness programs for high school students with a focus on minority and disadvantaged populations.
- Coaches health center microteams in quality improvement initiatives.
- Oversees implementation of "Better Choices, Better Health" Chronic Disease Self-Management Program, including marketing, reporting, recruitment and management of leaders, and coordination of NH CDSMP Network, a learning community of leaders.
- Directs activities of the Seacoast Public Health Network, implementing the Community Health Improvement Plan.
- Develops and oversees the Nurse Practitioner Fellowship Program, including supervising staff to implement day to day operations, maintaining relationships with preceptors and specialty practices, and pursuing accreditation.

October 1995 to February 1998 — **Regional Services Coordinator**
New England Community Health Center Association, Woburn, MA

- Provided technical assistance, policy analysis, and other membership services to state primary care associations in New England and the community health centers they serve;
- Coordinated educational sessions for primary care clinicians and administrators on a variety of health care topics; assisted in developing program for two community health conferences a year, as well as one-day programs;
- Acted as liaison for members of MIS/Fiscal Directors and other regional committees;
- Wrote grants, including concept development, implementation plans and budget, for government and foundation proposals;
- Designed survey instruments, analyzed data, and wrote reports for region-wide surveys of community health centers, including compensation survey, needs assessment for locum tenens, survey on management information systems, and survey on productivity and staffing ratios;
- Acted as Project Director of Phase III of the Mammography Access Project;
- Wrote and distributed quarterly newsletter to health centers and public health organizations throughout New England.

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February 1992 to October 1995 **Program Director**
Department of Medical Security, Boston, MA

- Managed the Labor Shortage Initiative, a $23 million state-wide program providing education and training opportunities in health care occupations; oversaw the allocation of funds to participating hospitals, colleges and universities, and community organizations; supervised the development of contracts; monitored program achievements.

- Developed, implemented, and managed the *Children's Medical Security Plan*, a health insurance program for uninsured children under the age of 13; negotiated and monitored contracts totaling nearly $12 million with participating insurers; coordinated public relations and outreach activities related to the program; acted as a liaison with various advocacy groups.
- Managed *CenterCare*, a $4 million managed care program providing services through contracts with 30 community health centers across the state; allocated resources to participating centers; developed and conducted training sessions on *CenterCare* program operations for health center staff; analyzed demographic and utilization date of participants.

May 1990 to February 1992 **Contract Manager**
Department of Medical Security, Boston, MA

- Coordinated the procurement process for both *CenterCare* and the Labor Shortage Initiative, which included writing Requests for Proposals (RFPs), reviewing and analyzing proposals, monitoring the contracting and administration of funded proposals, and acting as a liaison between interested parties;
- Monitored *CenterCare* by coordinating payments to contractors, conducting site visits at participating community health centers, and reporting on program status; managed administrative procedures and acted as a liaison between agencies for all contracts in accordance with regulations.

October 1988 to May 1990 **Contract Specialist**
Office of the State Comptroller, Boston, MA

- Assisted and instructed departments in the process of contract approval, as well as utilization of the state-wide automated accounting systems (MMARS);
- Developed policies in support of state regulations pertaining to contract approval.
- Supervised contract officers in the review and approval of statewide consultant contracts; created reports to monitor departmental activities; organized special projects.

January 1988 to October 1988 **Contract Officer**
Office of the State Comptroller, Boston, MA

- Reviewed and approved transactions on MMARS submitted by departments throughout the Commonwealth;
- Managed Tax Exempt Lease Purchase program of all departments in the Commonwealth;
- Utilized word processing and spreadsheet programs.

September 1985 to January 1988 **Administrative Assistant**
Joseph M. Smith Community Health Center, Alston, MA

- Provided assistance to the Executive Director in overall administration of health center,
- Assisted Finance Director in management of accounts, and prepared monthly invoices for all grant reimbursement, utilizing word processing and spreadsheet programs.
- Supervised the payroll system and managed personnel files for 60 employees;
- Acted as liaison between outside vendors and health center;
- Interviewed candidates for support staff positions.

AFFILIATIONS
Board of Directors NH Healthy Climate 2021-present
NH Oral Health Coalition Steering Committee 2022-present
Recipient of 2023 NH Public Health Association Raaga Devineni Equity & Justice Award
Recipient of 2007 NH Office of Minority Health Women's Health Recognition Award
Recipient of 2006 National AHEC Center for Excellence Award in Community Programming
Leadership New Hampshire 2003 Associate
Member of National AHEC Organization
Organizational Recipient of 2002 Champions in Diversity Award for Education

References Available Upon Request

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Julia M. Foulks

Education

University of New Hampshire, Durham, NH **May 2019**
Bachelor of Science: Health Management and Policy

Experience

Lamprey Health Care, Raymond, NH

Public Health Network Manager, Seacoast Public Health Network **December 2023- Present**

- Responsible for managing the Public Health Advisory Council, Emergency Preparedness, CHW Health Disparities, and Strategic Framework workplans
- Build and maintain a network of partners engaged in PHN work
- Supervise PHN Staff and maintain a positive team dynamic
- Manage PHN budgets and ensure the team is meeting grant requirements

Public Health Emergency Preparedness Manager, Seacoast Public Health Network **March 2022- December 2023**

- Responsible for the management and implementation of work scopes and services associated with the Public Health Network, and related emergency response
- Supervised Medical Reserve Corps Coordinator, SPHN Community Health Worker, and other subcontractors
- Engaged with community partners to strengthen public health emergency response and readiness in the region

Program Coordinator, Seacoast Public Health Network **July 2019- March 2022**

- Planned and operationalized vaccination clinics in response to the Covid-19 Pandemic
- Provided support to various public health projects and initiatives
- Supported and provided coordination to Lamprey Health Care's Nurse Practitioner Fellowship Program

Program Assistant, Southern NH AHEC & Seacoast Public Health Network **September 2018- July 2019**

- Assisted in the process of developing and implementing a tickborne illness prevention project with the Seacoast Public Health Network
- Provided administrative support to AHEC program activities including continuing education, Better Choices Better Health program, health career exploration

Intern, Southern NH AHEC & Seacoast Public Health Network **May 2018-August 2018**

- Provided administrative support to AHEC program activities including continuing education, Better Choices Better Health program, health career exploration activities
- Updated the AHEC Health Career Catalog with current information for students to learn about health careers

Certifications

Community Health Worker Course **June 2018- July 2018**
Received certificate for completing Southern NH AHEC's 56 hour Community Health Worker training. Trained in healthcare service coordination, cultural effectiveness, community assessment skills, etc.

Volunteer Experience

The Fabulous Find Resale Boutique **June 2017- June 2023**
Partnered with non-profit boutique to sell my original artwork and donate profits to local community charities. Maintain inventory and fill special orders

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BRIANNA FERRARO

EXPERIENCE

February 2022-Present

Program Manager, Southern New Hampshire AHEC, Raymond, NH

Manages logistics and accreditation requirements for continuing education programs and plans and develops health career exploration experiences for high school students. Responsible for managing data and reporting for evidence-based self-management programs. Oversees website content and development. Manages AHEC and SPHN staff.

June 2018-February 2022

Program Coordinator, Southern New Hampshire AHEC, Raymond, NH

Coordinated and planned continuing education sessions and summer health career exploration experiences for high school students. Facilitated community based placements for health professions students. Coordinated Better Choices Better Health chronic disease self- management program activities and evaluation. Responsible for managing AHEC interns.

March 2017-June 2018

Program Assistant, Southern New Hampshire AHEC, Raymond, NH

Provided administrative support to AHEC program activities including continuing education, Better Choices Better Health program evaluation, health career exploration activities. Tallied evaluation summaries, produced certificates and supported general office operations.

September 2014-May 2018

Interlibrary Loan/Collection Management Assistant, University of New Hampshire, Durham, NH

Fulfill interlibrary loan requests, scan documents, develop excel tracking sheets, maintain library shelving. Responsible for training new library employees.

EDUCATION

Southern New Hampshire University, *Manchester, NH*

Master of Public Health Candidate, Expected May 2027

University of New Hampshire, *Durham, NH*
May 2018: Bachelor of Science in Business Administration
Minors: Health Management & Policy and Public Health

KEY SKILLS AND CHARACTERISTICS

- Critical Thinking
- Time Management
- Teamwork
- Problem Solving
- Microsoft Office Suite
- Organization
- Communication
- Adaptability

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Samantha Thamsen

PROFESSIONAL EXPERIENCE

Lamprey Health Care & Seacoast Public Health Network | Raymond, NH **March 2022 - Present**
Substance Misuse Prevention Coordinator M-F, 40 hours/week

- Conduct outreach to vulnerable populations living in 23 towns in eastern Rockingham County to address social determinants of health.
- Develop marketing and communications materials including social media content, infographics, and flyers for community outreach on Substance Misuse and Prevention.
- Ensure implementation of long term funding strategy and development plan, identifying funding sources, donors and other resources
- Work with stakeholders throughout the region and state to develop and maintain a network, with recommended and representative membership to fulfill Strategic Prevention Framework tasks
- Distributed harm reduction materials to those in need such as naloxone, naloxboxes, and overdose prevention kits.
- Coalition lead for the Seacoast Veterans Coalition for Suicide Prevention.

Center For Life Management | Derry & Salem, NH **June 2021 - March 2022**
Community Support Counselor M-F, 40 hours/week

- Supported clients with co-occurring mental health needs and intellectual developmental disabilities, acquired brain injuries and/or autism identify and reach life goals.
- Encouraged and supports clients to use the skills they learn in therapy in the community.
- Assisted clients with accessing programs and services available to them.
- Provided transportation and therapeutic support to doctors and specialists.
- Collaborated with treatment team and area agency for each client

Overlook Medical Center (Atlantic Health System) | Summit, NJ **June 2019 - June 2021**
Health Educator M-F, 40 hours/week

- Performed health screenings such as Blood Pressure, Glucose, Cholesterol, and BMI screenings to the residents of Union County, NJ
- Provided education and health screenings to the underserved and uninsured residence of Union County, NJ
- Recorded and documents the screenings for office use only.
- Educated the community about different common health problems such as diabetes, high blood pressure, cholesterol, etc. and how to control them safely.
- Created fun and innovative programs for adults and children of all ages to educate about different common health problems, and how to live a happy healthy lifestyle.
- Helped staff with completing the Community Health Benefit Report as well as approved or denied certain community programs that can be reported throughout Atlantic Health System.
- Prepared and presented documentation for state site inspections, achieving consistent compliance.

Walgreens Pharmacy | Roseland, NJ **Jan 2018 - June 2019**
Pharmacy Technician Part Time

- Communicated regularly with physicians, nurses, insurance companies and managed care organizations.
- Effectively resolved insurance rejections and other billing issues.
- Regularly stocked and rotated shelves, checked for expired medications and managed drug and supply inventories.
- Advised patients of medication information, side effects, and other questions.
- Effectively operated POS system and handled cash, checks, and charge transactions.
- Correctly completed pharmacy paperwork and daily reports.

EDUCATION

Caldwell University | Caldwell, NJ **May 2019**
Bachelor of Science Public Health Education **GPA 3.45**

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AFFILIATIONS

Portsmouth Youth Wellness Coalition Steering Committee, 2023-Present
Member of New Hampshire Public Health Association, 2020-Present

CERTIFICATION

Adult Mental Health First Aid **July 2022**

- Completed the three day Mental Health First Aid Instructor training course. Received high remarks during training.

Chronic Disease Self-Management Program **Nov. 2024**

- Completed a six day training on how to lead Chronic Disease Self- Management courses. CDSMP provides community members with tools to take an active role in managing long term diseases and pain.

SKILLS

- Strong written and verbal communication; diplomatic; critical thinking; problem-solving; adaptability.
- Expertise in qualitative and quantitative data collection; detail oriented.
- Proficient in Microsoft Office Suite (Excel, Outlook, Teams, PowerPoint, Word), SPSS, Qualtrics, Formstack, Google Forms, Zoom, Adobe Acrobat, Canva.

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Sarah Crowell

EDUCATION

Rhode Island College — **Providence, RI**
Bachelor's in Healthcare Administration — *May 2019*

- Management, Sociology, and Healthcare Policy courses

WORK EXPERIENCE

Seacoast Public Health Network
Public Health Coordinator — **Portsmouth, NH**
May 2024-Current

- Coordinate regional health preparedness activities and emergency response initiatives in collaboration with hospitals, EMS, healthcare providers, and municipal partners.
- Facilitate partner meetings to gather input on public health and healthcare priorities and support updates to regional preparedness planning documents, including multi-year training and exercise planning.
- Manage logistics for community preparedness training and exercises, including venue coordination, trainer scheduling, registration tracking, and material preparation.
- Deliver evidence-informed community training, including CPR and hemorrhage control education, ensuring materials and equipment are prepared and available for hands-on instruction.
- Maintain emergency response equipment and supply inventories, supporting operational readiness and timely deployment when requested.
- Oversee program evaluation and required reporting, ensuring accurate documentation and compliance with state guidelines and contract requirements.

Amoskeag Health — **Manchester, NH**
Community Health and Education Supervisor — *June 2022-January 2024*

- Managed day-to-day operations of three grant-funded public health programs, ensuring adherence to regulatory requirements and funding deliverables.
- Led program monitoring and evaluation efforts, compiling detailed reports and maintaining documentation to support compliance and performance tracking.
- Developed and disseminated educational and outreach materials aligned with public health guidance and evidence-based standards.
- Coordinated with healthcare providers, schools, and community organizations to implement outreach initiatives and strengthen cross-sector collaboration.
- Supported community-based training and events, overseeing logistics and ensuring materials were prepared in advance.

Coldwell Banker Lifestyles — **Concord, NH**
Office Manager — *April 2021-April 2022*

- Managed complex scheduling, documentation systems, and cross-office coordination across four locations, ensuring accurate and timely recordkeeping.
- Streamlined operational workflows to improve efficiency and support deadline-driven reporting requirements.
- Coordinated logistics for public-facing events, balancing multiple priorities while maintaining organizational standards.

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U.S. Army (2019-2021) **Lawton, OK**
Assistant Director (Training Operations) *May 2018-April 2021*

- Oversaw training operations across four facilities, ensuring adherence to established procedures, timelines, and reporting standards.
- Implemented and monitored a 12-month strategic training plan with measurable benchmarks and structured evaluation processes.
- Maintained detailed training records and operational documentation in high-accountability environments.
- Coordinated multi-site scheduling, personnel readiness tracking, and compliance reporting during the COVID-19 pandemic.
- Delivered timely operational updates to senior leadership to support informed response decision-making.

FORM NUMBER P-37 (version 2/23/2023)

Subject: Regional Public Health Networks (RFA-2027-DPH-01-REGIO-08)

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 Greater Seacoast Community Health		1.4 Contractor Address 311 Route 108 Somersworth, NH 03878	
1.5 Contractor Phone Number 603-749-2346	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2028	1.8 Price Limitation $558,602
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: Justin Saint-Jacques 5579C270F0E1450... Date: 5/12/2026		1.12 Name and Title of Contractor Signatory Justin Saint-Jacques COO	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB63F9704C7... 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: DocuSigned by: Robyn Guarino 748734844941460...		On: 5/20/2026	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials: Initial JS

Date 5/12/2026

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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 Initial JS

Date 5/12/2026

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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 Initial JS

Date 5/12/2026

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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.

Contractor Initials JS (Initial)
Date 5/12/2026

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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 four (4) 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 9, Termination, Subparagraph 9.2., is amended as follows:

9.2. Termination Procedure

9.2.1. In the event of the termination pursuant to Subparagraph 9.1., the Contractor shall immediately stop all work hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. The State will pay for cost of all Services and Deliverables for which Acceptance has been given by the State, provided through the date of termination but will not be liable for any costs for incomplete Services or winding down the Contract activities. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

9.2.2. Upon termination of the Contract, the State, in addition to any other rights provided in the Contract, may require Contractor to deliver to the State any property, including without limitation, Software and Written Deliverables, for such part of the Contract as has been terminated. After receipt of a notice

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of termination, and except as otherwise directed by the State, Contractor shall:

a. Stop work under the Contract on the date, and to the extent specified, in the notice;

b. Promptly, but in no event longer than ten (10) days after termination, terminate its orders and subcontracts related to the work which has been terminated, and settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of the State to the extent required, which approval or ratification shall be final for the purpose of this Section;

c. Take such action as the State directs, or as necessary to preserve and protect the property related to the Contract which is in the possession of Contractor and in which the State has an interest;

d. Take no action to intentionally erase or destroy any State Data, which includes State Data held by the Contractor's subcontractors;

e. Transfer title to the State and deliver in the manner, at the times, and to the extent directed by the State, any property which is required to be furnished to the State and which has been accepted or requested by the State;

f. Work with the State to develop a Services and Data Transition Plan per the "Contract End-of-Life Transition" requirements within this Contract; and

g. Provide written Certification to the State that Contractor has surrendered to the State all said property.

9.2.3. If the Contract has expired, or terminated prior to the Completion Date, for any reason, the Contractor must provide, for a period up to ninety (90) days after the expiration or termination, all transition services requested by the State, at no additional cost, to allow for the expired or terminated portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees ("Transition Services").

9.2.4. This covenant in paragraph 9 shall survive the termination of this Contract.

1.5. Paragraph 10, Property Ownership/Disclosure, Subparagraphs 10.2., through 10.8., is amended as follows:

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. The data must be returned to the State in a manner and format agreeable to the State.

10.3. Disclosure of data, information and other records shall be governed by NH RSA chapter 91- A and/or other applicable law, and Exhibit E - DHHS Information Security Requirements. Disclosure requires prior written approval of the State.

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10.4. In performing its obligations under this Agreement, Contractor may gain access to Confidential Information of the State. Confidential Information is defined in Exhibit E - DHHS Information Security Requirements.

10.5. Subject to applicable federal or State laws and regulations, Confidential Information shall not include information which:

10.5.1. Shall have otherwise become publicly available other than as a result of disclosure by the receiving Party in breach hereof;

10.5.2. Was disclosed to the receiving Party on a non-confidential basis from a source other than the disclosing Party, which the receiving Party believes is not prohibited from disclosing such information as a result of an obligation in favor of the disclosing Party; or

10.5.3. Is disclosed with the written consent of the disclosing Party.

10.6. A receiving Party also may disclose the disclosing Party's Confidential Information to the extent required by law or an order of a court of competent jurisdiction. Any disclosure of the Confidential Information shall require the prior written approval of the State. Contractor shall immediately notify the State if any request, subpoena or other legal process is served upon Contractor regarding the Confidential Information, and Contractor shall cooperate with the State in any effort the State undertakes to contest the request, subpoena or other legal process, at no additional cost to the State.

10.7. Contractor Confidential Information. Contractor shall clearly identify in writing all information it claims to be confidential or proprietary upon providing such information to the State. For the purposes of complying with its legal obligations, the State is under no obligation to accept the Contractor's designation of material as confidential. Contractor acknowledges that the State is subject to State and federal laws governing disclosure of information including, but not limited to, RSA Chapter 91-A. In the event the State receives a request for the information identified by Contractor as confidential, the State shall notify Contractor and specify the date the State will be releasing the requested information. At the request of the State, Contractor shall cooperate and assist the State with the collection and review of Contractor's information, at no additional expense to the State. Any effort to prohibit or enjoin the release of the information shall be Contractor's sole responsibility and at Contractor's sole expense. If Contractor fails to obtain a court order enjoining the disclosure, the State shall release the information on the date specified in the State's notice to Contractor, without any liability to the State.

10.8. This covenant in paragraph 10 shall survive the termination of this Contract.

1.6. Paragraph 12, Assignment/Delegation/Subcontracts, Subparagraph 12.1., is amended as follows:

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. In the event that the State does not consent to the assignment the State shall have the option to

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immediately terminate the Agreement without liability to or further compensation owed to Contractor, its successors or assigns.

1.7. 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 must 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 must manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor must annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance. Failure to enter into Business Associate Agreements with its subcontractors that create or receive protected health information on the behalf of the State through this Contract, and failure to comply with the implementation specifications for such agreements is a direct HIPAA violation by the Contractor.

1.8. The following Paragraphs are added and made part of the P37:

27. Force Majeure

27.1. Neither Contractor nor the State shall be responsible for delays or failures in performance resulting from events beyond the control of such Party and without fault or negligence of such Party. Such events shall include, but not be limited to, acts of God, strikes, lock outs, riots, and acts of War, epidemics, acts of Government, fire, power failures, nuclear accidents, earthquakes, and unusually severe weather.

27.2. Except in the event of the foregoing, Force Majeure events shall not include the Contractor's inability to hire or provide personnel needed for the Contractor's performance under the Contract.

28. Requirements for Web Content and Mobile Application Accessibility.

28.1. Under Title II of the Americans with Disabilities Act, the State is required to provide equal access to all of its services, programs, and activities that are provided or made available to the public (whether directly or through contractual, licensing, or other arrangements) via the web and mobile applications. Accordingly, all web content and mobile applications developed, delivered, or otherwise furnished by Contractor pursuant to the terms and conditions of this Agreement shall comply with all applicable accessibility requirements under 28 C.F.R. § 35.200 and the technical standards for web content and mobile application accessibility specified in version 2.1., of the Web Content Accessibility Guidelines at Level AA conformance.

28.2. Contractor acknowledges and agrees that the State may require Contractor's compliance with the web content and mobile application accessibility standards

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set forth in Paragraph 28.1., to be determined by a third-party selected by the State in its sole and discretion.

29. Exhibits/Attachments

The Exhibits and Attachments referred to in and attached to the Contract are incorporated by reference as if fully included in the text of the Contract.

30. Non-Exclusive Contract

The State reserves the right, at its discretion, to retain other vendors to provide any of the Services or Deliverables identified under this Agreement. Contractor shall make best efforts to coordinate work with all other State vendors performing Services which relate to the work or Deliverables set forth in the Agreement. The State intends to use, whenever possible, existing Software and hardware contracts to acquire supporting Software and hardware.

31. Prohibited Technologies

a. No equipment or services listed on the State of New Hampshire's Prohibited Technologies List may be used, as required by in Executive Order 2022-09; and

b. No equipment or services on the FCC Covered List may be used as required by The Secure and Trusted Communications Networks Act of 2019, Pub. L. No. 116-124, 133 Stat. 158 (2020) (codified as amended at 47 U.S.C. §§ 1601–1609).

32. Order Of Precedence

In the event of conflict or ambiguity among any of the text within this agreement, the following Order of Precedence shall govern:

In the event of conflict or ambiguity among any of the text within the awarded Agreement, the following Order of Precedence shall govern:

i. State of New Hampshire, Department of Health and Human Services Contract Agreement.

ii. State of New Hampshire, Department of Health and Human Services RFP.

iii. Vendor Proposal Response.

iv. Additional Contractor Provided Documents, if applicable.

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Scope of Services

1. Statement of Work

1.1. The Contractor must serve as a lead organization to oversee a Regional Public Health Network (RPHN) and ensure the delivery of public and behavioral health services within the Strafford County region. The Contractor must provide a broad range of public health services for the following Department programs:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care (CoC) Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Public Health Advisory Council (PHAC).

1.1.5. Public Health Emergency Preparedness, including:

1.1.5.1. Community Preparedness;

1.1.5.2. Regional Stakeholder Engagement;

1.1.5.3. Regional Community Engagement;

1.1.5.4. Response Readiness;

1.1.5.5. Training and Exercises;

1.1.5.6. Response Capacity; and

1.1.5.7. Volunteer Management.

1.2. **Substance Misuse Prevention**. The Contractor must provide the following services:

1.2.1. Leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-informed primary prevention approaches, programs, policies, and services in collaboration with the Department's Bureau of Drug and Alcohol Services (BDAS), including:

1.2.1.1. Implementation of the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework which includes assessment, capacity development, planning, implementation, and evaluation.

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1.2.1.2. Ensuring focus on collaboration with other prevention statewide funded programs, including but not limited to: Juvenile Justice Network, Getting to Y- NH, NH Harm Reduction Coalition, Multi-tiered System of Support-Behavioral Health, Student Assistance Network, and Young Adult Strategies.

1.2.1.3. Utilizing a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. The Contractor must ensure regional data driven primary prevention approaches are consistent with the Center for Substance Abuse Prevention (CSAP) categories, but do not need to include all CSAP categories.

1.2.1.4. Supporting and advancing the implementation of evidenced-informed approaches, programs, policies, and services within the region served through community engagement and mobilization.

1.2.1.5. Advancement, promotion, and implementation of substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.1.6. Compliance with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.1.7. Ensuring substance misuse prevention is addressed at PHAC meetings, and with a bi-directional exchange of

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information, to advance efforts of substance misuse prevention initiatives.

1.2.1.8. Assisting, as directed by the Department's BDAS, with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.3. Substance Misuse Prevention Coordination and CoC Facilitation. The Contractor must:

1.3.1. Consider and apply the SPF and Assets and Gaps Analysis, and in collaboration with the Department's BDAS, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year Strategic Plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.3.2. Develop a bi- annual Work Plan for Department approval that guides actions and includes outcome-based performance measures and alignment with the three (3) year Strategic Plan. Based on changing and emerging local conditions, the Contractor must adapt Work Plans as necessary with approval by the Department.

1.3.3. Report progress on the Work Plan and three (3) year Strategic Plan including outcomes via a secure depository system approved or directed by the Department.

1.3.4. Report activity data accurately into a system designated or approved by the Department on a monthly basis.

1.3.5. Maintain a substance misuse leadership team consisting of regional representatives with special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.3.6. Produce and disseminate an Annual Report that demonstrates successes, challenges, outcomes from the previous year and projected deliverables for the following year, as directed and approved by BDAS.

1.3.7. Participate in RPHN Substance Misuse meetings as directed by

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BDAS.

1.4. Continuum of Care

1.4.1. The Contractor must facilitate implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), in collaboration with the Department's BDAS, ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.4.2. The Contractor must provide leadership and support for activities that assist the Department's BDAS in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor must:

1.4.2.1. Engage regional partners in conducting a regional asset and gap analysis, and ongoing update of regional assets and gaps. The Contractor must ensure regional partners include:

1.4.2.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.4.2.1.2. Primary health care providers.

1.4.2.1.3. Behavioral health care providers.

1.4.2.1.4. Other interested and/or affected parties approved by the Department.

1.4.2.2. Facilitate and/or provide support for initiatives that result in:

1.4.2.2.1. Increased awareness of and access to services.

1.4.2.2.2. Increased communication and collaboration among providers.

1.4.2.2.3. Increased capacity and delivery of services.

1.4.2.3. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.4.2.4. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorways.

1.4.2.5. Collaborate with the Contractor's partnering stakeholders/organizations to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.4.2.5.1. Health service providers.

1.4.2.5.2. Public and charter schools and institutes of higher education.

1.4.2.5.3. Police and fire stations.

1.4.2.5.4. Municipal government buildings.

1.4.2.5.5. Businesses in every community of the region.

1.4.2.5.6. Other organizations, as directed by the Department.

1.4.2.6. Disseminate and distribute overdose prevention education resources, Naloxone, testing strips and Naloxone kits to reach high-need, high-risk populations within the region served.

1.4.2.7. Engage regional stakeholders to assist with information dissemination.

1.5. The Contractor must provide Substance Misuse Prevention and CoC technical assistance and training, as requested, in formats specified by the Department, including but not limited to, the following:

1.5.1. Attendance at community of practice meetings and/or activities.

1.5.2. Working with designated BDAS technical assistance and data and/or evaluation contractors to develop metrics and measures to evaluate outcomes and use aggregate data and tools to demonstrate outcomes.

1.5.3. Attendance at all regularly scheduled Department RPHN substance misuse meetings.

1.5.4. Attendance at additional meetings, conference calls, and webinars as required by the Department.

1.5.5. Ensuring the Substance Misuse Prevention Coordination (SMPC) lead staff are credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium

(IC&RC), and the New Hampshire Prevention Certification Board.

1.5.6. Ensuring SMPC lead staff attend required trainings, including Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.5.7. Ensuring CoC facilitation lead staff are familiar with the SPF and RROSC systems development within NH.

1.6. **Overdose Prevention Response.** The Contractor must:

1.6.1. Conduct an initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN, at the direction of the Department, for the project period.

1.6.2. Conduct a needs assessment to inform response efforts that include:

1.6.2.1. Gathering regional and local level data related to alcohol and other drug overdoses.

1.6.2.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.6.2.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include:

1.6.2.3.1. Doorways.

1.6.2.3.2. Recovery care organizations.

1.6.2.3.3. Treatment providers.

1.6.2.3.4. Law enforcement.

1.6.2.3.5. Hospitals.

1.6.2.3.6. Other organizations, as directed by the Department.

1.6.3. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care and distribute and disseminate resources.

1.6.4. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

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1.6.5. Participate in other training courses and meetings, as requested by the Department.

1.7. **Public Health Advisory Council**. The Contractor must:

1.7.1. Coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction for public health activities within the region served.

1.7.2. Maintain a set of operating guidelines or by-laws for the PHAC.

1.7.3. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team to complete the following:

1.7.3.1. Approve regional health priorities and implement high-level deliverables and strategies.

1.7.3.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.7.3.3. Form and/or identify already existing committees and workgroups to address specific strategies and public health topics.

1.7.3.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.7.3.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.7.3.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.7.4. Ensure the PHAC leadership team meets at least quarterly to complete the following:

1.7.4.1. Draft and share of meeting minutes are available to the public upon request.

1.7.4.2. Ensure all members of the PHAC sign a conflict- of-interest statement, as provided by the Department.

1.7.4.3. Coordinate with the Department to collect, analyze, and disseminate data related to the health status of the

region, educate network partners about on-line and other sources of data, and participate in community health assessments.

1.7.4.4. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complementary and shared public health outcomes.

1.7.4.5. Review the regional CHIP and SHIP annually and develop action plans for the services in this RFA, as advised by the PHAC.

1.7.4.6. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.7.4.7. Publish an Annual Report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.7.4.8. Advance the work of RPHNs by conducting educational and training programs annually to RPHN partners and others.

1.7.4.9. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.7.4.10. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.8. The Contractor must provide PHAC technical assistance and training, as requested, in formats specified by the Department. This includes, but is not limited to:

1.8.1. Attendance at semi-annual meetings of PHAC leadership

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convened by Department's Division of Public Health and/or BDAS.

1.8.2. Completion of a PHAC technical assistance needs assessment in a format approved by the Department.

1.9. **Public Health Emergency Preparedness.** The Contractor must provide the following services:

Community Preparedness

1.9.1. The Contractor must provide leadership and coordination to improve regional public health emergency response plans and ensure partner organizations have the capacity to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor must:

1.9.1.1. Submit an annual Work Plan by July 30th in Year 1 of the Agreement, and thereafter, submit an annual a 12-month Work Plan by June 1st utilizing a Department-provided template addressing regional preparedness priorities that are aligned with the Scope of Services in this Agreement and reflect the Center for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

1.9.1.2. Attend and participate in all statewide and regional meetings as directed by the Department, including:

1.9.1.2.1. Public Health Emergency Preparedness (PHEP)/Volunteer Management meetings held every two (2) months and led by the Department.

1.9.1.2.2. Monthly Regional Public Health Network (RPHN)/State Coordination Calls led by the Department.

1.9.1.2.3. Quarterly Hospital Emergency Management Coordination (HEMC)/RPHN meetings led by the Granite State Healthcare Coalition and the Department.

1.9.1.3. Facilitate other meetings as directed by the Department.

1.9.1.4. Participate in the following projects, as directed by the Department:

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1.9.1.4.1. The annual RPHN PHEP site visit with the RPHN Administrator to assess contract and programmatic compliance, including:

1.9.1.4.1.1. Compliance with contract requirements, including planning, training, exercise, response readiness, volunteer management, financial reporting, and reporting on Work Plan activities.

1.9.1.4.1.2. Implementation of preparedness activities outlined in the regional Work Plan.

1.9.1.4.1.3. Tracking and reporting on progress for any corrective actions identified during the visit indicating which corrective actions have been resolved.

1.9.1.5. Participate in a biennial site visit with the Department's Strategic National Stockpile (SNS) coordinator and RPHN program administrator to assess capacity and readiness, which includes:

1.9.1.5.1. Completing the Department-provided evaluation workbook.

1.9.1.5.2. Attending the SNS site visit to review the workbook, verify its components, and discuss findings.

1.9.1.5.3. Identifying at least one (1) area for improvement within the program area, by the end of each biennial SNS site visit,

1.9.1.5.4. Developing and submitting an improvement plan within 30 days of the SNS site visit including a timeline for completion.

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1.9.1.5.5. Incorporating corrective actions identified in the SNS Improvement Plan into regional priorities and plans.

1.9.1.5.6. Reporting on progress on corrective actions at three (3), six (6), nine (9), and twelve (12) month intervals indicating which corrective actions have been resolved.

1.9.1.5.7. Participation in at least 90% of Department-led Regional Public Health Emergency Annex (RPHEA) template project meetings to support the development of new and revision of current RPHEA template components.

1.9.1.5.8. Reviewing and updating the RPHEA Base Plan every two (2) years, making sure to incorporate partner feedback.

1.9.1.5.9. Submitting the updated RPHEA Base Plan to the Department's SharePoint site by April 1st every two (2) years for review and feedback.

1.9.1.5.10. Incorporating feedback into the final RPHEA Base Plan and uploading it to the Department's SharePoint site by June 30 of each contract year.

1.9.1.6. In collaboration with regional partners and designated workgroups, conduct an annual review and update of the RPHEA Annexes and Attachments, including the Critical Contact Sheet, Facility Activation Attachments, and other RPHEA components prioritized by the Department. This process must include the following actions:

1.9.1.6.1. Submitting updated Annexes and Attachments to the Department's SharePoint site for review and feedback.

1.9.1.6.2. Incorporating feedback into the RPHEA Annexes and Attachments and uploading the final versions to the Department's SharePoint site each contract year.

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1.9.2. The Contractor must disseminate the Department-approved updated RPHEA plan to all identified regional partners and conduct at least two (2) training or education sessions to ensure that a minimum of 80% of partners demonstrate awareness of their roles and responsibilities outlined in the RPHEA, as assessed through a post-training evaluation, by June 30th of each contract year.

1.9.3. The Contractor must participate in the development of the Statewide Jurisdictional Risk Assessment (JRA), as directed by the Department, ensuring regional risks are identified and incorporated into the State JRA report, which includes:

1.9.3.1. Attending scheduled JRA sessions.

1.9.3.2. Providing regional input during JRA sessions.

1.9.3.3. Within three (3) business days of receiving the Department's request, distributing surveys to partners to gather input for the JRA, ensuring at least 75% of identified regional partner organizations respond

1.9.4. The Contractor must participate in the development of the Statewide Integrated Preparedness Plan (IPP) by attending the IPP workshop and providing regional input.

1.9.5. The Contractor must hold regional workshops to gather partner input on public health and health care priorities, including:

1.9.5.1. Using the Department-provided template, annually updating the regional IPP, ensuring it includes a four (4)-year calendar that addresses all PHEP elements including Preparedness (P), Skills/Training/Exercises (S/T/Ex), and Equipment and Technology (E/T).

1.9.5.2. Submitting the finalized regional IPP to the Department by May 1st annually for review and approval.

1.9.5.3. Uploading the final regional IPP to the Department's SharePoint site by June 1st annually.

1.9.6. The Contractor must maintain active access to and operational capability in all required systems designated or approved by the Department, ensuring readiness through regular monthly or quarterly logins and completion of associated reporting requirements.

1.9.7. The Contractor must promote training opportunities at least twice

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annually for applicable systems designated or approved by the Department and related modules to community organizations, partners, and volunteers. Training announcements must be distributed to all identified partners and volunteer groups, as appropriate, by June 30th of each contract year.

1.9.8. The Contractor must ensure all account information is up to date and inform the Department about any personnel or access changes as soon as possible, but no later than three (3) business days.

Regional Partner Engagement

1.9.9. The Contractor must identify, engage, integrate, strengthen, and sustain community partnerships to improve public health preparedness, community resilience, and the capacity of partnering organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. This includes, at a minimum, the following activities:

1.9.9.1. Ensuring the PHEP Planning Committee has multidisciplinary partner representation, including at least one (1) representative from each of the following sectors within the RPHN catchment area:

1.9.9.1.1. Long-Term Care Facilities (LTCFs).

1.9.9.1.2. Home Health Agencies.

1.9.9.1.3. Behavioral Health Providers (must include a representative from a Community Mental Health Center).

1.9.9.1.4. Urgent Care Centers (at least one representative from each chain).

1.9.9.1.5. Pharmacy Chains.

1.9.9.1.6. Independent Pharmacies.

1.9.9.1.7. Correctional Facilities (where applicable).

1.9.9.1.8. A school district or school superintendent.

1.9.9.1.9. Local fire department official.

1.9.9.1.10. Emergency Medical Services (EMS), including volunteer, fire-based, private, and municipality-based services.

1.9.9.1.11. Law Enforcement officials.

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1.9.9.1.12. Representation from each organization/partner in the following sectors:

1.9.9.1.12.1. Hospitals.

1.9.9.1.12.2. Local Emergency Management Agencies or officials.

1.9.9.1.12.3. Homeland Security and Emergency Management (HSEM) Community Stakeholder Liaisons serving the RPHN catchment area.

1.9.9.1.12.4. Local Health Officers.

1.9.9.2. Convening Regional PHEP Planning Committee meetings at least every other month, with participating from the sectors outlined in Section 1.9.9.1.

1.9.9.3. Consulting additional regional partners (e.g., faith-based organizations, key business partners, civic groups) to inform plan development.

1.9.9.4. Maintaining an up-to-date contact list by sector, as outlined in Section 1.8.7.1.

1.9.9.5. Discussing workforce challenges and gaps related to volunteer management and incorporate partner feedback into volunteer training.

1.9.10. The Contractor must disseminate all Health Alert Network (HAN) messages to eligible local partners within one (1) business day for non-emergency messages and within two (2) hours for urgent messages, for each contract year. This includes:

1.9.10.1. Promoting enrollment into the HAN system to eligible regional partners. Eligible HAN partners include, but are not limited to:

1.9.10.1.1. State and local health officers,

1.9.10.1.2. Hospitals and healthcare facilities,

1.9.10.1.3. Emergency medical services (EMS),

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1.9.10.1.4. Local public health and safety officials,

1.9.10.1.5. Clinical providers,

1.9.10.1.6. Emergency management agencies, and

1.9.10.1.7. Other public health, healthcare, and emergency response organizations identified by the Department as critical to public health preparedness and response.

Regional Community Engagement

1.9.11. The Contractor must complete the following Regional Community Engagement activities:

1.9.11.1. By June 30th of each contract year, coordinate at least eight (8) community preparedness training courses on the following topics:

1.9.11.1.1. Family, individual, and pet preparedness sessions (minimum of two (2) per year).

1.9.11.1.2. “Stop the Bleed” training (minimum of four (4) per year).

1.9.11.1.3. CPR/First Aid (minimum of two (2) per year).

1.9.11.2. For each Community Preparedness training, the Contractor must:

1.9.11.2.1. Coordinate training logistics including securing training venue, coordinating trainers, developing and disseminating promotional materials, and managing training registration.

1.9.11.2.2. Develop training content, if applicable.

1.9.11.2.3. Ensure training materials are prepared and available during the preparedness training. Any existing materials should be used with minor adjustments allowed to tailor content for specific audiences.

1.9.11.2.4. Collect and submit post-training evaluation documentation in a format approved by the Department.

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1.9.11.2.5. Participate in the Department's annual community preparedness awareness activities, including:

1.9.11.2.5.1. Sharing all of the Department's social media and community preparedness press releases.

1.9.11.2.5.2. Attending at least one (1) regional emergency preparedness awareness event annually to promote individual, family, or pet preparedness, either in coordination with the Department or at an independently identified event that meets the same goal, using Department-provided or Department-approved materials.

1.9.11.2.5.3. Promoting NH Alerts enrollment via partner channels and social media at least twice per year, using methods such as email campaigns, newsletters, RPHN presentations, and meetings.

Response Readiness

1.9.12. The Contractor must maintain the capability to respond to all-hazard emergencies with public health and healthcare impacts by directly managing small-scale response activities, defined as activities that can be managed and resolved using available local or regional resources, and participating in Department-led larger scale responses. All hazard emergencies may include, but are not limited to:

1.9.12.1. Biological Incidents: Accidental or natural outbreaks of high-consequence diseases, or the intentional release

of pathogens (e.g., bacteria, viruses, or toxins) that may cause widespread illness, disability, or death in humans or animals.

1.9.12.2. Natural Hazards: Hurricanes, floods, earthquakes, wildfires, severe storms, tornadoes, winter weather events, and other natural disasters that disrupt community health and healthcare services.

1.9.12.3. Technological and Infrastructure Hazards: Dam or levee failures, chemical or radiological spills or releases, nuclear accidents, and other technological or infrastructure failures that threaten public health and safety.

1.9.12.4. Human-Caused Incidents: Intentional acts such as terrorism, mass violence, or other deliberate disruptions.

Training and Exercises

1.9.13. The Contractor must ensure participation in all Department-led open and closed Points of Dispensing (POD) planning activities, as requested. This includes meetings, trainings, workshops, and exercises for each contract year. PODs include:

1.9.13.1. Open PODs: Public locations such as schools, community centers, municipal buildings, public clinics, etc.

1.9.13.2. Closed PODs: Targeted sites not open to the public that offer Medical Countermeasures (MCMs), such as long-term Care facilities, businesses, and police/fire departments, and that dispense medication or MCMs to a specific population (e.g., residents or employees).

1.9.14. The Contractor must participate in statewide full-scale exercises testing medical surge and/or POD response plans as requested by the Department. This includes:

1.9.14.1. Coordinating with the Department on emergency scenarios and the scope of the exercise.

1.9.14.2. Serving as the regional exercise lead, establishing and guiding a planning team to coordinate local and regional

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participation, and overseeing the successful design, conduct, and evaluation of the exercise.

1.9.14.3. Participating in exercises, such as open POD activities or volunteer management coordination at medical surge locations.

1.9.14.4. Participating in after-action meetings and providing regional feedback.

1.9.15. The Contractor must conduct a minimum of one (1) regional partner POD training and one (1) regional POD exercise per contract year, following the Homeland Security Exercise and Evaluation Program (HSEEP) framework, which includes:

1.9.15.1. Developing an annual POD training and exercise calendar and distributing it to all regional partners.

1.9.15.2. Managing exercise design and implementation in accordance with the HSEEP framework.

1.9.15.3. Managing training and exercise logistics, including securing space if held in person.

1.9.15.4. Inviting all open and closed POD partners to participate in at least one (1) training or exercise annually and ensuring that at least 75% of both open and closed POD partners attend.

1.9.15.5. Sending invitations and save-the-dates at least 60 days in advance, with regular reminders to maximize partner participation.

1.9.15.6. Managing and tracking registrations and participation.

1.9.15.7. Developing and submitting a corrective action plan to the Department to improve engagement if the 75% participation threshold in Section 1.9.15.4. is not met, to be delivered to the Department within fifteen (15) business days.

1.9.15.8. Implementation of the corrective action plan must be within 30 business days of Department approval unless additional time is approved by the Department in writing.

1.9.16. The Contractor must conduct post-training and post-exercise evaluations using Department-provided templates (e.g., surveys, hotwash/debriefing sessions), which includes:

1.9.16.1. Participating in other Department-led exercises (discussion-based, functional, or full-scale).

1.9.16.2. Completing all required after-action processes within 60 calendar days of each RPHN-led regional exercise.

1.9.16.3. Conducting a debriefing session immediately following the event.

1.9.16.4. Holding at least one (1) after-action meeting with stakeholders for every exercise conducted.

1.9.17. The Contractor must develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within sixty (60) business days of the exercise. The report must summarize objectives, strengths, areas for improvement, and corrective actions, and be used to track progress and apply lessons learned to future planning, training, and exercises.

Response Capacity

1.9.18. The Contractor must ensure readiness and capacity for PHEP and small-scale response events, including the following:

1.9.18.1. Operation of small-scale PODS;

1.9.18.2. Support for large-scale public health operations, such as PODs and other types of public health clinics;

1.9.18.3. Support for medical countermeasure distribution to home-based populations;

1.9.18.4. Disaster sheltering operations; and

1.9.18.5. Surge capacity through Neighborhood Emergency Health Center (NEHC), Alternate Health System (AHS), and Family Assistance Center (FAC)/Family Reunification Centers (FRC).

1.9.19. The Contractor must plan for and maintain small-scale response capability, including the ability to independently operate an open POD serving up to 250 people per day for three (3) consecutive days within 72 hours of notice, as directed by the Department and per Department guidance. PODs must be located in areas accessible to at-risk populations and people with disabilities. This includes:

1.9.19.1. Identifying and maintaining agreements with Open POD facilities.

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1.9.19.2. Maintaining Open POD operational plans and agreements.

1.9.19.3. Updating Open POD facility point-of-contact lists annually.

1.9.19.4. Operating under the medical direction (if applicable) of the Department or its designated medical contractor.

1.9.19.5. Making copies of standing orders, emergency protocols, and Vaccine Adverse Event Reporting System (VAERS) instructions available at all clinics.

1.9.19.6. Independently managing all operational aspects, including site set up and logistics, staffing and role assignments, client flow and operations, implementation of medical guidance and standing orders, communication with the Medical Director or designee, inventory management, responder safety and health, communications and information management, throughput and efficiency, and demobilization and recovery, as outlined in the RPHEA.

1.9.20. The Contractor must recruit, train, and retain qualified medical and non-medical volunteers to support clinic operations. Qualified medical staff must have the following credentials:

1.9.20.1. Clinical license or copy from the NH online license verification showing the license type, expiration, and status (e.g. RNs, APRNs, FNP-Cs, MDs, DOs).

1.9.20.2. Current Basic Life Support (BLS) certification.

1.9.21. The Contractor must procure necessary supplies to conduct vaccine clinics, including but not limited to emergency management medications, equipment, and needles.

1.9.22. The Contractor must complete the required clinic operational reports within thirty (30) business days of the event, including the final throughput report and final inventory usage report.

1.9.23. The Contractor must report any adverse events or incidents:

1.9.23.1. Within two (2) business days for unusual events not related to individual safety

1.9.23.2. As soon as possible, but within 24 hours, for events impacting individual safety, including adverse reactions, medication

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errors, patient consent errors, or any other life safety event compromising care or safety.

1.9.24. Within sixty (60) business days after an incident closes, the Contractor must complete all required after-action processes, including:

1.9.24.1. Conducting a debriefing immediately following the event.

1.9.24.2. Holding at least one (1) after-action meeting with stakeholders.

1.9.24.3. Developing and submitting an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.25. The Contractor must ensure proper vaccine storage, handling, and management, and must:

1.9.25.1. Submit a signed Vaccine/Immunoglobulin (IG)/Pharmaceutical Management Agreement to New Hampshire Immunization Program (NHIP) annually, ensuring all listed requirements are met by providers administering vaccines, IG, or other NHIP-supplied pharmaceuticals.

1.9.25.2. Submit a signed Vaccination Provider Agreement to NHIP annually.

1.9.25.3. Ensure the PHEP Coordinator completes the NHIP vaccination training annually.

1.9.25.4. Retain a copy of PHEP Coordinator training certificates on file.

1.9.25.5. Use NHIP training materials or other Department-approved materials to train POD staff on vaccine administration, ordering, storage, and handling.

1.9.25.6. Retain a copy of all training materials on site for reference during PODs.

1.9.25.7. Ensure vaccine is stored at the manufacturer's recommended temperatures at all times while in the Contractor's custody.

1.9.25.8. Record temperatures twice daily, AM and PM, during normal business hours for the primary refrigerator, and hourly when the vaccine is stored outside the primary refrigerator.

1.9.25.9. Maintain an emergency backup plan in case of primary refrigerator failure.

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1.9.25.10. Use temperature data logger for all vaccine monitoring, including while stored in the primary refrigerator and during any time outside of it.

1.9.25.11. Complete the following for the vaccine supply:

1.9.25.11.1. Account for every dose of vaccine.

1.9.25.11.2. Submit a monthly temperature log for the vaccine storage refrigerator.

1.9.25.11.3. In the event of a vaccine temperature excursion (i.e., when stored vaccine experiences temperatures outside the manufacturer's recommended range), the Contractor must:

1.9.25.11.3.1. Immediately quarantine the vaccine in an appropriate temperature-controlled setting, separate it from other vaccine, and label it "DO NOT USE."

1.9.25.11.3.2. Contact the manufacturer immediately to explain the duration and temperature details of the event to determine if the vaccine is still viable.

1.9.25.11.3.3. Notify NHIP immediately after contacting the manufacturer.

1.9.25.11.3.4. Submit a Cold Chain Incident Report and Data Logger Report to NHIP within 24 hours of the temperature excursion.

1.9.25.12. Ensure consent for vaccination, medication administration, infectious disease testing, and participation in New Hampshire Immunization Information System (NHIIS). The Contractor must:

1.9.25.12.1. Use the consent processes provided by medical direction, approved by the Department, to obtain consent from parents/legal guardians of individuals under age 18, and for individuals over the age of 18 who have a legal guardian.

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1.9.25.12.2. Distribute, obtain, verify, and store written or electronic consent forms prior to vaccine administration, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations.

1.9.25.12.3. Ensure a signed consent form is obtained before any vaccine, medication, or infectious disease outbreak testing is administered.

1.9.25.12.4. Maintain a written or electronic record of consent via a secure depository system approved or directed by the Department.

1.9.25.12.5. Maintain vaccine administration records for all individuals vaccinated, in compliance with HIPAA and other state and federal regulations.

1.9.25.12.6. Ensure individuals are notified that they may elect not to participate in vaccinations, NHIIS, treatment, and/or testing at any time.

1.9.25.12.7. Provide each patient, or the patients' parent/legal guardian, if applicable, the opportunity to opt-in or opt-out of NHIIS in accordance with RSA 141-C:20-f, II-a.

1.9.25.12.8. Obtain explicit consent before sending any personal information to NHIIS.

1.9.25.12.9. Only enter vaccine administration records for individuals who have opted in and provided explicit consent.

1.9.25.12.10. Maintain all completed opt-in consent forms, in either paper or electronic format.

1.9.25.12.11. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a Vaccine Information Sheet (VIS) to the patient, legal guardian, or parent on the day of vaccination.

1.9.25.13. The Contractor must perform the following tasks within 24 hours of completing each clinic:

1.9.25.13.1. Update the NHIIS with vaccines administered and wasted, as outlined in Section 1.9.25.12

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and in accordance with RSA 141-C:20-f, II-a. This includes:

1.9.25.13.1.1. Ensuring doses entered match the clinical documentation.

1.9.25.13.1.2. Submitting the hourly vaccine temperature log for the period the vaccine was stored outside of the primary refrigerator.

1.9.25.13.1.3. Submitting totals to NHIP outside of the vaccine ordering system, including:

1.9.25.13.1.3.1. Individuals vaccinated, by age group and vaccineformulation/ lot number.

1.9.25.13.1.3.2. Vaccines wasted, by formulation/lot number.

1.9.26. The Contractor must develop and maintain capacity to vaccinate and/or dispense medication to at least 50% of identified home-based populations who do not have access through alternate means, within Department- established timelines, which includes:

1.9.26.1. Developing and annually updating a home health agency contact list.

1.9.26.2. Developing operational procedures and protocols for home-based vaccination/medication dispensing in accordance with the Department's medical direction. These procedures and protocols must, at a minimum, address:

1.9.26.2.1. Criteria for defining "home-based populations" (e.g., homebound individuals, individuals with disabilities, or those lacking transportation).

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1.9.26.2.2. Methods for identifying eligible individuals (e.g., home health agency referrals, local registries, social service partners).

1.9.26.2.3. Establishing and maintaining, including annual review and update of, Memorandums of Understanding (MOUs) with home health agencies, visiting nurse services, and other community-based organizations.

1.9.26.2.4. Defining roles and responsibilities for RPHN, volunteers, and partner agency staff.

1.9.26.2.5. Resource planning, including cold chain management, PPE, and communication tools.

1.9.26.2.6. How teams are activated, assigned, and tracked.

1.9.26.2.7. Client communication, including notification of eligibility, appointment scheduling, and consent procedures.

1.9.26.2.8. Delivery, transport, storage, and administration of MCMs in home settings, including infection control practices.

1.9.26.2.9. Documentation of doses administered, inventory used, and client follow-up in Department-approved systems.

1.9.26.2.10. Responder safety procedures, including PPE use, exposure control, and staff check-ins.

1.9.26.2.11. Real-time communication protocols between dispensing teams, Medical Director/clinical oversight, and the Department.

1.9.26.2.12. Access considerations for individuals with limited English proficiency, low literacy, or hearing/vision impairments.

1.9.26.2.13. Verification of client identity and eligibility.

1.9.26.2.14. Medication/vaccine safety protocols, including proper handling and adverse event response procedures.

1.9.26.2.15. Security of medical supplies during transport and dispensing.

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1.9.26.2.16. Annual review and update of home-based dispensing operational procedures and protocols.

1.9.26.2.17. Pre-deployment review of procedures and protocols to ensure alignment with incident-specific response needs.

1.9.26.2.18. Volunteer training on home-based vaccination/medication dispensing procedures and protocols.

1.9.26.2.19. Maintenance of trained volunteer rosters.

1.9.26.2.20. Maintenance of Department-required resources in accordance with specified baseline inventory levels for successful operation, including:

1.9.26.2.20.1. Medical resources (e.g., vaccine administration supplies, basic first aid equipment);

1.9.26.2.20.2. Cold chain and storage equipment (e.g., vaccine refrigerators, data loggers);

1.9.26.2.20.3. Technology and documentation equipment (e.g., laptops, printers);

1.9.26.2.20.4. Transportation and logistics (e.g., secured containers to store documents or medical supplies);

1.9.26.2.20.5. Personal protective equipment (PPE);

1.9.26.2.20.6. Safety and security (e.g., identification badges);

1.9.26.2.20.7. Client support and education materials; and

1.9.26.2.20.8. Administrative and operational resources.

1.9.26.2.21. Conducting at least one (1) annual drill or exercise to test operational readiness.

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1.9.26.2.22. Within sixty (60) days after the exercise or incident, completing all required after-action processes, including conducting a hotwash/debriefing immediately following the event, at least one (1) after-action meeting with stakeholders, and submission of an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.26.2.23. Participating in any Department-led After-Action Meetings (AAMs) to provide regional input.

1.9.27. The Contractor must assist the Department in collecting public feedback on public health initiatives during emergency response, as requested, to inform response activities by:

1.9.27.1. Disseminating Department-developed feedback forms during and after major incidents, as requested.

1.9.27.2. Compiling and submitting completed surveys to the Department.

1.9.27.3. Developing and submitting a summary report within thirty (30) business days of the survey closing date, documenting recommendations or corrective actions based on feedback.

1.9.28. The Contractor must, for each contract year, establish and maintain Closed Point of Dispensing (POD) agreements with at least 75% of healthcare entities, 75% of educational institutions, and other organizations within the catchment area that are capable of independently receiving and administering medical countermeasures. To achieve this, the Contractor must implement the following activities to identify, engage, and formalize agreements with eligible organizations, including:

1.9.28.1. Hospitals and health systems;

1.9.28.2. Long-Term Care and Residential Facilities (e.g., nursing homes, assisted living facilities, and group homes);

1.9.28.3. Outpatient and ambulatory clinics (e.g., community health centers, FQHCs, primary care practices, dialysis centers, specialty clinics with established patient populations);

1.9.28.4. Pharmacies (independent and chain pharmacies with established dispensing infrastructure); and

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1.9.28.5. Home health agencies able to provide in-home dispensing for homebound clients.

1.9.29. The Contractor must carry out the following tasks to support the establishment and maintenance of these Closed POD agreements:

1.9.29.1. Recruit and onboard organizations for Closed POD operation to reach target deliverables.

1.9.29.2. Ensure all Closed POD agreements and contact lists are reviewed and updated annually, including verification of each organization's continued ability to administer countermeasures.

1.9.29.3. Track participation in Closed POD enrollments and provide the Department with an annual list of all participating organizations.

1.9.29.4. Upload new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.5. Provide the Department with a list of all organizations in the catchment area eligible to serve as Closed PODs but without a signed agreement due to lack of current capability or capacity .

1.9.29.6. For each contract year, establish and maintain Closed POD agreements with all of first responder organizations (local police, fire, and EMS) in the catchment area, which includes:

1.9.29.6.1. Maintaining a list of all first responder agencies in the catchment area.

1.9.29.6.2. Recruiting and onboarding first responder organizations to meet the target goal.

1.9.29.6.3. Contacting uncovered agencies annually to revisit participation.

1.9.29.6.4. Providing the Department with an annual list of participating and non-participating first responder agencies.

1.9.29.6.5. Uploading new and updated Closed POD agreements to the Department's SharePoint site.

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1.9.29.7. Facilitate delivery of medical countermeasures to all of Closed POD sites, including direct federal shipments when applicable, ensuring receipt and timely reporting to the Department, which includes:

1.9.29.7.1. Tracking countermeasure shipments within the region.

1.9.29.7.2. Confirming receipt of shipment with the Closed POD lead within 24 hours.

1.9.29.7.3. Documenting and resolving shipment discrepancies.

1.9.29.7.4. Submitting a report to the Department that includes a distribution summary, receipt verification, and inventory and supply tracking.

1.9.30. The Contractor must maintain at least one (1) emergency response trailer at inventory levels approved by the Department, keeping trailers in a state of operational readiness so that municipal organizations may access them within 24 hours of request. To meet this requirement, the Contractor must:

1.9.30.1. Inspect trailers quarterly for damage and perform preventative maintenance as needed, or at a minimum annually, to reduce deployment delays, as funding allows.

1.9.30.2. Stock trailers with pre-approved medical surge or disaster sheltering equipment and supplies; regularly check for expiration or wear and replenish items after each use to maintain required inventory levels, as funding allows.

1.9.30.3. Keep an updated inventory list inside each trailer.

1.9.30.4. Verify mutual aid agreements and MOUs with partners to ensure towing vehicles and drivers are available.

1.9.30.5. Coordinate annual trailer deployment to practice hitching, transporting, and demobilizing trailers.

1.9.30.6. Maintain trailer readiness logs documenting inspections, repairs, and supply restocking.

1.9.30.7. Provide safety equipment (e.g., fire extinguishers, wheel chocks, reflective vests, cones) in each trailer, as funding allows.

1.9.30.8. Provide insurance to cover the cost of replacing the trailer and supplies, if necessary.

Sheltering

1.9.31. The Contractor must maintain capacity to deploy trained volunteers to community or state-based disaster shelters within 24 hours of Department or local municipality requests by:

1.9.31.1. Maintaining a roster of volunteers trained in shelter operations.

1.9.31.2. Providing annual shelter training for volunteers.

1.9.31.3. Coordinating with local emergency management for staffing requests.

1.9.31.4. Ensuring all assigned volunteers complete just-in-time training (JITT) at the beginning of each shift, as requested by the Department or partner agency.

1.9.31.5. Tracking and documenting volunteer deployments.

1.9.31.6. Conducting a hotwash/debriefing with all volunteers after each shift.

1.9.31.7. Participating in AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.31.8. Participating in any Department led After-Action Meetings to provide regional input.

Family Assistance Center (FAC)/Family Reunification Center (FRC)

1.9.32. The Contractor must maintain capacity to deploy volunteers to Family Assistance Centers (FAC) and Family Reunification Centers (FRC) to fill pre-identified positions within 24 hours of request by maintaining updated volunteer rosters and ensuring role-specific training, which requires:

1.9.32.1. Maintaining a roster of volunteers trained in FAC/FRC positions and operations.

1.9.32.2. Providing annual FAC/FRC training for volunteers.

1.9.32.3. Coordinating with local emergency management for staffing requests.

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1.9.32.4. Tracking and documenting volunteer deployments.

1.9.32.5. Using Department-provided templates, ensuring all assigned FAC/FRC volunteers complete JITT prior to shift start.

1.9.32.6. Liaising with the FAC/FRC Manager and/or Incident Commander during operations.

1.9.32.7. Participating in the AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.32.8. Conducting debriefings with volunteers after each shift.

1.9.32.9. Participating in any department led After-Action Meetings (AAM) to provide regional input.

1.9.32.10. Participating in at least 50% of regional and state-level FAC/FRC planning activities annually as requested and 75% of annual FAC/FRC training and exercises.

Neighborhood Emergency Health Center (NEHC)

1.9.33. The Contractor must maintain capacity to deploy and schedule volunteers to Neighborhood Emergency Health Center (NEHC) sites each contract year to fill pre-identified positions within 24 hours of request by:

1.9.33.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.33.2. Maintaining a roster of volunteers trained in NEHC positions and operations.

1.9.33.3. Providing annual NEHC training for volunteers.

1.9.33.4. Coordinating with local emergency management for staffing requests.

1.9.33.5. Tracking and documenting volunteer deployments.

1.9.33.6. Using Department-provided templates to ensure JITT is completed for all assigned NEHC volunteers prior to shift start.

1.9.33.7. Liaising with the NEHC Manager and/or Incident Commander during operations.

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1.9.33.8. Conducting a hotwash with volunteers after each shift.

1.9.33.9. Participating in an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions, as requested by the Department.

1.9.33.10. Participating in any Department led After-Action Meetings to provide regional input.

Alternate Health System (AHS)

1.9.34. The Contractor must maintain capacity to deploy and schedule trained volunteers to Alternate Health System (AHS) sites to augment clinical and non-clinical staffing within 24 hours of Department request by:

1.9.34.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.34.2. Maintaining a roster of clinical and non-clinical volunteers trained in AHS operations.

1.9.34.3. Providing annual AHS training for volunteers.

1.9.34.4. Coordinating with local and state partners for staffing requests.

1.9.34.5. Tracking and documenting volunteer deployments.

1.9.34.6. Using Department-provided templates to ensure JITT is completed for all assigned AHS volunteers prior to shift start.

1.9.34.7. Liaising with the AHS Incident Commander during operations.

1.9.34.8. Conducting a hotwash with volunteers after each shift.

1.9.34.9. Participating in the development of an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.34.10. Participating in any Department led After-Action Meetings to provide regional input.

Inventory Management

1.9.35. The Contractor must, by June 30th of each contract year, update and upload a complete annual inventory of all regional assets into the

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Administration for Strategic Preparedness & Response (ASPR's) current inventory management system, as directed by the Department, and update inventory records within five (5) business days of any supply usage, redistribution, or replenishment. To support this requirement, the Contractor must:

1.9.35.1. Monitor, document, and report all regional inventory distribution rates as directed by the Department, to guide purchasing decisions and future preparedness planning.

1.9.35.2. Assess supply levels to ensure Department-required inventories are maintained for PODs, medical surge activities, mass casualty incident (MCI), and disaster sheltering operations, and document results in ASPR's current inventory management system.

1.9.35.3. Compare inventory against required supply list.

1.9.35.4. Reorder supplies from the pre-approved inventory list developed by the Department with Contractor input to ensure regional needs are addressed.

1.9.35.5. Maintain documentation of approvals and purchase records for submission in quarterly financial and logistics reports.

1.9.35.6. By June 30th of each contract year, review and update agreements with all trailer and cache host agencies, ensuring that all of agreements clearly define agency roles and responsibilities, and maintain updated contact information in regional records and the Department's SharePoint system.

1.9.35.7. Once each quarter, test all specialized equipment (e.g., generators, radios, cooling units, refrigerators) to verify operational readiness, document results in equipment logs, and report any deficiencies within two (2) business days, with a written corrective actions report submitted to the Department within fifteen (15) business days.

1.9.35.8. Review current inventory and par levels before drafting purchase requests to confirm actual need.

1.9.35.9. Confirm that all requested items are on the Department's approved inventory list and align with applicable funding

guidance. If an item is required but not listed, obtain Department approval prior to purchase to ensure compliance with grant requirements and funding limitations.

1.9.35.10. Document price quotes from three (3) Contractors for items over $250 to ensure cost-effectiveness.

1.9.35.11. Draft purchase requests with justification and submit to the Department for approval.

1.9.35.12. Retain written or email purchase approval records.

Volunteer Recruitment and Retention

1.9.36. The Contractor must maintain the capability to manage and deploy volunteers for small-scale incidents and provide support to the State during medium and large-scale public health emergencies. The Contractor must provide the following volunteer management services:

1.9.36.1. For each contract year, hold a minimum of twelve (12) volunteer engagement activities (one per month), which may include meetings, trainings, exercises, or response activities. Ensure at least 75% of active Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers attend 50% of engagement opportunities, and document outcomes within two (2) weeks of each session.

1.9.36.2. Maintain updated rosters of MRC and, if applicable, CERT volunteers.

1.9.36.3. Develop and publish an annual volunteer engagement calendar by July 30th each year, ensuring a variety of engagement activities to maintain volunteer interest.

1.9.36.4. Track volunteer participation in engagement activities.

1.9.36.5. Document outcomes based on pre- and post- knowledge evaluations and training feedback.

1.9.37. The Contractor must ensure all of active MRC and CERT (if applicable) volunteers are registered and credentialed in the Department-provided volunteer management system, by June 30th of each contract year, with quarterly audits conducted to verify accuracy and completeness of records. To meet this requirement, the Contractor must complete the following activities:

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1.9.37.1. Provide instruction or a brief orientation to volunteers on how to use the system.

1.9.37.2. Support the registration of new volunteers, ensuring they are registered in the system within fourteen (14) business days of orientation and that their accounts are complete.

1.9.37.3. Provide technical assistance for access and other system-related issues.

1.9.37.4. Conduct a baseline audit of all current volunteers to identify missing or incomplete accounts.

1.9.37.5. Send quarterly reminders to volunteers to review and update their profiles (e.g., contact info, licenses, certifications).

1.9.37.6. Before each exercise or real-world event, verify that assigned volunteers are fully registered and credentialed in the system.

1.9.37.7. Review records quarterly to ensure accuracy, completeness, and credential validity.

1.9.37.8. Verify that all active volunteers maintain all position-required credentials (e.g., clinical licenses, CPR certification), document compliance in the system, and follow-up with volunteers within 30 days of any expired or missing credentials.

1.9.37.9. Track and report progress toward the 100% registration and credentialing goal.

1.9.38. The Contractor must, by June 30th of each contract year, implement recruitment activities to expand the active MRC and CERT (if applicable) volunteer teams. To support this effort, the Contractor must complete the following activities:

1.9.38.1. Annually assess the type, quantity, and skillsets required of volunteers to meet program requirements.

1.9.38.2. Engage with the region's first responders (police, fire, emergency medical services) to augment workforces during an emergency.

1.9.38.3. Develop volunteer recruitment materials, with Department approval.

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1.9.38.4. Partner with local organizations to distribute recruitment materials.

1.9.38.5. Track recruitment using volunteer sign-up forms and entries in the volunteer management system.

1.9.38.6. Provide quarterly reports highlighting progress toward recruitment and retention deliverables.

1.9.38.7. Within the first 12 months, increase volunteer numbers by at least 25% compared to the current baseline.

1.9.38.8. In each subsequent contract year, increase the volunteer roster(s) by 5%.

1.9.38.9. Maintain a volunteer attrition rate of no more than 2.5% annually and report barriers to meeting this requirement to the Department.

1.9.38.10. Prioritize recruitment of clinical and healthcare-experienced individuals by conducting quarterly outreach events at healthcare facilities and schools, and community events.

1.9.39. The Contractor must offer to conduct exit surveys or interviews with all departing volunteers and:

1.9.39.1. Compile and analyze results on a quarterly basis and submit a summary report to the Department that includes identified trends and recommendations for program improvement.

1.9.39.2. Send the Department-provided exit survey to volunteers within five (5) business days of their departure.

1.9.39.3. Conduct follow-up phone interviews if no survey response is received.

1.9.39.4. Compile findings and submit a quarterly report to the Department, including the following key areas:

1.9.39.4.1. Number of volunteers who have resigned;

1.9.39.4.2. Reasons for leaving, highlighting positive and negative trends and recurring issues; and

1.9.39.4.3. Actionable recommendations for program improvement.

1.9.40. The Contractor must ensure that all volunteer applicants meet

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Department eligibility criteria and that required background checks are completed at the time of application and renewed a minimum of every three (3) years thereafter.

1.9.41. The Contractor must complete the following activities to ensure readiness of PHEP Volunteers for deployment upon a public health emergency event:

1.9.41.1. Maintain a current roster of volunteers trained in POD operations.

1.9.41.2. Activate volunteers upon request from the Department.

1.9.41.3. Complete JITT for volunteers as requested by the Department using Department-provided training materials.

1.9.41.4. Track and report volunteer hours.

1.9.42. The Contractor must deliver a Department-approved volunteer orientation program to all of new volunteers within two (2) months of onboarding that covers the PHEP program overview, volunteer utilization, training/exercise requirements, credentialing, participation standards, deployment processes, and organizational structure, including the following:

1.9.42.1.1. Host orientation sessions.

1.9.42.1.2. Maintain attendance and completion records.

1.9.42.1.3. Follow-up with volunteers who miss orientation deadlines.

1.9.42.1.4. Review and update orientation content annually to reflect program changes.

1.9.42.1.5. Maintain documentation of completion in the Department's volunteer management system (NH Responds).

1.9.42.1.6. Include the number of volunteers who completed orientation in the quarterly report.

1.9.43. The Contractor must conduct quarterly volunteer notification drills with 75% response rate for each contract year, including:

1.9.43.1. Sending notification messages via email, text message, or phone.

1.9.43.2. Recording response rates and address barriers to communication within 30 business days of identification.

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1.9.43.3. After each volunteer drill, notifying the Department if fewer than 50% of volunteers respond, and submitting a corrective action summary within 30 business days outlining identified barriers and strategies to improve volunteer responsiveness.

1.9.44. The Contractor must, from November through May of each contract year, facilitate participation of regional volunteers in the Department-led annual training series by promoting all training opportunities to all active volunteers. To achieve this requirement, the Contractor must:

1.9.44.1. Distribute the training calendar to all volunteers.

1.9.44.2. Issue training announcements and provide regular reminders to encourage participation.

1.9.45. The Contractor must, by June 30th of each contract year, provide volunteers with access to training for each of the following topics: Incident Command System (ICS) courses, inventory management, FAC, FRC, disaster sheltering, NEHC, open PODs, Responder Safety and Health, and other training topics as identified by the Department. To meet this requirement, the Contractor must:

1.9.45.1. Develop and publish a regional volunteer training schedule.

1.9.45.2. Recruit qualified instructors.

1.9.45.3. Manage registration and accurately record attendance.

1.9.45.4. Conduct post-training evaluations and compile results.

1.9.45.5. Maintain training records and submit quarterly participation summaries to the Department.

1.9.46. The Contractor must, by June 30, 2028, and every two (2) years thereafter, as requested by the Department, participate in Volunteer Training Needs Assessment (TNA), to include:

1.9.46.1. Providing formal feedback on survey content.

1.9.46.2. Promoting and encouraging participation in the state-led Volunteer Training Needs Assessment (TNA).

1.9.46.3. Reviewing survey results and updating the regional IPP and volunteer training calendar accordingly.

1.9.46.4. Publishing the updated IPP and volunteer training calendar to address identified gaps.

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1.9.47. The Contractor must require all volunteers activated to attend, Just-in-Time Training (JITT), in collaboration with the Department, prior to deployment, for every emergency response, ensuring all assigned volunteers complete the training, which includes:

1.9.47.1. Preparing JITT modules for PODs, disaster shelters, FAC/FRC, NEHC, and AHS using Department-provided templates.

1.9.47.2. Providing JITT immediately prior to deployment.

1.9.47.3. Tracking volunteer completion of JITT training.

1.9.47.4. Updating JITT training as needed and communicating changes promptly to all volunteers.

1.9.48. The Contractor must, by June 30th of each contract year, conduct at least one (1) annual volunteer exercise (drill, discussion-based, functional, or full-scale) in addition to call-down drill and POD exercise requirements, focusing on disaster sheltering, FAC/FRC operations, or medical surge responses, ensuring participation from at least 75% of active volunteers. To ensure accountability and continuous improvement, the Contractor must complete the following actions after each exercise:

1.9.48.1. Within 60 business days of each exercise, complete all the following required after-action processes:

1.9.48.1.1. Conduct a debriefing immediately following the exercise.

1.9.48.1.2. Hold at least one (1) after-action meeting with volunteers and stakeholders for each exercise conducted.

1.9.48.1.3. Develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within 90 business days of the exercise, documenting objectives, strengths, areas for improvement, and corrective actions.

1.9.48.1.4. Track corrective actions and verify implementation of improvements.

1.9.48.1.5. Incorporate lessons learned into future training and exercises.

Volunteer Health, Safety, and Resilience

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1.9.49. The Contractor must, by June 30th of each contract year and in coordination with the Department, implement and maintain a standardized process to track and monitor the health and safety of all volunteers before, during, and after deployments, to include:

1.9.49.1. Distributing a pre-deployment health checklist and require volunteers to complete it prior to deployment.

1.9.49.2. Requiring volunteers to provide proof of required vaccinations prior to deployment, when applicable.

1.9.49.3. Delivering incident-specific safety briefings and reminders at volunteer check-in.

1.9.49.4. Conducting wellness check-ins at regular intervals during operations.

1.9.49.5. Tracking hours worked to prevent fatigue and enforce rest breaks during active work hours.

1.9.49.6. Developing standards and procedures to ensure adequate time off between deployment shifts.

1.9.49.7. Documenting any incidents, injuries, or exposures immediately upon occurrence and reporting them to the Department.

1.9.49.8. Developing plans and protocols for managing occupational health exposures and injuries as directed by the Department and aligned with the Department's medical direction program.

1.9.49.9. Collecting post-deployment health surveys and solicit feedback on health and safety concerns to inform future responses.

1.9.49.10. Maintaining health and safety records related to deployments for all deployed volunteers in the Department-provided system.

1.9.49.11. Submitting summary reports with de-identified data to the Department within thirty (30) calendar days of each deployment.

1.9.49.12. Tracking trends in health and safety issues and recommend opportunities for program improvement.

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1.9.49.13. Offering annual training on responder health and safety, including stress management, resilience, and self-care practices.

1.9.49.14. Ensuring compliance with all Department-issued health and safety guidance during public health incidents and emergencies by distributing updated guidance to volunteers within 24 hours of receipt and incorporating requirements into pre-deployment briefings.

1.9.49.15. Increasing volunteer awareness and access to mental health and resiliency resources, including community programs, behavioral health services, critical incident stress management, peer support, and the 9-8-8 crisis line, by distributing resource information annually and after every deployment through at least two (2) distinct communication channels (e.g., email, trainings, newsletters).

1.9.50. The Contractor must attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.9.51. The Contractor must attend a minimum of two (2) trainings per year offered by Department's training programs on topics relevant to this scope of work.

1.9.52. The Contractor must provide PHEP with a technical assistance needs assessment report in a format approved in advance by the Department, and update this report on an ongoing basis to ensure it reflects current needs and priorities.

Public Health Emergency Preparedness Reporting

1.9.53. The Contractor must complete quarterly and annual reports that include progress toward meeting the program services outlined in this Agreement including activities identified in the Department-approved annual Work Plan, including but not limited to:

1.9.53.1. Response plan updates, including:

1.9.53.1.1. Indicating completion of biennial RPHEA Base Plan update and uploading the plan to the Department's SharePoint site by required deadlines (annual reporting requirement).

1.9.53.1.2. Indicating completion of annual RPHEA Annexes and Attachments updates (i.e. Critical Contact Sheets, etc.) and uploading the updated documents to the Department's SharePoint site (annual reporting requirement).

1.9.53.2. Delivery of training sessions for partners, volunteers, and the public, to include:

1.9.53.2.1. Number and topic of training sessions delivered quarterly (quarterly reporting requirement).

1.9.53.2.2. The number of people trained by type (partner, volunteers, and public), quarterly (quarterly reporting requirement).

1.9.53.2.3. Training sessions rating summaries based on post-training evaluations, quarterly (quarterly reporting requirement).

1.9.53.3. Coordination and delivery of required exercises, including:

1.9.53.3.1. Number and types of exercises conducted quarterly (quarterly reporting requirement).

1.9.53.3.2. Submit After-Action Reports and Improvement Plans (AAR/IPs) utilizing Federal Emergency Management Agency's (FEMA) template, written as a result of an exercise or real-world event, to the Department within 60 calendar days of the event.

1.9.53.3.3. Number of improvement items identified and closed within three (3), six (6), nine (9), and twelve (12) months (annual reporting requirement).

1.9.53.4. Regional partner engagement.

1.9.53.5. Document outcomes of PHEP Committee meetings held at least every two (2) months (annual reporting requirement).

1.9.53.6. Identify which sectors have been invited to participate but do not participate, including providing details if targeted sector participation is not achieved, and document what corrective action items are implemented (annual reporting requirement).

Response Capacity Reporting Requirements

1.9.54. For Closed POD agreements, the Contractor must provide an annual list of participating and non-participating entities, organized by target sectors (healthcare entities, educational institutions, first responder agencies, and other organizations). The list must also document each entity's eligibility to

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serve as a Closed POD and indicate whether the entity currently has the capacity and capability to do so (annual reporting requirement).

1.9.54.1. An annual inventory of all regional assets, including reporting on supply distribution rates (annual reporting requirement).

1.9.54.2. Equipment deficiencies and corrective actions open and closed within three (3), six (6), nine (9), and twelve (12) months, as needed (quarterly reporting requirement).

1.9.54.3. Trailer agreements renewals are to be uploaded by June 30th of each contract year to the Department's SharePoint site (annual reporting requirement).

Volunteer Management Reporting Requirements

1.9.55. The Contractor must prepare an annual volunteer recruitment and retention report that clearly indicates whether recruitment targets have been met (annual reporting requirement), to include:

1.9.55.1. Identification and summary of volunteer recruitment activities conducted by the RPHN.

1.9.55.2. Identification and summary of volunteer retention activities conducted by the RPHN.

1.9.55.3. Total number and percentages of volunteers recruited, retained, and separated.

1.9.55.4. Corrective action plan developed by the Contractor if 25% recruitment (and 5% every year thereafter) is not achieved.

1.9.55.5. Skills set analysis to identify strengths and gaps in volunteer capacity based on response requirements.

1.9.55.6. Strategies implemented to improve retention and engagement.

1.9.55.7. Records of volunteer attrition, including reason for separation (e.g., relocation, loss of interest, credential lapses).

1.9.55.8. Percent of volunteers who are deployment ready (annual reporting requirement), including:

1.9.55.8.1. The percentage of volunteers registered and credentialed in NH Responds.

1.9.55.8.2. The percentage of volunteers who have completed background checks and other onboarding steps (e.g. orientation).

1.9.55.8.3. The percentage of volunteers with verified licenses.

1.9.55.8.4. The percentage of volunteers who have completed training requirements for shelter, POD, AHS, NEHC, FAC/FRC operations.

Responder Safety and Health Reporting Requirements

1.9.56. The Contractor must:

1.9.56.1. Prepare and submit an annual summary of responder safety and health monitoring activities.

1.9.56.2. Report promptly on any incidents, exposures, or injuries that occur during responses, drills, or exercises, as needed.

1.9.57. The Contractor may be required to provide other data and metrics to the Department in a format specified by the Department.

1.9.58. The Contractor must submit all reports electronically through a secure depository system approved or directed by the Department by the established deadlines within this Agreement.

2. Background Checks

2.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:

2.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;

2.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

2.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

2.2. Confidential Data

2.2.1. 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.

2.2.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with

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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.

2.3. Privacy Impact Assessment

2.3.1. 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:

2.3.1.1. How PII is gathered and stored;

2.3.1.2. Who will have access to PII;

2.3.1.3. How PII will be used in the system;

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

2.3.1.5. Privacy practices.

2.3.2. 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.

2.4. Department Owned Devices, Systems and Network Usage

2.4.1. Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfilment of this Agreement, must:

2.4.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures and guidelines, and complete applicable trainings as required;

2.4.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden

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including, but not limited, to personal or other private and non-Department use, and that at no time must they access or attempt to access information without having the express authority of the Department to do so;

2.4.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

2.4.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

2.4.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;

2.4.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;

2.4.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "Department-funded email systems."

2.4.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and

2.4.1.9. Agree when utilizing the Department's email system:

To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".

2.4.1.9.1. Include in the signature lines information identifying the End User as a non-Department workforce member; and

2.4.1.9.2. Ensure the following confidentiality notice is embedded underneath the signature line:

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CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

2.4.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

2.4.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

2.4.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

2.4.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

2.4.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

2.4.1.12. Contractor agrees to notify the Department a minimum of three (3) business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees to

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notify the Department's Information Security Office or designee immediately.

2.5. Contract End-of-Life Transition Services

2.5.1. General Requirements

2.5.1.1. 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 Department must provide the DTP template to the Contractor.

2.5.1.2. 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.

2.5.1.3. If a system, portal, 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.

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2.5.1.4. The internal planning of the Transition Services by the Contractor and its End Users must be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Agreement.

2.5.1.5. 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.

2.5.1.6. 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.

2.5.2. Completion of Transition Services

2.5.2.1. Each service or transition phase must 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.

2.5.2.2. 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.

2.5.3. Disagreement over Transition Services Results

2.5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department must notify the Contractor, in writing, stating the reason for the lack of

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satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties must discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department must be entitled to initiate actions in accordance with the Agreement.

2.6. Website and Social Media

2.6.1. The Contractor must provide a website approved by the Department to disseminate RPHN program information and public health resources to the public and agency partners, which includes information on the PHAC, Community Health Improvement Plan (CHIP), Substance Misuse Prevention Coordinator(SMPC), CoC facilitation, and PHEP programs.

2.6.2. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

2.6.3. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

2.7. State of New Hampshire's Website Copyright

2.7.1. All right, title and interest in the State WWW site, including copyright to all data and information, must remain with the State of New Hampshire. The State of New Hampshire must also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information must, where applicable, display the State of New Hampshire's copyright.

3. Exhibits Incorporated

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3.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

3.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.

3.3. 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 F, Business Associate Agreement, which has been executed by the parties.

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

4.2.1. The Contractor must submit:

4.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

4.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors); and

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

4.3. Credits and Copyright Ownership

4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "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."

4.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

4.3.3. 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.

4.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

4.4. Operation of Facilities: Compliance with Laws and Regulations

4.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire

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Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

5. Records

5.1. The Contractor must keep records that include, but are not limited to:

5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to 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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

5.1.4. Medical records on each patient/recipient of services.

5.2. 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.

5.3. 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.

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Payment Terms

1. This Agreement is funded by:
   1.1. 84% Federal funds, including:
      1.1.1. Preventative Health Block Grant, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.991, FAIN # NB01OT009381, and
      1.1.2. Public Health Emergency Preparedness, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.069, FAIN # NU90TU000009, and
      1.1.3. Substance Use Prevention, Treatment, and Recovery Block Grant,
      as awarded on January 28, 2026, by the US Department of Health and Human Services, ALN # 93.959, FAIN # B08TI088484,and
      1.1.4. Strengthening NH Public Health Infrastructure, Workforce, and Data Systems, as awarded on 11/29/2022, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.967; FAIN # NE11OE000077.
   1.2. 16% 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 Agreement as NON-R&D, in accordance with 2 CFR §200.332.
   2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual paid allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-2.
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 of allowable costs, labeled by budgeted line item with each invoice that may include, but are not limited

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to, timesheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

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 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 only upon receipt and approval of the submitted invoice and required supporting documentation.

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.

7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

8.1.3. Condition C - The Contractor is a public company and required by Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to 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.

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8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. 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.

8.5. 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 shall 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.

9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

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New Hampshire Department of Health and Human Services	
	Greater Seacoast
Contractor Name:	*Community Health*
Budget Request for:(Pull-down)	Strafford County
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	8%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$18,900	$72,650	$3,375	$3,000	$90,225
2. Fringe Benefits	$3,969	$15,257	$709	$630	$18,947
3. Consultants	$250	$6,500	$0	$100	$4,800
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$100	$250	$0	$0	$50
5.(a) Supplies - Educational	$250	$756	$100	$750	$500
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
5. e Supplies - Office	$300	$298	$46	$100	$300
6. Travel	$365	$1,200	$0	$500	$1,250
7. Software	$250	$250	$0	$0	$500
8. (a) Other - Marketing/Communications	$1,200	$500	$100	$250	$725
8. (b) Other - Education and Training	$2,000	$1,000	$100	$4,670	$1,356
8. (c) Other (Postage)	$200	$100	$0	$0	$100
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$27,784	$98,760	$4,430	$10,000	$118,753
Total Indirect Costs	$2,216	$7,881	$0	$0	$9,477
Subtotals	**$30,000**	**$106,641**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$279,301**

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Contractor Initials_____
Date 5/12/2026

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New Hampshire Department of Health and Human Services	
Contractor Name:	*Greater Seacoast Community Health*
Budget Request for:(Pull-down)	Strafford County
Budget Period(Pull-down):	SFY 2028 (7/1/27-6/30/2028)
Average Indirect Cost Rate (if applicable)	8%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$18,900	$72,650	$3,375	$3,000	$90,225
2. Fringe Benefits	$3,969	$15,257	$709	$630	$18,947
3. Consultants	$250	$6,500	$0	$100	$4,800
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$100	$250	$0	$0	$750
5.(a) Supplies - Educational	$250	$854	$100	$750	$200
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
5. e Supplies - Office	$300	$200	$46	$100	$300
6. Travel	$365	$1,200	$0	$500	$1,250
7. Software	$250	$250	$0	$0	$500
8. (a) Other - Marketing/Communications	$1,200	$500	$100	$250	$500
8. (b) Other - Education and Training	$2,000	$1,000	$100	$4,670	$1,233
8. (c) Other - (Postage)	$200	$100	$0	$0	$100
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$27,784	$98,761	$4,430	$10,000	$118,805
Total Indirect Costs	$2,216	$7,880	$0	$0	$9,425
Subtotals	**$30,000**	**$106,641**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$279,301**

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5/12/2026
Date_____

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SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub- contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

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

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1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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

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

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SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see https://omb.report/icr/201009-0348-022/doc/20388401

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context.

6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) https://www.ecfr.gov/current/title-22/chapter-V/part-513.

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9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).

14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

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

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SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

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SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

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FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: UEIZM91C8J2NY93

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

   _____NO _____YES

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

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

   _____NO _____YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Justin Saint-Jacques

5/28/2026
_____
Date:

Signed by:
5579C278F0E1458...
_____
Name: Justin Saint-Jacques
Title: Justin Saint-Jacques

Initial

New Hampshire Department of Health and Human Services

Exhibit E

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

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.

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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.

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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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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.).

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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

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/doit/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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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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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

Docusign Envelope ID: E16D0322-FC3F-8A1E-83DB-A49DA929C262

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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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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

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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 in

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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 used

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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	Justin Saint-Jacques
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	Signed by: 5570C270F0E1450...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Justin Saint-Jacques
Name of Authorized Representative	Name of Authorized Representative
Director - DPH	Justin Saint-Jacques
Title of Authorized Representative	Title of Authorized Representative
5/28/2026	5/28/2026
Date	Date

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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 GREATER SEACOAST COMMUNITY HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 18, 1971. 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: **65587**

Certificate Number: **0007878680**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of March A.D. 2026.

David M. Scanlan
Secretary of State

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CERTIFICATE OF AUTHORITY

I, Jennifer Glidden, Chair, of Greater Seacoast Community Health hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Greater Seacoast Community Health.

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 20, 2026 at which a quorum of the Directors/shareholders were present and voting.

   VOTED: that Justin Saint-Jacques and Dean Correnti

   Are duly authorized on behalf of Greater Seacoast Community Health to enter into contracts or agreements with the State 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 amendments, revisions, or modifications thereto, which may in his/her judgement be desirable or necessary to effect the purpose of this vote. This authorization is on a temporary basis to cover the extended absence of the CEO, Jocelyn Caple, and covers the time period of April 20, 2026 through May 30, 2026.

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. The authority **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: 4/27/2026

DocuSigned by:

C358C10198084CE...

Jennifer Glidden
Chair

GOODCOM-04 BMAHONEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/27/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Marsh & McLennan Agency, LLC 1 Sundial Ave Suite 302N Manchester, NH 03103-7204	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : TRI-STATE INSURANCE COMPANY OF MINNESOTA	31003
INSURER B : A.I.M. Mutual Insurance Companies	
INSURER C : AIX Specialty Insurance Company	12833
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Greater Seacoast Community Health
ATTN: Accounts Payable
311 Route 108
Somersworth, NH 03878

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ADV5564228-12	10/10/2025	10/10/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			ADV5564228-12	10/10/2025	10/10/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB OCCUR			ADV5564228-12	10/10/2025	10/10/2026	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		WMZ-800-8008412-2026A	1/1/2026	1/1/2027	PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Professional Liabili			L3VA671986	1/1/2026	1/1/2027	Each Incident	1,000,000
C	Professional Liabili			L3VA671986	1/1/2026	1/1/2027	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability excludes coverage for claims that are covered under the FTCA

CERTIFICATE HOLDER

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Margie Ruth

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NONPROFIT COVER SHEET

A. Entity Name: Greater Seacoast Community Health

B. Entity's Contact Information: Jocelyn Caple, MD, jcaple@goodwinch.org, 603.749.2346

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

Name / Phone / Email: Helen Long, 603.422.8208, hlong@goodwinch.org

Person responsible for Accuracy and Completeness of information provided:

Name: Helen Long Title: Grant Writer

Signature:

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Jennifer Glidden (Chair)	Program Specialist, USDA
Jody Hoffer Gittell (Vice Chair)	Professor, Brandeis University
Jim Sepanski (Treasurer)	Retired Financial Executive
Christine Perkins (Secretary)	Certified Public Accountant, Wipfli
Laura Belsky	Retired Nurse
Andrea Borowiecki	VP of Charitable Giving and Community Engagement, Rockland Trust
Salih Ileri	Retired Production Manager
Tim McNamara	Retired Healthcare Executive
Allison Mulligan	Self Employed
Michael Ponchak	Portfolio Manager, Rockland Trust
Kathy Scheu	Retired Medical Product Sales Manager
Marrielle Van Rossum	Attorney
Ramona Yuva	ESOL Teach, Dover School District

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

Name	Role	Annual Salary	Amount Paid From This Contract
Ashley Wheeler	Strafford County Public Health Network Manager	$74,776	$58,821 (32 hrs/wk)

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Cory Towne-Kerr	Substance Misuse Prevention Coordinator	$57,200	$57,200 (40 hrs/wk)
Jason Usher	Public Health Emergency Preparedness Coordinator	$58,302	$58,302 (40 hrs/wk)
Coreen Toussaint	Public Health Nurse	Per Diem $44.00/hr	$4,400 (100 hrs)

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

E. Check one of the following:

[X] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

_____

_____

_____

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[x] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

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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

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

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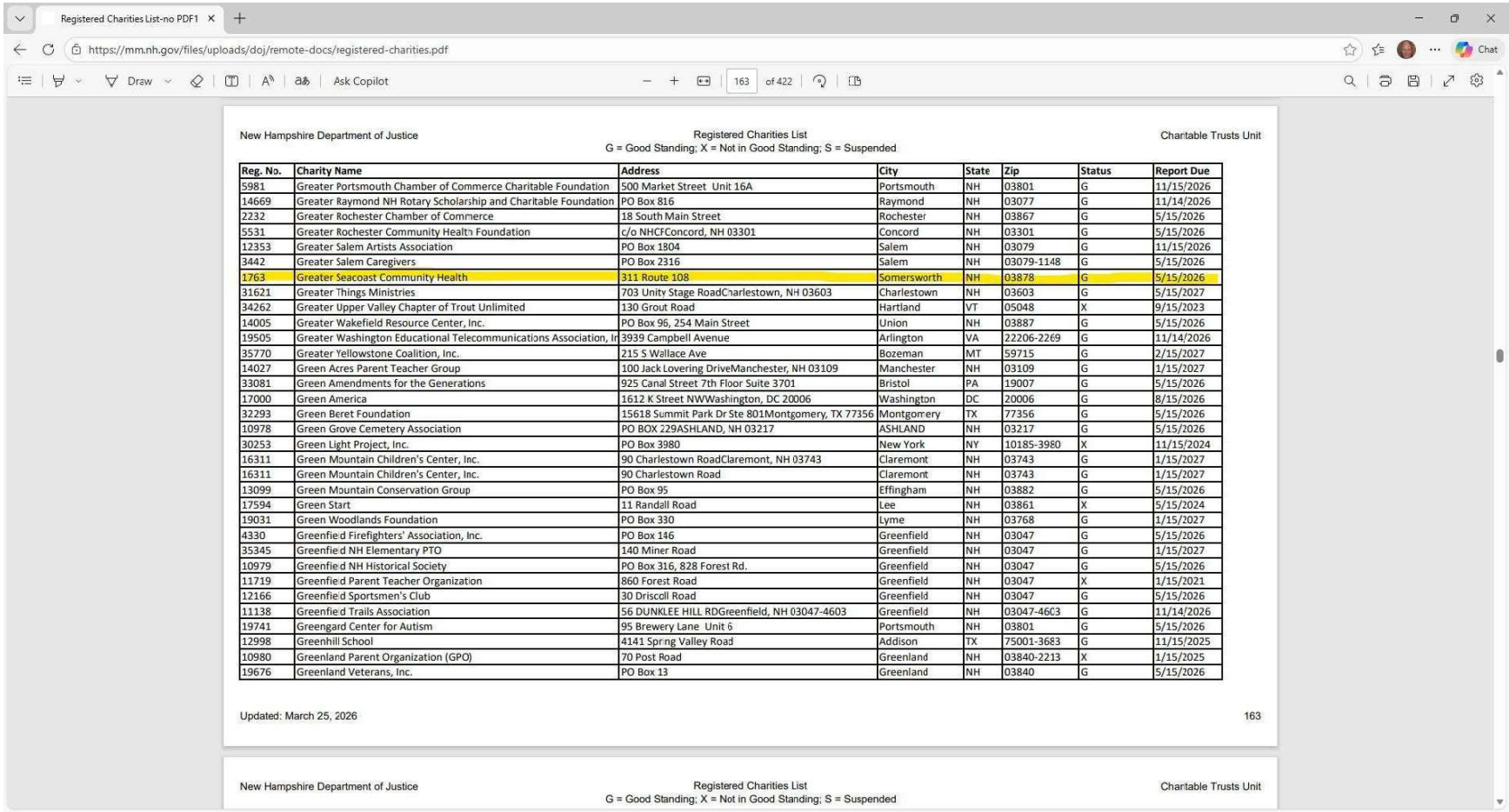
2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$



New Hampshire Department of Justice

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

Charitable Trusts Unit

Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
5981	Greater Portsmouth Chamber of Commerce Charitable Foundation	500 Market Street Unit 16A	Portsmouth	NH	03801	G	11/15/2026
14669	Greater Raymond NH Rotary Scholarship and Charitable Foundation	PO Box 816	Raymond	NH	03077	G	11/14/2026
2232	Greater Rochester Chamber of Commerce	18 South Main Street	Rochester	NH	03867	G	5/15/2026
5531	Greater Rochester Community Health Foundation	c/o NHCFConcord, NH 03301	Concord	NH	03301	G	5/15/2026
12353	Greater Salem Artists Association	PO Box 1804	Salem	NH	03079	G	11/15/2026
3442	Greater Salem Caregivers	PO Box 2316	Salem	NH	03079-1148	G	5/15/2026
1763	Greater Seacoast Community Health	311 Route 108	Somersworth	NH	03878	G	5/15/2026
31621	Greater Things Ministries	703 Unity Stage RoadCharlestown, NH 03603	Charlestown	NH	03603	G	5/15/2027
34262	Greater Upper Valley Chapter of Trout Unlimited	130 Grout Road	Hartland	VT	05048	X	9/15/2023
14005	Greater Wakefield Resource Center, Inc.	PO Box 96, 254 Main Street	Union	NH	03887	G	5/15/2026
19505	Greater Washington Educational Telecommunications Association, Ir	3939 Campbell Avenue	Arlington	VA	22206-2269	G	11/14/2026
35770	Greater Yellowstone Coalition, Inc.	215 S Wallace Ave	Bozeman	MT	59715	G	2/15/2027
14027	Green Acres Parent Teacher Group	100 Jack Lovering DriveManchester, NH 03109	Manchester	NH	03109	G	1/15/2027
33081	Green Amendments for the Generations	925 Canal Street 7th Floor Suite 3701	Bristol	PA	19007	G	5/15/2026
17000	Green America	1612 K Street NWWashington, DC 20006	Washington	DC	20006	G	8/15/2026
32293	Green Beret Foundation	15618 Summit Park Dr Ste 801Montgomery, TX 77356	Montgomery	TX	77356	G	5/15/2026
10978	Green Grove Cemetery Association	PO BOX 229ASHLAND, NH 03217	ASHLAND	NH	03217	G	5/15/2026
30253	Green Light Project, Inc.	PO Box 3980	New York	NY	10185-3980	X	11/15/2024
16311	Green Mountain Children's Center, Inc.	90 Charlestown RoadClaremont, NH 03743	Claremont	NH	03743	G	1/15/2027
16311	Green Mountain Children's Center, Inc.	90 Charlestown Road	Claremont	NH	03743	G	1/15/2027
13099	Green Mountain Conservation Group	PO Box 95	Effingham	NH	03882	G	5/15/2026
17594	Green Start	11 Randall Road	Lee	NH	03861	X	5/15/2024
19031	Green Woodlands Foundation	PO Box 330	Lyme	NH	03768	G	1/15/2027
4330	Greenfield Firefighters' Association, Inc.	PO Box 146	Greenfield	NH	03047	G	5/15/2026
35345	Greenfield NH Elementary PTO	140 Miner Road	Greenfield	NH	03047	G	1/15/2027
10979	Greenfield NH Historical Society	PO Box 316, 828 Forest Rd.	Greenfield	NH	03047	G	5/15/2026
11719	Greenfield Parent Teacher Organization	860 Forest Road	Greenfield	NH	03047	X	1/15/2021
12166	Greenfield Sportsmen's Club	30 Driscoll Road	Greenfield	NH	03047	G	5/15/2026
11138	Greenfield Trails Association	56 DUNKLEE HILL RDGreenfield, NH 03047-4603	Greenfield	NH	03047-4603	G	11/14/2026
19741	Greengard Center for Autism	95 Brewery Lane Unit 6	Portsmouth	NH	03801	G	5/15/2026
12998	Greenhill School	4141 Spring Valley Road	Addison	TX	75001-3683	G	11/15/2025
10980	Greenland Parent Organization (GPO)	70 Post Road	Greenland	NH	03840-2213	X	1/15/2025
19676	Greenland Veterans, Inc.	PO Box 13	Greenland	NH	03840	G	5/15/2026

Updated: March 25, 2026

New Hampshire Department of Justice

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

Charitable Trusts Unit

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Greater Seacoast Community Health

Families First
8 Greenleaf Woods Drive
Portsmouth NH 03801
603.422.8208

Goodwin Community Health
311 Route 108
Somersworth NH 03878
603.749.2346

Our mission

To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay.

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BerryDunn

Greater Seacoast Community Health

FINANCIAL STATEMENTS

and

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

December 31, 2024 and 2023

With Independent Auditor's Report

Docusign Envelope ID: 14FF21E9-51B9-85D7-82BA-891147F9BAD2

BerryDunn

BDMP Assurance, LLP

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Greater Seacoast Community Health

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Greater Seacoast Community Health (the Organization), which comprise the balance sheet as of December 31, 2024 and the related statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

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

Basis for Opinion

We conducted our audit in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statements

The financial statements of the Organization as of and for the year ended December 31, 2023 were audited by Berry, Dunn, McNeil & Parker, LLC whose report, dated May 20, 2024, expressed an unmodified opinion on those statements.

Responsibilities of Management for the Financial Statements

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

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In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that 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 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 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.

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Board of Directors
Greater Seacoast Community Health

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, 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 financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the 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 May 19, 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.

BDMP Assurance, LLP

Manchester, New Hampshire
May 19, 2025

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GREATER SEACOAST COMMUNITY HEALTH

Balance Sheets

December 31, 2024 and 2023

ASSETS

	2024	2023
Current assets		
Cash and cash equivalents	$ 6,202,093	$ 6,592,894
Patient accounts receivable	1,051,140	1,315,414
Grant and other receivables	961,486	893,205
Pledges receivable	71,000	63,050
Inventory	71,042	80,935
Other current assets	204,527	201,680
Total current assets	8,561,288	9,147,178
Investments	2,914,361	2,304,036
Assets limited as to use	1,368,340	1,350,630
Property and equipment, net	7,252,412	7,340,603
Finance lease right-of-use asset	3,860,711	4,170,016
Total assets	$ 23,957,112	$ 24,312,463

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 378,822	$ 327,555
Accrued payroll and related expenses	1,044,324	907,310
Patient deposits	159,286	178,160
Deferred revenue	152,256	80,930
Current portion of long-term debt	29,873	29,209
Current portion of finance lease liability	253,884	248,861
Total current liabilities	2,018,445	1,772,025
Long-term debt, less current portion	146,269	176,142
Finance lease liability, less current portion	3,826,556	4,069,173
Total liabilities	5,991,270	6,017,340
Net assets		
Without donor restrictions	16,035,948	16,398,719
With donor restrictions	1,929,894	1,896,404
Total net assets	17,965,842	18,295,123
Total liabilities and net assets	$ 23,957,112	$ 24,312,463

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Operations

Years Ended December 31, 2024 and 2023

	2024	2023
Operating revenue and support		
Net patient service revenue	**$ 12,476,093**	$ 11,150,749
Grants, contracts and contributions	**7,477,853**	9,477,864
Other operating revenue	**601,605**	523,615
Net assets released from restriction for operations	**210,868**	162,640
Total operating revenue and support	**20,766,419**	21,314,868
Operating expenses		
Salaries and wages	**13,205,796**	13,118,826
Employee benefits	**2,067,365**	2,371,573
Contracted services	**664,588**	760,301
Program supplies	**2,452,258**	2,093,214
Information technology	**403,184**	725,345
Occupancy	**762,319**	795,981
Other	**1,188,814**	1,359,090
Depreciation and amortization	**787,113**	773,303
Interest expense	**88,273**	93,867
Total operating expenses	**21,619,710**	22,091,500
Operating loss	**(853,291)**	(776,632)
Other revenues, gains and expenses		
Investment income	**195,791**	120,364
Change in fair value of investments	**134,424**	186,366
Contribution expense	**-**	(348,971)
Total other revenues, gains and expenses	**330,215**	(42,241)
Deficiency of revenue over expenses	**(523,076)**	(818,873)
Grants received for capital acquisition, placed in service	**101,139**	168,522
Net assets released from restriction for capital acquisition, placed in service	**59,166**	48,921
Decrease in net assets without donor restrictions	**$ (362,771)**	$ (601,430)

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Changes in Net Assets

Years Ended December 31, 2024 and 2023

	2024	2023
Net assets without donor restrictions		
Deficiency of revenue over expenses	$ (523,076)	$ (818,873)
Grants received for capital acquisition, placed in service	101,139	168,522
Net assets released from restriction for capital acquisition, placed in service	59,166	48,921
Decrease in net assets without donor restrictions	(362,771)	(601,430)
Net assets with donor restrictions		
Contributions	174,050	96,767
Investment income	36,818	32,322
Change in fair value of investments	92,656	139,819
Net assets released from restriction for operations	(210,868)	(162,640)
Net assets released from restriction for capital acquisition, placed in service	(59,166)	(48,921)
Increase in net assets with donor restrictions	33,490	57,347
Change in net assets	(329,281)	(544,083)
Net assets, beginning of year	18,295,123	18,839,206
Net assets, end of year	$ 17,965,842	$ 18,295,123

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Cash Flows

Years Ended December 31, 2024 and 2023

	2024	2023
Cash flows from operating activities		
Change in net assets	$ (329,281)	$ (544,083)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation and amortization	787,113	773,303
Amortization of operating lease right-of-use assets	-	38,064
Change in fair value of investments	(227,080)	(326,185)
Grants and contributions for long-term purposes	(126,139)	(168,522)
Decrease (increase) in		
Patient accounts receivable	264,274	(451,623)
Grant and other receivables	(68,281)	225,943
Pledges receivable	(7,950)	(22,572)
Inventory	9,893	9,571
Other current assets	(2,847)	(75,872)
Increase (decrease) in		
Accounts payable and accrued expenses	51,267	(79,188)
Accrued payroll and related expenses	137,014	(71,326)
Patient deposits	(18,874)	3,584
Deferred revenue	71,326	(42,971)
Operating lease liabilities	-	(39,075)
Net cash provided (used) by operating activities	540,435	(770,952)
Cash flows from investing activities		
Capital acquisitions	(389,617)	(270,830)
Proceeds from sale of investments	6,179,403	1,090,321
Purchase of investments	(6,580,358)	(1,176,650)
Net cash used by investing activities	(790,572)	(357,159)
Cash flows from financing activities		
Grants and contributions received for long-term purposes	126,139	367,688
Payments on long-term debt	(29,209)	(28,560)
Payments on finance lease liability	(237,594)	(243,723)
Net cash (used) provided by financing activities	(140,664)	95,405
Net decrease in cash and cash equivalents	(390,801)	(1,032,706)
Cash and cash equivalents, beginning of year	6,592,894	7,625,600
Cash and cash equivalents, end of year	$ 6,202,093	$ 6,592,894
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 88,273	$ 93,867

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

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Organization

Greater Seacoast Community Health (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC), providing fully integrated medical, behavioral, oral health, recovery services and social support for underserved populations. The Organization is a network of community health centers, which includes Families First Health & Support Center and Goodwin Community Health, providing healthcare services to individuals living within the greater seacoast area.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

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

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Use of Estimates

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

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code (IRC). As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization’s tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

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Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

The Organization maintains cash and cash equivalents accounts at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per financial institution. At various times throughout the year, the Organization's balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligations as follows:

- Medical, behavioral health, dental and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.
- Contract 340B pharmacy program services are measured when the prescription is dispensed to the patient as reported by the pharmacy administrator.
- In-house pharmacy services are measured when the prescription is dispensed to the patient at one of the Organization's in-house pharmacies.

The majority of the Organization's performance obligations are satisfied at a point in time.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Payer concentrations are disclosed in Note 3.

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A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to Medicare beneficiaries based on the lesser of actual charges or prospectively set rates which essentially provides a fixed payment for each patient visit, regardless of the specific services provided during that visit. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Organization's public fee schedule.

Medicaid

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to Medicaid beneficiaries based on prospectively set rates which essentially provides a fixed payment for each patient visit, regardless of the specific services provided during that visit. Certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Commercial Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program was approximately $660,622 and $588,341 for the years ended December 31, 2024 and 2023, respectively. The Organization is able to provide these services with a component of funds received through federal and state grants and local support.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

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340B Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization operates an in-house pharmacy and contracts with other local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

The Organization's business could be impacted by federal and state legislation in the area of healthcare reform. Changes in these areas could adversely impact the Organization's operations in the future.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and are reduced by explicit and implicit price concessions. Management estimates implicit price concessions based on its historical collection experience with patients. No additional valuation allowance is necessary for possible credit losses based on historical experience, current conditions, and reasonable and supportable forecasts.

Grant and Other Receivables, and Deferred Revenue

Grant and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

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The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended December 31, 2024 and 2023, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 68% and 69%, respectively, of the total of grants, contracts, and contributions.

The Organization has been awarded cost reimbursable grants from HHS that have not been recognized at December 31, 2024 because qualifying expenditures have not yet been incurred as follows:

	Amount	Available Through
Health Center Program	$ 1,351,011	April 30, 2025
FY 2023 Early Childhood Development	226,300	August 31, 2025
FY 2023 Bridge Access Programs	14,786	June 30, 2025

Inventory

Inventory consists primarily of pharmaceuticals and is stated at the lower of cost or retail. Cost is determined on the first-in, first-out method.

Investments and Assets Limited as to Use

Assets limited as to use include investments held for others and donor-restricted contributions to be held in perpetuity and earnings thereon, subject to the Organization's spending policy as further discussed in Note 10.

The Organization reports investments at fair value. Investments include donor endowment funds and assets held for long-term purposes. Accordingly, investments have been classified as non-current assets in the accompanying balance sheets regardless of maturity or liquidity. The Organization has established policies governing long-term investments, which are held within several investment accounts, based on the purposes for those investment accounts and their earnings.

Investment income and the change in fair value are included in the deficiency of revenue over expenses, unless otherwise stipulated by the donor or State Law.

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

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Property and Equipment

Property and equipment are carried at cost less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. Property and equipment costing less than $5,000 is charged to expense upon purchase.

Right-of-Use Assets and Lease Liabilities

U.S. GAAP requires lessees to recognize a lease liability and a right-of-use asset for all leases with terms greater than 12 months on its balance sheets. Whether an arrangement contains a lease is evaluated at the inception of the arrangement. The Organization estimates its lease liability at the present value of future rent payments required under a lease using the imputed rate when identifiable or a risk-free rate for a term approximating the lease term, including options to extend or terminate the lease that the Organization is reasonably certain to exercise. As the leases do not provide an implicit rate, the Organization elected the practical expedient to use the risk-free rate.

The Organization's right-of-use asset initially is equal to its lease liability, adjusted for any lease incentives received or lease payments made. Lease expense for operating leases is recorded on a straight-line basis over the term of a lease. For finance leases, right-of-use assets are amortized, with the depreciation and amortization of property and equipment, and interest costs are expensed on the lease liability throughout the lease term. Leases of 12 months or less at inception are not included in the Organization's right-of-use assets and lease liabilities.

Patient Deposits

Patient deposits primarily consist of payments made by patients in advance of significant dental work based on quotes for the work to be performed.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction. Pledges receivable are due in 2025.

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The Organization reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Contribution Expense

In July 2023, the substance abuse recovery and treatment program, named SOS Recovery Community Organization (SOSRCO) that the Organization operated as a program became an independent 501(c)(3) non-profit organization. Operating leases and grant contracts associated with SOSRCO were transferred from the Organization. Additionally, the Organization transferred leasehold improvements of $196,782 and made a cash contribution of $152,189 to SOSRCO during the year ended December 31, 2023. The contributed assets are reported as contribution expense on the accompanying statements of operations.

Deficiency of Revenue over Expenses

The statements of operations reflect the deficiency of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the deficiency of revenue over expenses include contributions of long-lived assets (including assets acquired using grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and net assets released from restriction for capital acquisition.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through May 19, 2025, which is the date the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and investments. The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 109 and 113 at December 31, 2024 and 2023, respectively.

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Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, were as follows at December 31:

	2024	2023
Cash and cash equivalents	$ 6,202,093	$ 6,592,894
Investments	2,914,361	2,304,036
Patient accounts receivable	1,051,140	1,315,414
Grant and other receivables	961,486	893,205
Pledges receivable	71,000	63,050
Assets limited as to use	1,368,340	1,350,630
Less donor restricted assets	(1,929,894)	(1,896,404)
Financial assets available	$ 10,638,526	$ 10,622,825

3. Patient Accounts Receivable and Net Patient Service Revenue

Patient accounts receivable consisted of the following at December 31:

	2024	2023	2022
Patient accounts receivable	$ 733,354	$ 1,046,306	$ 757,642
In-house pharmacy receivables	220,203	200,268	61,671
Contract 340B pharmacy receivables	97,583	68,840	44,478
Total patient accounts receivable	$ 1,051,140	$ 1,315,414	$ 863,791

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of contractual allowances, were as follows at December:

	2024	2023
Governmental plans		
Medicare	14 %	14 %
Medicaid	42 %	48 %
Commercial payers	28 %	25 %
Patient	16 %	13 %
Total	100 %	100 %

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Patient deposits amounted to the following at December 31:

	2024	2023	2022
Patient deposits	$ 159,286	$ 178,160	$ 174,576

Net patient service revenue by payer and program was as follows for the years ended December 31:

	2024		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 719,851	$ -	$ 719,851
Medicaid	5,519,527	409,727	5,929,254
Commercial payers	3,117,774	1,585,810	4,703,584
Patient	-	250,035	250,035
Net direct patient service revenue	9,357,152	2,245,572	11,602,724
340B contract pharmacy revenue	-	873,369	873,369
Net patient service revenue	$ 9,357,152	$ 3,118,941	$ 12,476,093

	2023		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 759,016	$ -	$ -
Medicaid	4,130,532	359,543	329,783
Commercial payers	3,273,636	1,459,261	872,636
Patient	-	200,743	200,743
Net direct patient service revenue	8,163,184	2,019,547	10,182,731
340B contract pharmacy revenue	-	968,018	1,370,340
Net patient service revenue	$ 8,163,184	$ 2,987,565	$ 11,150,749

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4. Pledges Receivable

Pledges receivable consisted of the following at December 31:

	2024	2023
Capital projects that are in service	$ -	$ -
Donor restricted for program services	71,000	63,050
Total	$ 71,000	$ 63,050

5. Investments and Assets Limited as to Use

Investments, stated at fair value, consisted of the following at December 31:

	2024	2023
Long-term investments	$ 2,914,361	$ 2,304,036
Assets limited as to use	1,368,340	1,350,630
Total investments	$ 4,282,701	$ 3,654,666

Assets limited as to use are restricted for the following purposes at December 31:

	2024	2023
Assets held in trust under Section 457(b) deferred compensation plans	$ -	$ 73,482
Assets with donor restrictions	1,368,340	1,277,148
Total	$ 1,368,340	$ 1,350,630

Fair Value of Financial Instruments

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

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U.S. GAAP distinguishes three levels of inputs that may be utilized when measuring fair value:

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

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

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

The following tables sets forth by level, within the fair value hierarchy, the Organization's investments at fair value at December 31:

	2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 176,757**	**$ -**	**$ -**	**$ 176,757**
Certificates of deposit	**367,385**	**-**	**-**	**367,385**
Municipal bonds	**-**	**388,667**	**-**	**388,667**
Exchange traded funds	**1,647,222**	**-**	**-**	**1,647,222**
Mutual funds	**1,702,670**	**-**	**-**	**1,702,670**
Total investments	**$ 3,894,034**	**$ 388,667**	**$ -**	**$ 4,282,701**

	2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 419,626	$ -	$ -	$ 419,626
Municipal bonds	-	144,978	-	144,978
Exchange traded funds	1,279,551	-	-	1,279,551
Mutual funds	1,810,511	-	-	1,810,511
Total investments	$ 3,509,688	$ 144,978	$ -	$ 3,654,666

Municipal bonds are valued based on quoted market prices of similar assets.

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6. Property and Equipment

Property and equipment consisted of the following:

	2024	2023
Land	$ 718,427	$ 718,427
Building and improvements	6,708,076	6,499,881
Leasehold improvements	1,568,787	1,409,419
Furniture, fixtures and equipment	3,182,428	3,178,442
Total cost	12,177,718	11,806,169
Less accumulated depreciation	4,925,306	4,465,566
Property and equipment, net	$ 7,252,412	$ 7,340,603

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

Depreciation expense amounted to $466,735 and $454,576 for the years ended December 31, 2024 and 2023, respectively.

7. Long-Term Debt

Long-term debt consisted of the following at December 31:

	2024	2023
2.25% promissory note payable to New Hampshire Health and Education Facilities Authority through July 2030, paid in monthly installments of $2,794, including interest. Note is uncollateralized.	$ 176,142	$ 205,351
Less current portion	29,873	29,209
Long-term debt, less current portion	$ 146,269	$ 176,142

Maturities of long-term debt for the next five years and thereafter are as follows at December 31:

2025	$ 29,873
2026	30,552
2027	31,247
2028	31,957
2029	32,684
Thereafter	19,829
Total	$ 176,142

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8. Leases

The Organization has a finance lease for a facility through 2037. This lease contains an annual escalating clause of 3 percent beginning in 2027 and has no renewal periods. Termination of the lease is generally prohibited unless there is a violation under the lease agreement. The weighted-average discount rate and weighted-average remaining lease term in years for the finance leases as of December 31, 2024 and 2023, were 2.00% and 13 years and 2.00% and 14 years, respectively.

Lease Cost

Lease cost, which approximates lease payments, was as follows for the years ended December 31:

	2024	2023
Finance lease		
Amortization of right-of-use asset	$ 309,305	$ 318,727
Interest on lease liability	83,953	88,897
Operating leases	-	37,330
Short-term lease expense	8,928	42,394
Total	$ 402,186	$ 487,348

Future Minimum Lease Payments and Reconciliation to the Balance Sheet

Future minimum payments due under the finance lease agreement are as follows for the years ending December 31:

2025	$ 332,620
2026	332,620
2027	341,767
2028	352,020
2029	362,581
Thereafter	2,898,979
Total future undiscounted lease payments	4,620,587
Less present value discount	540,147
Total lease liability	4,080,440
Current portion of lease liability	253,884
Lease liability, net of current portion	$ 3,826,556

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9. Net Assets with Donor Restrictions

Net assets with donor restrictions was available for the following purposes at December 31:

	2024	2023
Specific purpose (temporary in nature)		
Program services	$ 403,495	$ 406,630
Building	87,059	149,576
Passage of time (temporary in nature)		
Pledges receivable	71,000	63,050
Earnings from endowment investments	473,662	407,470
Held in perpetuity (permanent in nature)		
Endowment	894,678	869,678
Total	$ 1,929,894	$ 1,896,404

Net assets released from net assets with donor restrictions were as follows at December 31:

	2024	2023
For operations		
Satisfaction of purpose - program services	$ 41,536	$ 37,420
Passage of time - pledges receivable	106,050	63,478
Passage of time - endowment earnings	63,282	61,352
	210,868	162,250
For capital acquisition, placed in service		
Satisfaction of purpose - purchase of capital assets	59,166	48,921
Total	$ 270,034	$ 211,561

10. Endowment

Interpretation of Relevant Law

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts, and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund, if any, is classified as net assets with donor restrictions until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

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In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund;
(2) The purposes of the Organization and the donor-restricted endowment fund;
(3) General economic conditions;
(4) The possible effect of inflation and deflation;
(5) The expected total return from income and the appreciation of investments;
(6) Other resources of the Organization; and
(7) The investment policies of the Organization.

Spending Policy

The Organization has a policy of appropriating for expenditure an amount equal to 5% of the endowment fund's average fair market value over the prior 20 quarters. The earnings on the endowment fund are to be used for operations.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration (underwater). In the event the endowment becomes underwater, it is the Organization's policy to not appropriate expenditures from the endowment assets until the endowment is no longer underwater. There were no such deficiencies as of December 31, 2024 and 2023.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed or meet designated benchmarks while incurring a reasonable and prudent level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balanced emphasis on equity-based and income-based investments to achieve its long-term return objectives within prudent risk constraints.

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Endowment Net Asset Composition by Type of Fund

The Organization's endowment consisted of assets with donor restrictions only and had the following related activities at December 31:

	2024	2023
Endowments, beginning of year	$ 1,277,148	$ 1,166,749
Contributions	25,000	-
Investment income	36,818	32,322
Change in fair value of investments	92,656	139,819
Spending policy appropriations	(63,282)	(61,742)
Endowments, end of year	$ 1,368,340	$ 1,277,148

11. Functional Expenses

The Organization provides various services to residents within its geographic location. Given the Organization is a service organization, expenses are allocated between healthcare, administrative and support and fundraising services based on the percentage of direct care wages to total wages, with the exception of program supplies which are 100% healthcare in nature.

Expenses related to providing these services were as follows:

	2024			
	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
Salaries and wages	$ 10,878,837	$ 1,903,668	$ 423,291	$ 13,205,796
Employee benefits	1,758,112	240,355	68,898	2,067,365
Contracted services	438,890	216,850	8,848	664,588
Program supplies	2,452,258	-	-	2,452,258
Information technology	342,872	46,875	13,437	403,184
Occupancy	648,285	88,629	25,405	762,319
Other	1,011,163	138,026	39,625	1,188,814
Depreciation and amortization	669,370	91,511	26,232	787,113
Interest expense	75,068	10,263	2,942	88,273
Total	$ 18,274,855	$ 2,736,177	$ 608,678	$ 21,619,710

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	2023			
	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
Salaries and wages	$ 11,062,135	$ 1,561,970	$ 494,721	$ 13,118,826
Employee benefits	2,016,814	275,723	79,036	2,371,573
Contract services	494,344	255,388	10,569	760,301
Program supplies	2,093,214	-	-	2,093,214
Information technology	616,842	84,330	24,173	725,345
Occupancy	676,912	92,542	26,527	795,981
Other	1,155,786	158,011	45,293	1,359,090
Depreciation and amortization	657,626	89,905	25,772	773,303
Interest expense	79,826	10,913	3,128	93,867
Total	$ 18,853,499	$ 2,528,782	$ 709,219	$ 22,091,500

12. Retirement Plans

The Organization has a defined contribution plan under IRC Section 401(k) that covers substantially all employees. For the years ended December 31, 2024 and 2023, the Organization contributed $223,611 and $245,423, respectively, to the plan. A portion of the 2024 contribution was funded by the use of $68,697 in available plan forfeitures. The Organization did not use any plan forfeitures to help fund the 2023 contribution.

The Organization has an unqualified deferred compensation plan under IRC Section 457(b) for certain key employees of the Organization. The Organization did not contribute to the plan during the year ended December 31, 2024. The Organization contributed $6,000 to the plan during the year ended December 31, 2023. The balance of the deferred compensation plan amounted to $0 and $73,482 at December 31, 2024 and 2023, respectively.

13. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of December 31, 2024, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

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14. Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). The value of food vouchers distributed by the Organization was $1,484,102 and $1,425,107 for the years ended December 31, 2024 and 2023, respectively. These amounts are not included in the accompanying financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

15. Litigation

From time-to-time, certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover costs over $50,000 per case. In the opinion of management, there are no matters that will materially affect the Organization's financial statements.

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SUPPLEMENTARY INFORMATION

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GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards

Year Ended December 31, 2024

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services:			
Direct			
Health Center Program Cluster			
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 2,753,279
COVID-19 Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		196,670
Total AL 93.224			2,949,949
Grants for New and Expanded Services Under the Health Center Program	93.527		1,288,181
COVID-19 Grants for New and Expanded Services Under the Health Center Program	93.527		23,332
Total AL 93.527			1,311,513
Total Health Center Program Cluster			4,261,462
Congressional Directives	93.493		5,988
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Public Health Emergency Preparedness	93.069	074-500589/90077028	20,424
Public Health Emergency Preparedness	93.069	102-500731/90077410	20,041
Total AL 93.069			40,465
Immunization Cooperative Agreements	93.268	102-500731/90023800	525
Immunization Cooperative Agreements	93.268	102-500731/90023010	7,363
Total AL 93.268			7,888
Bi-State Primary Care Association, Inc.			
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	n/a	27,495
State of New Hampshire Department of Health and Human Services			
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	102-500731/90577150	55,438
Total AL 93.391			82,933

The accompanying notes are an integral part of this schedule.

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GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards (Continued)

Year Ended December 31, 2024

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
State of New Hampshire Department of Child and Family Services			
Marylee Allen Promoting Safe and Stable Families Program	93.556	102-500734/42107306	19,521
Temporary Assistance for Needy Families	93.558	500589/45030353	195,422
Stephanie Tubbs Jones Child Welfare Services Program	93.645	102-500734/42106802	3,582
Social Services Block Grant	93.667	074-500589/45001501	71,364
State of New Hampshire Department of Health and Human Services			
National Bioterrorism Hospital Preparedness Program	93.889	074-500589/90077700	4,144
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	102-500731/90080081	42,052
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589/92057502	120,785
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589/90001022	10,140
Block Grants for Prevention and Treatment of Substance Abuse	93.959	010-092-33800000-500589/92057502	158,940
Total AL 93.959			289,865
Preventive Health and Health Services Block Grant	93.991	074-500589/92057502	10,453
State of New Hampshire Department of Child and Family Services			
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90004009	67,568
State of New Hampshire Department of Health and Human Services			
Maternal and Child Health Services Block Grant to the States	93.994	074-500585/45001502	4,153
Total AL 93.994			71,721
Total U.S. Department of Health and Human Services			5,106,860
U. S. Department of Agriculture:			
Pass-Through			
State of New Hampshire Department of Health and Human Services			
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	102-500589	476,891

The accompanying notes are an integral part of this schedule.

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GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended December 31, 2024

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Housing and Urban Development:			
Pass-Through			
City of Portsmouth New Hampshire			
Community Development Block Grants/Entitlement Grants	14.218	n/a	105,881
U.S. Department of Treasury:			
Pass-Through			
Bi-State Primary Care Association, Inc.			
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	n/a	2,063
Total Expenditures of Federal Awards, All Programs			$ 5,691,695

The accompanying notes are an integral part of this schedule.

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GREATER SEACOAST COMMUNITY HEALTH

Notes to Schedule of Expenditures of Federal Awards

Year Ended December 31, 2024

1. Summary of Significant Accounting Policies

Expenditures reported on the schedule of expenditures of federal awards (the Schedule) are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Indirect Cost Rate

Greater Seacoast Community Health (the Organization) has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

The Schedule includes the federal grant activity of the Organization. The information in this Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

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BerryDunn

BDMP Assurance, LLP

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

Board of Directors
Greater Seacoast Community Health

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Greater Seacoast Community Health (the Organization), which comprise the balance sheet as of December 31, 2024, and the related statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 19, 2025.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the 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 entity'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.

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Board of Directors
Greater Seacoast Community Health

Report on Compliance and Other Matters

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

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the 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 communication is not suitable for any other purpose.

BDMP Assurance, LLP

Manchester, New Hampshire
May 19, 2025

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BDMP Assurance, LLP

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

Board of Directors
Greater Seacoast Community Health

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Greater Seacoast Community Health's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended December 31, 2024. The Organization's major federal program is 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 compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended December 31, 2024.

Basis for Opinion on the Major Federal Program

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

We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the 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.

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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 U.S. generally accepted auditing standards, *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 the major federal program as a whole.

In performing an audit in accordance with U.S. generally accepted auditing standards, *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 the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the 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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, as discussed below, we did identify a certain deficiency in internal control over compliance that we consider to be a significant deficiency.

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Board of Directors
Greater Seacoast Community Health

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. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2024-001, to be a significant deficiency.

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.

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the internal control over compliance finding identified in our audit described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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

BDMP Assurance, LLP

Manchester, New Hampshire
May 19, 2025

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GREATER SEACOAST COMMUNITY HEALTH

Schedule of Findings and Questioned Costs

Year Ended December 31, 2024

Section 1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:			Unmodified	
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

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

Identification of major programs:

Assistance Listing Number	Name of Federal Program or Cluster
	Health Center Program Cluster

Dollar threshold used to distinguish between Type A and Type B programs:			$750,000	
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

Section 2. Financial Statement Findings

None

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Section 3. Federal Award Findings and Questioned Costs

Finding Number:	2024-001
Finding Type:	Significant Deficiency in Internal Controls Over Compliance related to Special Tests and Provisions
Information on the Federal Program:	Program Name: Health Center Program Cluster (AL numbers 93.224 and 93.527) Grant Awards: 2 H80CS04210-19-00 from May 1, 2023 through April 30, 2024 and 5 H80CS04210-29-00 from May 1, 2024 through April 30, 2025 Agency: U.S. Department of Health and Human Services, Health Resources and Services Administration Pass-Through Entity: N/A
Criteria:	In accordance with Section 330(k)(3)(G) of the Public Health Services Act (42 U.S. Code § 254b), as an FQHC, the Organization must have a sliding fee discount program in which the Organization's fee schedule is discounted based on a patient's ability to pay. In accordance with their policy, the Organization will monitor the accuracy of the discounts provided to patients by a monthly random audit of 15 visits where a sliding fee discount adjustment was received.
Condition:	The Organization did not perform monitoring activities as outlined above from July 2024 through December 2024 as required by the Organization's sliding fee discount policy.
Cause:	The Organization was unable to complete the task as expected due to an exceptionally high workload during this period. They were managing multiple priorities, which required their immediate attention, and as a result, were not able to allocate the necessary time to this particular responsibility.
Effect:	It is possible the Organization may not apply sliding fee discounts to patient charges consistent with its sliding fee discount program and these errors may not be detected and corrected in a timely manner.
Questioned Costs:	None
Repeat Finding:	No

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Section 3. Federal Award Findings and Questioned Costs (Concluded)

Finding Number: 2024-001 (Concluded)

Recommendation: To help maintain compliance with the Organization's sliding fee discount program and related policy, we recommend the Organization strengthen its internal controls by implementing the following:

1. Establish a Formal Monitoring Calendar: Develop and maintain a documented monitoring calendar that includes monthly deadlines and responsible personnel for completing the required audits. This calendar should be reviewed and approved by supervisory staff and integrated into regular compliance reporting.

2. Assign Backup Personnel: Designate and train at least one backup staff member to perform sliding fee discount audits during periods of high workload or staff absences in order to maintain continuity and timely completion of required monitoring activities.

3. Monthly Oversight Review: Require supervisory review and sign-off on the completion of each monthly audit to verify that the monitoring activities were conducted and documented appropriately.

Views of a Responsible Official and Corrective Action Plan: Management agrees with the finding and will implement the recommendations above and maintain consistency with their internal monitoring procedures moving forward.

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Ashley E. Wheeler, MS, CPS

[redacted] | [redacted]

Organized and outgoing public health and prevention professional with a passion for creating stronger communities through strategic planning, capacity building & facilitating meaningful engagement

Education

Merrimack College North Andover, MA

Masters of Science in Health and Wellness Management Class of 2016

Bachelor of Science in Health Science, Public Health Class of 2015

Work History

Greater Seacoast Community Health Somersworth, NH March 2019 – Present

Strafford County Public Health Network (SCPHN), Manager (February 2022 – Present)

SCPHN, Continuum of Care Manager (March 2019 – February 2022)

- Manage multiple grant programs related to public health priorities, including substance use, mental health, food security, chronic disease, vaccinations, and more
- Supervise team of SCPHN staff, providing leadership and support to their programs
- Develop and maintain budgets for all public health programs and contracts
- Identify, pursue and obtain more than $1.1M of additional funding to support SCPHN initiatives independently and in collaboration with the organization's grant writer
- Lead strategic planning efforts to develop 3-Year Community Health Improvement Plan
- Facilitate Advisory Council, as well as regional coalitions and other groups focused on substance use and mental health, food security, chronic disease and more
- Host professional development and community education, including annual conference
- Develop and disseminate educational, marketing, and other materials across information channels
- Maintain website and social media presence to act as an information hub related to priority areas
- Provide technical assistance to aid in the development of coalitions and other grassroots efforts
- Create and foster strategic partnerships and facilitate collaboration with community-partners
- Build capacity of stakeholders to contribute to the improvement of public health in our communities
- Act as the primary vaccine manager for flu and COVID-19 vaccination clinics including logistical coordination, budgets, state contracts and partner agreements and overseeing operations
- Support recruitment and coordination of Medical Reserve Corps (MRC) volunteers

City of Malden Board of Health Malden, MA July 2016 – March 2019

Substance Abuse Prevention Outreach Manager

- Managed all operational and financial aspects of Partnerships for Success grant program
- Utilized the Strategic Prevention Framework to develop and implement community-wide policy, system and practice change supporting substance use prevention
- Facilitated strategic planning and working group meetings with stakeholders
- Created and motivated network of professionals to work collaboratively across sectors
- Organized and hosted professional development workshops, community forums and events
- Provided technical assistance to organizations working locally in substance use prevention
- Assisted Health Department with daily functions such as customer assistance and accounts payable

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City of Melrose Health Department Melrose, MA March 2018 – June 2018
Substance Abuse Prevention Collaborative Project Assistant

- Managed quarterly e-newsletter content
- Tracked and recorded state legislative bills regarding alcohol policy
- Assisted in data collection efforts to inform on strategy development
- Provided administrative support to coordinator

Certifications & Qualifications

Certified Prevention Specialist March 2021
NH Prevention Certification Board

NAMI NH Connect Suicide Prevention Trainer August 2021
National Alliance on Mental Illness

CPR Certification for Healthcare Providers November 2023
American Heart Association

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Cory Towne-Kerr

[redacted]

Authorized to work in the US for any employer

Work Experience

Substance Misuse Prevention Coordinator

Strafford County Public Health Network-Somersworth, NH
March 2025 to Present

- Facilitate the Prevention Leadership Group monthly meetings with community partners
- Work with community members and partners to identify gaps in prevention/need for prevention in Strafford County and work as subgroups and/or coalitions to fill these gaps
- Provide community resources to partners and community members at outreach events
- Participate in advocacy work through lobbying efforts for bills affecting NH public health, making contact with NH legislators to voice our concerns and support around prevention-related issues, and host an annual legislative breakfast for Strafford County legislators and constituents
- Identify and complete prevention-related projects from our Community Health Improvement Plan (i.e. developing an STI prevention booklet for teens & young adults)

Case Manager

Brigid's House of Hope-Concord, NH
September 2024 to Present

• Work with survivors of human trafficking to identify permanent, stable housing
• Assist in applying for and accessing state benefits, applying for jobs, transportation to medical appts, etc.
• Assist in renewing Rapid Rehousing Vouchers
• Provide counseling and motivational interviewing to empower clients to make choices for themselves, and support them in these choices.

Senior Case Manager

AIDS Response Seacoast-Portsmouth, NH
March 2021 to Present

• After 2 years in my position I have become Senior Case Manager, and Food Pantry Manager • I work with people living with HIV
• I help my clients to get access to providers (infectious disease, primary care, etc.) medication, access to ADAP (AIDS Drugs Assistance Program) which helps pay for clients' medications and Dr. visits, safe housing, food, and transportation so they can thrive, stay undetectable, and ensure they do not pass the virus to others
• I complete bi-annual reassessments with clients that discusses a clients' physical and mental health, any substance use concerns, supports/relationships, sexual health, food security, medication adherence, and health literacy. With any needs that are identified, I work with clients to identify supports within their family, and community to aid them.
• I keep thorough case notes, monthly reports showing viral load suppression, housing and food stability among various demographics
• The position requires multi-tasking, organization, verbal and written communication skills, an understanding of insurance-how to apply, who is eligible for which plans, an understanding of food, shelter, mental and physical health, etc. resources in all of Rockingham and Strafford counties

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Diversion Coordinator

The Chase Home for Children-Portsmouth, NH

March 2017 to Present

• Receive referrals, complete intakes, and lead semimonthly contract committee meetings • Interview program volunteers, and ensure all necessary paperwork and follow-up duties are completed

• Meet weekly with diversion clients, ensuring they are working on contract obligations, and help them to develop skills (i.e. coping skills, healthy relationships, problem-solving, etc.)

• Work with clients and their families to provide education on communication skills and aid them in relationship building and providing parenting education

• Facilitate psychoeducational parent groups and youth wellness groups (focusing on mindfulness, coping skills, anger management, and emotion regulation)

• Reach out to client's supports (family, referral source, school personnel, therapist, etc.) to coordinate care and request phone calls/meetings when needed

• Complete all administrative responsibilities including meeting with the NHJCDN (New Hampshire Juvenile Court Diversion Network) every other month, and comply with accreditation standards

• Facilitate monthly Advisory Board meetings

• Meet periodically with PD's and school SAU's for which we provide services to, in order to provide program updates and ascertain how we can best meet their needs

• Train program interns, which includes training in how to co-facilitate groups and work individually with youth

• Weekly supervision with program interns and the Diversion Case Manager

Independent Living Coordinator

The Chase Home for Children-Portsmouth, NH

April 2014 to February 2017

• Facilitate weekly independent living skills groups with all residents

• Complete skills & needs assessments, and discharge plan paperwork for every resident

• Work one-on-one with residents on the independent living track, to hone the skills needed once they have left care such as maintaining employment, applying for colleges, obtaining housing, etc.

• Consistently communicate with Chase Home staff as well as residents' workers and families to ensure all relevant Independent living services are being utilized by the resident

Residential Supervisor

The Chase Home for Children-Portsmouth, NH

August 2012 to December 2013

• Supervise Residential Counselors and aid them in adhering to the mission statement of the Chase Home for Children

• Create quarterly and yearly appraisals for Residential Counselors, aid in creating treatment plans for residents

• Create daily itineraries, monthly reports for residents, and complete daily medication logs, following state documentation regulations

Residential Counselor

The Chase Home for Children-Portsmouth, NH

May 2010 to August 2012

• Aid residents in adhering to individual treatment plans

• Ensure the safety of residents and create daily therapeutic activities

• Complete daily paperwork: residents' individual achievement scores, log treatment goals each resident worked towards on a daily basis, and log about the day's events in the communication log

Teacher

NHASA-North Hampton, NH

August 2008 to June 2010

• Created lesson plans and taught cultural studies to grades 5-8

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• Aided in teaching essay writing to grades 5-12

• Monitored and assisted students during independent study sessions

Crisis Center Volunteer

SASS-Portsmouth, NH

2009 to 2009

• Attended and completed a 36-hour training program

• Had on-call shifts overnight and during the day for the crisis hotline
• Aided family, friends, and victims of sexual/domestic abuse through empathetic listening, as well as assisting in finding community-based support programs (food pantries, shelters, etc.)

• Attended a minimum of two SASS workshops/meeting per month.

Crisis Center Intern

YWCA-Manchester, NH

May 2007 to May 2007

• Sought donations for event to be held in community park in Manchester, NH

• Worked with my team members at the YWCA to raise awareness on the prevalence of domestic and sexual violence worldwide through a march downtown and public rally

Crisis Center Advocate Intern

YWCA-Manchester, NH

February 2007 to May 2007

• Aided in general office work including completing state regulated paperwork for non-profit organizations and gathering materials for outreach programs

• Answered crisis hotline calls during office hours

• Worked with victims who came into the office to find resources such as: financial aid, living accommodations, food, and lawyers, or simply lend a sympathetic ear

• Completed a 36-hour intensive crisis training program

• Counseled abuse victims on 24-hour crisis line for 12-hour shifts

• Answered and responded to hospital calls pertaining to victims of domestic/sexual assault

• Helped abuse victims in Manchester District Court and Hillsborough Superior Court 5fill out restraining orders and provided support during their court proceedings

Co-Facilitator

UNH Bringing In the Bystander Program-Durham, NH

February 2007 to May 2007

Aided in presenting the Bringing In the Bystander program (focused on the need for positive bystanders in cases of physical, domestic, sexual abuse, and how to empower oneself to be one) to classes, fraternities, local police departments, etc. around the area

Education

Bachelor's in Women's Studies

University of New Hampshire-Main Campus - Durham, NH

August 2004 to May 2008

Bachelor's in Women's Studies

Edith Cowan University in Perth - Perth WA

January 2006 to May 2006

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Skills

• Case Management
• Interviewing
• Social Work
• Presentation Skills
• Meeting Facilitation
• Human Resources
• Program Management
• Program Development
• Writing Skills
• Curriculum Development
• Group Therapy
• Motivational Interviewing
• Computer skills
• Organizational skills
• Verbal and written communication skills
• Multi-tasking
• Ability to empathize with and empower clients
• Reliable
• Self-starter
• Independent learner
• Interviewing
• Presentation skills
• Program management
• Human resources
• Driving
• Typing
• Curriculum development
• Non-clinical child and family counseling (through Diversion program) • Care plans

Certifications and Licenses

Driver's License

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Jason Usher, MPH

[redacted]

SUMMARY: Dedicated public health professional with several years of experience managing projects in public health. Proven record of successfully implementing and evaluating projects improving access to healthcare services for vulnerable populations. Experience translating complex data into insights and working closely with key-stakeholders to measure impact of clinical services and public health programs. Recognized for leadership skills and working well across cultures.

SKILLS: Project Management ▪ Public Health Surveillance ▪ Education and Training ▪ Survey Design ▪ Monitoring and Evaluation ▪ Community Based Participatory Research ▪ Quality Improvement ▪ Microsoft Office Suite ▪ R ▪ Electronic Health Records ▪ Spanish (Intermediate Proficiency)

EDUCATION:

Boston University School of Public Health — Boston, MA
Master of Public Health, Program Management — *Class of 2018*

George Washington University — Washington, DC
Bachelor of Arts, International Affairs — *Class of 2010*

EXPERIENCE:

Strafford County Public Health Network — Somersworth, NH
Emergency Preparedness Coordinator — *June 2024-Present*

- Develops and implements strategies to improve capacity of emergency response in the region
- Provides technical assistance to local community-based organizations related to emergency preparedness and response
- Maintains certifications and receives specialized training on incident command, public information dissemination, emergency operations response, disaster management, and others
- Leads a exercise series following the HSEEP format with a group of local emergency management leaders
- Manages Medical Reserve Corps of Strafford County, a volunteer group of medical and non-medical professionals who respond to incidents across the region and the state

Management Sciences for Health — Remote
Technical Advisor- Health Information Systems — *August 2021- May 2023*

- Provided technical assistance and training to projects and home office staff in project monitoring, data use and research tasks- including health information systems management, developing new use cases for applications, database design and statistical analysis
- Facilitated numerous trainings on technical topics such as database design, statistical analysis software and other digital tools
- Coordinated with several multinational teams working on digital health initiatives- such as mobile application deployment, statistical analysis support, data use and analysis, and reporting to donors
- Designed and developed data visualization using a variety of tools including Power BI and DHIS2

COPE Program/Brigham and Women's Hospital — Gallup, NM
Data and Testing Manager — *October 2020-April 2021*

- Managed COVID-19 contact tracing database with over 500 users on Navajo Nation by providing technical support and application design
- Supported tribal and federal healthcare facility staff using contact-tracing application and other epidemiology tools through direct technical assistance and holding in-person trainings at local hospitals and clinics
- Regularly reported to donors and facilitated regular check-in meetings with different teams and working groups
- Generated metrics for reporting to public health leadership at Navajo Nation Department of Health and Indian Health Service (IHS)
- Developed standard operating procedures for data management topics, such as data importing, report generating and EHR integration with the contact tracing database
- Traveled to remote sites on Navajo Nation to provide technical assistance and facilitate trainings

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Johns Hopkins University School of Public Health,
Center for American Indian Health Whiteriver, AZ
Research Associate *July 2018- November 2020*

- Day-to-day manager for multiple projects' digital data collection for mental and behavioral health programs and research projects at JHU field office on White Mountain Apache reservation
- Worked closely with community mental health workers to conduct assessments and assisted in case management follow-up visits in the community
- Performed daily surveillance of emergency department admissions at local IHS hospital for suicidal behavior using EHR system and submitted referrals to mental health services working on tribal reservation
- Monitored study progress and program data of a randomized control trial, including enrollment numbers and targets, study logs, assessment data, and communicated regularly with study team in Baltimore
- Provided technical assistance and training to other JHU sites and tribal partners developing suicide monitoring systems across multiple platforms

Boston University School of Public Health,
Department of Global Health Boston, MA
Graduate Research Assistant/Administrative Assistant *August 2017- May 2018*

- Assisted on economic evaluation measuring the costs and outcomes for different activities associated with an applied maternal-child health research program in Zambia
- Collected and analyzed data related to costs of construction and maintenance of 11 separate mother-shelter sites at health facilities in rural areas
- Disseminated new evidence regarding mother-shelters as public health interventions to academic journals
- Coordinated with the Executive Director and other administrative staff on human resources, research projects, conducting faculty searches, and others
- Supported department's digital communication tools, including emails, newsletters, and social media presence

Boston Ski and Tennis Newton, MA
Assistant Manager *August 2013-May 2017*

- Managed staff at retail store for ski and tennis equipment
- Assisted customers in selection of technical outdoor equipment and apparel
- Ensured proper inventory control procedures and product ordering were followed by all staff

Measured Progress Dover, NH
Test Scorer *April-September 2013*

- Scored state-mandated standardized assessments from across the U.S. and entered in centralized database
- Implemented quality control measures to ensure assessments were scored consistently
- Collaborated with teachers and program managers to improve processes and improve scoring accuracy

WorldTeach Ohangwena, Namibia
Volunteer English Teacher *January-December 2012*

- Taught English as a Foreign Language and Information/Communication Technology at secondary school
- Implemented school-wide National Reading Week program to increase student reading-level
- Assisted grade 12 students with CV writing, bursary and university applications
- Volunteered at local primary healthcare clinic as a nurse's assistant

Emergency Medical Technician Newmarket, NH
Newmarket Fire and Rescue *September 2010-December 2011*

- Provided emergency medical care via Basic Life Support ambulance
- Performed tasks at the EMT-Basic level by responding to medical emergencies and traumatic injuries
- Documented each run with electronic medical records
- Assisted with other duties at fire station

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[redacted]

Coreen Toussaint

Education

Southern NH University, Manchester, NH
Currently working toward BSN 2018 - Present
Great Bay Community College, Stratham, NH
Associate of Science in Nursing 2008
Received the President's Award at graduation
MacIntosh College, Dover, NH
Associate Degree Medical Office Technology 1998
Graduated Cum Laude

Work Experience

Goodwin Community Health, Somersworth NH (Dec.2012-Present)
Clinical Manager/Registered Nurse

- Perform comprehensive case management and care coordination for chronically ill and high utilizing patients to improve customer care and cost per patient ratios
- Oversee nurses when Clinical Director is off-site. Go-to person for many clinical needs and ensuring office is kept "in the flow".
- Schedule Coordinator for multiple sites and departments, which involves organizing shifts based on need and updating schedule based on personnel changes
- Assist with MAT and Prenatal departments coverage
- Preceptor for nurses and nursing students
- Oversee the medical assistants May 2020 to Present
- Established and implemented MAT program for substance use disorder population in 2016
- Assist with School Flu Clinical Program resulting in record number of students being vaccinated yearly since 2013
- Acted as a change agent in merger with Families First in 2018
- Implemented Team Based Care in 2020

Committees and Innovative Teams: Patient Experience Committee, Compliance Committee, Clinical Workflow Group, Trauma Informed Care, CQI, CHAN, Community Care Team, and Phone Improvement which is working on a LEAN project.

Rochester School District, Rochester NH (Nov.2012-May 2016)
Registered Nurse
Interventional Spine Medicine, Barrington NH (Nov.2009-Feb.2013)
Registered Nurse – Surgical Center
Strafford County Corrections, Dover NH (Sept. 2008-Nov. 2009)
Registered Nurse
Frisbie Memorial Hospital, Rochester NH (May 1999-Jan. 2008)
Unit Coordinator
Licensed Nurses Assistant

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Workshops and Training

BLS Certification - Good through July 2023
Communications Seminar January 2022
Saint Anselm's College Leadership Certificate Program 2021
Ambulatory Care Conference March 2019
NH Vaccination Conference 2018
Annual Drug Summits through One Voice – 2013 to 2018
Motivational Interviewing Training 2017
Recovery Coach Academy – March 2016
Suicide Prevention Training – May 2016
Ethical Considerations for Recovery Coaches – August 2016

Volunteering

Girl Scout Co-Leader 2007-2016
President Spaulding HS Hockey Boosters 2013-2016
Secretary Spaulding HS Lacrosse Boosters 2013-2016

FORM NUMBER P-37 (version 2/23/2023)

Subject: Regional Public Health Networks (RFA-2027-DPH-01-REGIO-09)

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 Mary Hitchcock Memorial Hospital		1.4 Contractor Address 1 Medical Center Drive Lebanon, NH 03756	
1.5 Contractor Phone Number 603-650-1801	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2028	1.8 Price Limitation $1,025,040
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: 8ACA3CFCA0CC438... Date: 5/21/2026		1.12 Name and Title of Contractor Signatory Edward J. Merrens, Chief Clinical Officer	
1.13 State Agency Signature DocuSigned by: D778BB63F9704C7... Date: 5/21/2026		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: DocuSigned by: 748734844941460...		On: 5/22/2026	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

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Contractor Initials

Date 5/21/2026

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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.

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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.

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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.

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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 four (4) 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 9, Termination, Subparagraph 9.2., is amended as follows:

9.2. Termination Procedure

9.2.1. In the event of the termination pursuant to Subparagraph 9.1., the Contractor shall immediately stop all work hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. The State will pay for cost of all Services and Deliverables for which Acceptance has been given by the State, provided through the date of termination but will not be liable for any costs for incomplete Services or winding down the Contract activities. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

9.2.2. Upon termination of the Contract, the State, in addition to any other rights provided in the Contract, may require Contractor to deliver to the State any property, including without limitation, Software and Written Deliverables, for such part of the Contract as has been terminated. After receipt of a notice

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of termination, and except as otherwise directed by the State, Contractor shall:

a. Stop work under the Contract on the date, and to the extent specified, in the notice;

b. Promptly, but in no event longer than ten (10) days after termination, terminate its orders and subcontracts related to the work which has been terminated, and settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of the State to the extent required, which approval or ratification shall be final for the purpose of this Section;

c. Take such action as the State directs, or as necessary to preserve and protect the property related to the Contract which is in the possession of Contractor and in which the State has an interest;

d. Take no action to intentionally erase or destroy any State Data, which includes State Data held by the Contractor's subcontractors;

e. Transfer title to the State and deliver in the manner, at the times, and to the extent directed by the State, any property which is required to be furnished to the State and which has been accepted or requested by the State;

f. Work with the State to develop a Services and Data Transition Plan per the "Contract End-of-Life Transition" requirements within this Contract; and

g. Provide written Certification to the State that Contractor has surrendered to the State all said property.

9.2.3. If the Contract has expired, or terminated prior to the Completion Date, for any reason, the Contractor must provide, for a period up to ninety (90) days after the expiration or termination, all transition services requested by the State, at no additional cost, to allow for the expired or terminated portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees ("Transition Services").

9.2.4. This covenant in paragraph 9 shall survive the termination of this Contract.

1.5. Paragraph 10, Property Ownership/Disclosure, Subparagraphs 10.2., through 10.8., is amended as follows:

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. The data must be returned to the State in a manner and format agreeable to the State.

10.3. Disclosure of data, information and other records shall be governed by NH RSA chapter 91- A and/or other applicable law, and Exhibit E - DHHS Information Security Requirements. Disclosure requires prior written approval of the State.

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10.4. In performing its obligations under this Agreement, Contractor may gain access to Confidential Information of the State. Confidential Information is defined in Exhibit E - DHHS Information Security Requirements.

10.5. Subject to applicable federal or State laws and regulations, Confidential Information shall not include information which:

10.5.1. Shall have otherwise become publicly available other than as a result of disclosure by the receiving Party in breach hereof;

10.5.2. Was disclosed to the receiving Party on a non-confidential basis from a source other than the disclosing Party, which the receiving Party believes is not prohibited from disclosing such information as a result of an obligation in favor of the disclosing Party; or

10.5.3. Is disclosed with the written consent of the disclosing Party.

10.6. A receiving Party also may disclose the disclosing Party's Confidential Information to the extent required by law or an order of a court of competent jurisdiction. Any disclosure of the Confidential Information shall require the prior written approval of the State. Contractor shall immediately notify the State if any request, subpoena or other legal process is served upon Contractor regarding the Confidential Information, and Contractor shall cooperate with the State in any effort the State undertakes to contest the request, subpoena or other legal process, at no additional cost to the State.

10.7. Contractor Confidential Information. Contractor shall clearly identify in writing all information it claims to be confidential or proprietary upon providing such information to the State. For the purposes of complying with its legal obligations, the State is under no obligation to accept the Contractor's designation of material as confidential. Contractor acknowledges that the State is subject to State and federal laws governing disclosure of information including, but not limited to, RSA Chapter 91-A. In the event the State receives a request for the information identified by Contractor as confidential, the State shall notify Contractor and specify the date the State will be releasing the requested information. At the request of the State, Contractor shall cooperate and assist the State with the collection and review of Contractor's information, at no additional expense to the State. Any effort to prohibit or enjoin the release of the information shall be Contractor's sole responsibility and at Contractor's sole expense. If Contractor fails to obtain a court order enjoining the disclosure, the State shall release the information on the date specified in the State's notice to Contractor, without any liability to the State.

10.8. This covenant in paragraph 10 shall survive the termination of this Contract.

1.6. Paragraph 12, Assignment/Delegation/Subcontracts, Subparagraph 12.1., is amended as follows:

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. In the event that the State does not consent to the assignment the State shall have the option to

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immediately terminate the Agreement without liability to or further compensation owed to Contractor, its successors or assigns.

1.7. 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 must 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 must manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor must annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance. Failure to enter into Business Associate Agreements with its subcontractors that create or receive protected health information on the behalf of the State through this Contract, and failure to comply with the implementation specifications for such agreements is a direct HIPAA violation by the Contractor.

1.8. The following Paragraphs are added and made part of the P37:

27. Force Majeure

27.1. Neither Contractor nor the State shall be responsible for delays or failures in performance resulting from events beyond the control of such Party and without fault or negligence of such Party. Such events shall include, but not be limited to, acts of God, strikes, lock outs, riots, and acts of War, epidemics, acts of Government, fire, power failures, nuclear accidents, earthquakes, and unusually severe weather.

27.2. Except in the event of the foregoing, Force Majeure events shall not include the Contractor's inability to hire or provide personnel needed for the Contractor's performance under the Contract.

28. Requirements for Web Content and Mobile Application Accessibility.

28.1. Under Title II of the Americans with Disabilities Act, the State is required to provide equal access to all of its services, programs, and activities that are provided or made available to the public (whether directly or through contractual, licensing, or other arrangements) via the web and mobile applications. Accordingly, all web content and mobile applications developed, delivered, or otherwise furnished by Contractor pursuant to the terms and conditions of this Agreement shall comply with all applicable accessibility requirements under 28 C.F.R. § 35.200 and the technical standards for web content and mobile application accessibility specified in version 2.1., of the Web Content Accessibility Guidelines at Level AA conformance.

28.2. Contractor acknowledges and agrees that the State may require Contractor's compliance with the web content and mobile application accessibility standards

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set forth in Paragraph 28.1., to be determined by a third-party selected by the State in its sole and discretion.

29. Exhibits/Attachments

The Exhibits and Attachments referred to in and attached to the Contract are incorporated by reference as if fully included in the text of the Contract.

30. Non-Exclusive Contract

The State reserves the right, at its discretion, to retain other vendors to provide any of the Services or Deliverables identified under this Agreement. Contractor shall make best efforts to coordinate work with all other State vendors performing Services which relate to the work or Deliverables set forth in the Agreement. The State intends to use, whenever possible, existing Software and hardware contracts to acquire supporting Software and hardware.

31. Prohibited Technologies

a. No equipment or services listed on the State of New Hampshire's Prohibited Technologies List may be used, as required by in Executive Order 2022-09; and

b. No equipment or services on the FCC Covered List may be used as required by The Secure and Trusted Communications Networks Act of 2019, Pub. L. No. 116-124, 133 Stat. 158 (2020) (codified as amended at 47 U.S.C. §§ 1601–1609).

32. Order Of Precedence

In the event of conflict or ambiguity among any of the text within this agreement, the following Order of Precedence shall govern:

In the event of conflict or ambiguity among any of the text within the awarded Agreement, the following Order of Precedence shall govern:

i. State of New Hampshire, Department of Health and Human Services Contract Agreement.

ii. State of New Hampshire, Department of Health and Human Services RFP.

iii. Vendor Proposal Response.

iv. Additional Contractor Provided Documents, if applicable.

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Scope of Services

1. Statement of Work

1.1. The Contractor must serve as a lead organization to oversee a Regional Public Health Network (RPHN) and ensure the delivery of public and behavioral health services within the Sullivan Country and Upper Valley regions. The Contractor must provide a broad range of public health services for the following Department programs:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care (CoC) Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Public Health Advisory Council (PHAC).

1.1.5. Public Health Emergency Preparedness, including:

1.1.5.1. Community Preparedness;

1.1.5.2. Regional Stakeholder Engagement;

1.1.5.3. Regional Community Engagement;

1.1.5.4. Response Readiness;

1.1.5.5. Training and Exercises;

1.1.5.6. Response Capacity; and

1.1.5.7. Volunteer Management.

1.2. **Substance Misuse Prevention**. The Contractor must provide the following services:

1.2.1. Leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-informed primary prevention approaches, programs, policies, and services in collaboration with the Department's Bureau of Drug and Alcohol Services (BDAS), including:

1.2.1.1. Implementation of the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework which includes assessment, capacity development, planning, implementation, and evaluation.

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1.2.1.2. Ensuring focus on collaboration with other prevention statewide funded programs, including but not limited to: Juvenile Justice Network, Getting to Y- NH, NH Harm Reduction Coalition, Multi-tiered System of Support-Behavioral Health, Student Assistance Network, and Young Adult Strategies.

1.2.1.3. Utilizing a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. The Contractor must ensure regional data driven primary prevention approaches are consistent with the Center for Substance Abuse Prevention (CSAP) categories, but do not need to include all CSAP categories.

1.2.1.4. Supporting and advancing the implementation of evidenced-informed approaches, programs, policies, and services within the region served through community engagement and mobilization.

1.2.1.5. Advancement, promotion, and implementation of substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.1.6. Compliance with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.1.7. Ensuring substance misuse prevention is addressed at PHAC meetings, and with a bi-directional exchange of

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information, to advance efforts of substance misuse prevention initiatives.

1.2.1.8. Assisting, as directed by the Department's BDAS, with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.3. Substance Misuse Prevention Coordination and CoC Facilitation. The Contractor must:

1.3.1. Consider and apply the SPF and Assets and Gaps Analysis, and in collaboration with the Department's BDAS, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year Strategic Plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.3.2. Develop a bi- annual Work Plan for Department approval that guides actions and includes outcome-based performance measures and alignment with the three (3) year Strategic Plan. Based on changing and emerging local conditions, the Contractor must adapt Work Plans as necessary with approval by the Department.

1.3.3. Report progress on the Work Plan and three (3) year Strategic Plan including outcomes via a secure depository system approved or directed by the Department.

1.3.4. Report activity data accurately into a system designated or approved by the Department on a monthly basis.

1.3.5. Maintain a substance misuse leadership team consisting of regional representatives with special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.3.6. Produce and disseminate an Annual Report that demonstrates successes, challenges, outcomes from the previous year and projected deliverables for the following year, as directed and approved by BDAS.

1.3.7. Participate in RPHN Substance Misuse meetings as directed by

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BDAS.

1.4. Continuum of Care

1.4.1. The Contractor must facilitate implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), in collaboration with the Department's BDAS, ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.4.2. The Contractor must provide leadership and support for activities that assist the Department's BDAS in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor must:

1.4.2.1. Engage regional partners in conducting a regional asset and gap analysis, and ongoing update of regional assets and gaps. The Contractor must ensure regional partners include:

1.4.2.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.4.2.1.2. Primary health care providers.

1.4.2.1.3. Behavioral health care providers.

1.4.2.1.4. Other interested and/or affected parties approved by the Department.

1.4.2.2. Facilitate and/or provide support for initiatives that result in:

1.4.2.2.1. Increased awareness of and access to services.

1.4.2.2.2. Increased communication and collaboration among providers.

1.4.2.2.3. Increased capacity and delivery of services.

1.4.2.3. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.4.2.4. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorways.

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1.4.2.5. Collaborate with the Contractor's partnering stakeholders/organizations to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.4.2.5.1. Health service providers.

1.4.2.5.2. Public and charter schools and institutes of higher education.

1.4.2.5.3. Police and fire stations.

1.4.2.5.4. Municipal government buildings.

1.4.2.5.5. Businesses in every community of the region.

1.4.2.5.6. Other organizations, as directed by the Department.

1.4.2.6. Disseminate and distribute overdose prevention education resources, Naloxone, testing strips and Naloxone kits to reach high-need, high-risk populations within the region served.

1.4.2.7. Engage regional stakeholders to assist with information dissemination.

1.5. The Contractor must provide Substance Misuse Prevention and CoC technical assistance and training, as requested, in formats specified by the Department, including but not limited to, the following:

1.5.1. Attendance at community of practice meetings and/or activities.

1.5.2. Working with designated BDAS technical assistance and data and/or evaluation contractors to develop metrics and measures to evaluate outcomes and use aggregate data and tools to demonstrate outcomes.

1.5.3. Attendance at all regularly scheduled Department RPHN substance misuse meetings.

1.5.4. Attendance at additional meetings, conference calls, and webinars as required by the Department.

1.5.5. Ensuring the Substance Misuse Prevention Coordination (SMPC) lead staff are credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium

(IC&RC), and the New Hampshire Prevention Certification Board.

1.5.6. Ensuring SMPC lead staff attend required trainings, including Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.5.7. Ensuring CoC facilitation lead staff are familiar with the SPF and RROSC systems development within NH.

1.6. **Overdose Prevention Response.** The Contractor must:

1.6.1. Conduct an initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN, at the direction of the Department, for the project period.

1.6.2. Conduct a needs assessment to inform response efforts that include:

1.6.2.1. Gathering regional and local level data related to alcohol and other drug overdoses.

1.6.2.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.6.2.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include:

1.6.2.3.1. Doorways.

1.6.2.3.2. Recovery care organizations.

1.6.2.3.3. Treatment providers.

1.6.2.3.4. Law enforcement.

1.6.2.3.5. Hospitals.

1.6.2.3.6. Other organizations, as directed by the Department.

1.6.3. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care and distribute and disseminate resources.

1.6.4. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

1.6.5. Participate in other training courses and meetings, as requested by the Department.

1.7. **Public Health Advisory Council**. The Contractor must:

1.7.1. Coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction for public health activities within the region served.

1.7.2. Maintain a set of operating guidelines or by-laws for the PHAC.

1.7.3. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team to complete the following:

1.7.3.1. Approve regional health priorities and implement high-level deliverables and strategies.

1.7.3.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.7.3.3. Form and/or identify already existing committees and workgroups to address specific strategies and public health topics.

1.7.3.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.7.3.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.7.3.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.7.4. Ensure the PHAC leadership team meets at least quarterly to complete the following:

1.7.4.1. Draft and share of meeting minutes are available to the public upon request.

1.7.4.2. Ensure all members of the PHAC sign a conflict- of-interest statement, as provided by the Department.

1.7.4.3. Coordinate with the Department to collect, analyze, and disseminate data related to the health status of the

region, educate network partners about on-line and other sources of data, and participate in community health assessments.

1.7.4.4. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complementary and shared public health outcomes.

1.7.4.5. Review the regional CHIP and SHIP annually and develop action plans for the services in this RFA, as advised by the PHAC.

1.7.4.6. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.7.4.7. Publish an Annual Report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.7.4.8. Advance the work of RPHNs by conducting educational and training programs annually to RPHN partners and others.

1.7.4.9. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.7.4.10. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.8. The Contractor must provide PHAC technical assistance and training, as requested, in formats specified by the Department. This includes, but is not limited to:

1.8.1. Attendance at semi-annual meetings of PHAC leadership

convened by Department's Division of Public Health and/or BDAS.

1.8.2. Completion of a PHAC technical assistance needs assessment in a format approved by the Department.

1.9. **Public Health Emergency Preparedness.** The Contractor must provide the following services:

Community Preparedness

1.9.1. The Contractor must provide leadership and coordination to improve regional public health emergency response plans and ensure partner organizations have the capacity to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor must:

1.9.1.1. Submit an annual Work Plan by July 30th in Year 1 of the Agreement, and thereafter, submit an annual a 12-month Work Plan by June 1st utilizing a Department-provided template addressing regional preparedness priorities that are aligned with the Scope of Services in this Agreement and reflect the Center for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

1.9.1.2. Attend and participate in all statewide and regional meetings as directed by the Department, including:

1.9.1.2.1. Public Health Emergency Preparedness (PHEP)/Volunteer Management meetings held every two (2) months and led by the Department.

1.9.1.2.2. Monthly Regional Public Health Network (RPHN)/State Coordination Calls led by the Department.

1.9.1.2.3. Quarterly Hospital Emergency Management Coordination (HEMC)/RPHN meetings led by the Granite State Healthcare Coalition and the Department.

1.9.1.3. Facilitate other meetings as directed by the Department.

1.9.1.4. Participate in the following projects, as directed by the Department:

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1.9.1.4.1. The annual RPHN PHEP site visit with the RPHN Administrator to assess contract and programmatic compliance, including:

1.9.1.4.1.1. Compliance with contract requirements, including planning, training, exercise, response readiness, volunteer management, financial reporting, and reporting on Work Plan activities.

1.9.1.4.1.2. Implementation of preparedness activities outlined in the regional Work Plan.

1.9.1.4.1.3. Tracking and reporting on progress for any corrective actions identified during the visit indicating which corrective actions have been resolved.

1.9.1.5. Participate in a biennial site visit with the Department's Strategic National Stockpile (SNS) coordinator and RPHN program administrator to assess capacity and readiness, which includes:

1.9.1.5.1. Completing the Department-provided evaluation workbook.

1.9.1.5.2. Attending the SNS site visit to review the workbook, verify its components, and discuss findings.

1.9.1.5.3. Identifying at least one (1) area for improvement within the program area, by the end of each biennial SNS site visit,

1.9.1.5.4. Developing and submitting an improvement plan within 30 days of the SNS site visit including a timeline for completion.

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1.9.1.5.5. Incorporating corrective actions identified in the SNS Improvement Plan into regional priorities and plans.

1.9.1.5.6. Reporting on progress on corrective actions at three (3), six (6), nine (9), and twelve (12) month intervals indicating which corrective actions have been resolved.

1.9.1.5.7. Participation in at least 90% of Department-led Regional Public Health Emergency Annex (RPHEA) template project meetings to support the development of new and revision of current RPHEA template components.

1.9.1.5.8. Reviewing and updating the RPHEA Base Plan every two (2) years, making sure to incorporate partner feedback.

1.9.1.5.9. Submitting the updated RPHEA Base Plan to the Department's SharePoint site by April 1st every two (2) years for review and feedback.

1.9.1.5.10. Incorporating feedback into the final RPHEA Base Plan and uploading it to the Department's SharePoint site by June 30 of each contract year.

1.9.1.6. In collaboration with regional partners and designated workgroups, conduct an annual review and update of the RPHEA Annexes and Attachments, including the Critical Contact Sheet, Facility Activation Attachments, and other RPHEA components prioritized by the Department. This process must include the following actions:

1.9.1.6.1. Submitting updated Annexes and Attachments to the Department's SharePoint site for review and feedback.

1.9.1.6.2. Incorporating feedback into the RPHEA Annexes and Attachments and uploading the final versions to the Department's SharePoint site each contract year.

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1.9.2. The Contractor must disseminate the Department-approved updated RPHEA plan to all identified regional partners and conduct at least two (2) training or education sessions to ensure that a minimum of 80% of partners demonstrate awareness of their roles and responsibilities outlined in the RPHEA, as assessed through a post-training evaluation, by June 30th of each contract year.

1.9.3. The Contractor must participate in the development of the Statewide Jurisdictional Risk Assessment (JRA), as directed by the Department, ensuring regional risks are identified and incorporated into the State JRA report, which includes:

1.9.3.1. Attending scheduled JRA sessions.

1.9.3.2. Providing regional input during JRA sessions.

1.9.3.3. Within three (3) business days of receiving the Department's request, distributing surveys to partners to gather input for the JRA, ensuring at least 75% of identified regional partner organizations respond

1.9.4. The Contractor must participate in the development of the Statewide Integrated Preparedness Plan (IPP) by attending the IPP workshop and providing regional input.

1.9.5. The Contractor must hold regional workshops to gather partner input on public health and health care priorities, including:

1.9.5.1. Using the Department-provided template, annually updating the regional IPP, ensuring it includes a four (4)-year calendar that addresses all PHEP elements including Preparedness (P), Skills/Training/Exercises (S/T/Ex), and Equipment and Technology (E/T).

1.9.5.2. Submitting the finalized regional IPP to the Department by May 1st annually for review and approval.

1.9.5.3. Uploading the final regional IPP to the Department's SharePoint site by June 1st annually.

1.9.6. The Contractor must maintain active access to and operational capability in all required systems designated or approved by the Department, ensuring readiness through regular monthly or quarterly logins and completion of associated reporting requirements.

1.9.7. The Contractor must promote training opportunities at least twice

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annually for applicable systems designated or approved by the Department and related modules to community organizations, partners, and volunteers. Training announcements must be distributed to all identified partners and volunteer groups, as appropriate, by June 30th of each contract year.

1.9.8. The Contractor must ensure all account information is up to date and inform the Department about any personnel or access changes as soon as possible, but no later than three (3) business days.

Regional Partner Engagement

1.9.9. The Contractor must identify, engage, integrate, strengthen, and sustain community partnerships to improve public health preparedness, community resilience, and the capacity of partnering organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. This includes, at a minimum, the following activities:

1.9.9.1. Ensuring the PHEP Planning Committee has multidisciplinary partner representation, including at least one (1) representative from each of the following sectors within the RPHN catchment area:

1.9.9.1.1. Long-Term Care Facilities (LTCFs).

1.9.9.1.2. Home Health Agencies.

1.9.9.1.3. Behavioral Health Providers (must include a representative from a Community Mental Health Center).

1.9.9.1.4. Urgent Care Centers (at least one representative from each chain).

1.9.9.1.5. Pharmacy Chains.

1.9.9.1.6. Independent Pharmacies.

1.9.9.1.7. Correctional Facilities (where applicable).

1.9.9.1.8. A school district or school superintendent.

1.9.9.1.9. Local fire department official.

1.9.9.1.10. Emergency Medical Services (EMS), including volunteer, fire-based, private, and municipality-based services.

1.9.9.1.11. Law Enforcement officials.

1.9.9.1.12. Representation from each organization/partner in the following sectors:

1.9.9.1.12.1. Hospitals.

1.9.9.1.12.2. Local Emergency Management Agencies or officials.

1.9.9.1.12.3. Homeland Security and Emergency Management (HSEM) Community Stakeholder Liaisons serving the RPHN catchment area.

1.9.9.1.12.4. Local Health Officers.

1.9.9.2. Convening Regional PHEP Planning Committee meetings at least every other month, with participating from the sectors outlined in Section 1.9.9.1.

1.9.9.3. Consulting additional regional partners (e.g., faith-based organizations, key business partners, civic groups) to inform plan development.

1.9.9.4. Maintaining an up-to-date contact list by sector, as outlined in Section 1.8.7.1.

1.9.9.5. Discussing workforce challenges and gaps related to volunteer management and incorporate partner feedback into volunteer training.

1.9.10. The Contractor must disseminate all Health Alert Network (HAN) messages to eligible local partners within one (1) business day for non-emergency messages and within two (2) hours for urgent messages, for each contract year. This includes:

1.9.10.1. Promoting enrollment into the HAN system to eligible regional partners. Eligible HAN partners include, but are not limited to:

1.9.10.1.1. State and local health officers,

1.9.10.1.2. Hospitals and healthcare facilities,

1.9.10.1.3. Emergency medical services (EMS),

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1.9.10.1.4. Local public health and safety officials,

1.9.10.1.5. Clinical providers,

1.9.10.1.6. Emergency management agencies, and

1.9.10.1.7. Other public health, healthcare, and emergency response organizations identified by the Department as critical to public health preparedness and response.

Regional Community Engagement

1.9.11. The Contractor must complete the following Regional Community Engagement activities:

1.9.11.1. By June 30th of each contract year, coordinate at least eight (8) community preparedness training courses on the following topics:

1.9.11.1.1. Family, individual, and pet preparedness sessions (minimum of two (2) per year).

1.9.11.1.2. “Stop the Bleed” training (minimum of four (4) per year).

1.9.11.1.3. CPR/First Aid (minimum of two (2) per year).

1.9.11.2. For each Community Preparedness training, the Contractor must:

1.9.11.2.1. Coordinate training logistics including securing training venue, coordinating trainers, developing and disseminating promotional materials, and managing training registration.

1.9.11.2.2. Develop training content, if applicable.

1.9.11.2.3. Ensure training materials are prepared and available during the preparedness training. Any existing materials should be used with minor adjustments allowed to tailor content for specific audiences.

1.9.11.2.4. Collect and submit post-training evaluation documentation in a format approved by the Department.

1.9.11.2.5. Participate in the Department's annual community preparedness awareness activities, including:

1.9.11.2.5.1. Sharing all of the Department's social media and community preparedness press releases.

1.9.11.2.5.2. Attending at least one (1) regional emergency preparedness awareness event annually to promote individual, family, or pet preparedness, either in coordination with the Department or at an independently identified event that meets the same goal, using Department-provided or Department-approved materials.

1.9.11.2.5.3. Promoting NH Alerts enrollment via partner channels and social media at least twice per year, using methods such as email campaigns, newsletters, RPHN presentations, and meetings.

Response Readiness

1.9.12. The Contractor must maintain the capability to respond to all-hazard emergencies with public health and healthcare impacts by directly managing small-scale response activities, defined as activities that can be managed and resolved using available local or regional resources, and participating in Department-led larger scale responses. All hazard emergencies may include, but are not limited to:

1.9.12.1. Biological Incidents: Accidental or natural outbreaks of high-consequence diseases, or the intentional release

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of pathogens (e.g., bacteria, viruses, or toxins) that may cause widespread illness, disability, or death in humans or animals.

1.9.12.2. Natural Hazards: Hurricanes, floods, earthquakes, wildfires, severe storms, tornadoes, winter weather events, and other natural disasters that disrupt community health and healthcare services.

1.9.12.3. Technological and Infrastructure Hazards: Dam or levee failures, chemical or radiological spills or releases, nuclear accidents, and other technological or infrastructure failures that threaten public health and safety.

1.9.12.4. Human-Caused Incidents: Intentional acts such as terrorism, mass violence, or other deliberate disruptions.

Training and Exercises

1.9.13. The Contractor must ensure participation in all Department-led open and closed Points of Dispensing (POD) planning activities, as requested. This includes meetings, trainings, workshops, and exercises for each contract year. PODs include:

1.9.13.1. Open PODs: Public locations such as schools, community centers, municipal buildings, public clinics, etc.

1.9.13.2. Closed PODs: Targeted sites not open to the public that offer Medical Countermeasures (MCMs), such as long-term Care facilities, businesses, and police/fire departments, and that dispense medication or MCMs to a specific population (e.g., residents or employees).

1.9.14. The Contractor must participate in statewide full-scale exercises testing medical surge and/or POD response plans as requested by the Department. This includes:

1.9.14.1. Coordinating with the Department on emergency scenarios and the scope of the exercise.

1.9.14.2. Serving as the regional exercise lead, establishing and guiding a planning team to coordinate local and regional

participation, and overseeing the successful design, conduct, and evaluation of the exercise.

1.9.14.3. Participating in exercises, such as open POD activities or volunteer management coordination at medical surge locations.

1.9.14.4. Participating in after-action meetings and providing regional feedback.

1.9.15. The Contractor must conduct a minimum of one (1) regional partner POD training and one (1) regional POD exercise per contract year, following the Homeland Security Exercise and Evaluation Program (HSEEP) framework, which includes:

1.9.15.1. Developing an annual POD training and exercise calendar and distributing it to all regional partners.

1.9.15.2. Managing exercise design and implementation in accordance with the HSEEP framework.

1.9.15.3. Managing training and exercise logistics, including securing space if held in person.

1.9.15.4. Inviting all open and closed POD partners to participate in at least one (1) training or exercise annually and ensuring that at least 75% of both open and closed POD partners attend.

1.9.15.5. Sending invitations and save-the-dates at least 60 days in advance, with regular reminders to maximize partner participation.

1.9.15.6. Managing and tracking registrations and participation.

1.9.15.7. Developing and submitting a corrective action plan to the Department to improve engagement if the 75% participation threshold in Section 1.9.15.4. is not met, to be delivered to the Department within fifteen (15) business days.

1.9.15.8. Implementation of the corrective action plan must be within 30 business days of Department approval unless additional time is approved by the Department in writing.

1.9.16. The Contractor must conduct post-training and post-exercise evaluations using Department-provided templates (e.g., surveys, hotwash/debriefing sessions), which includes:

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1.9.16.1. Participating in other Department-led exercises (discussion-based, functional, or full-scale).

1.9.16.2. Completing all required after-action processes within 60 calendar days of each RPHN-led regional exercise.

1.9.16.3. Conducting a debriefing session immediately following the event.

1.9.16.4. Holding at least one (1) after-action meeting with stakeholders for every exercise conducted.

1.9.17. The Contractor must develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within sixty (60) business days of the exercise. The report must summarize objectives, strengths, areas for improvement, and corrective actions, and be used to track progress and apply lessons learned to future planning, training, and exercises.

Response Capacity

1.9.18. The Contractor must ensure readiness and capacity for PHEP and small-scale response events, including the following:

1.9.18.1. Operation of small-scale PODS;

1.9.18.2. Support for large-scale public health operations, such as PODs and other types of public health clinics;

1.9.18.3. Support for medical countermeasure distribution to home-based populations;

1.9.18.4. Disaster sheltering operations; and

1.9.18.5. Surge capacity through Neighborhood Emergency Health Center (NEHC), Alternate Health System (AHS), and Family Assistance Center (FAC)/Family Reunification Centers (FRC).

1.9.19. The Contractor must plan for and maintain small-scale response capability, including the ability to independently operate an open POD serving up to 250 people per day for three (3) consecutive days within 72 hours of notice, as directed by the Department and per Department guidance. PODs must be located in areas accessible to at-risk populations and people with disabilities. This includes:

1.9.19.1. Identifying and maintaining agreements with Open POD facilities.

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1.9.19.2. Maintaining Open POD operational plans and agreements.

1.9.19.3. Updating Open POD facility point-of-contact lists annually.

1.9.19.4. Operating under the medical direction (if applicable) of the Department or its designated medical contractor.

1.9.19.5. Making copies of standing orders, emergency protocols, and Vaccine Adverse Event Reporting System (VAERS) instructions available at all clinics.

1.9.19.6. Independently managing all operational aspects, including site set up and logistics, staffing and role assignments, client flow and operations, implementation of medical guidance and standing orders, communication with the Medical Director or designee, inventory management, responder safety and health, communications and information management, throughput and efficiency, and demobilization and recovery, as outlined in the RPHEA.

1.9.20. The Contractor must recruit, train, and retain qualified medical and non-medical volunteers to support clinic operations. Qualified medical staff must have the following credentials:

1.9.20.1. Clinical license or copy from the NH online license verification showing the license type, expiration, and status (e.g. RNs, APRNs, FNP-Cs, MDs, DOs).

1.9.20.2. Current Basic Life Support (BLS) certification.

1.9.21. The Contractor must procure necessary supplies to conduct vaccine clinics, including but not limited to emergency management medications, equipment, and needles.

1.9.22. The Contractor must complete the required clinic operational reports within thirty (30) business days of the event, including the final throughput report and final inventory usage report.

1.9.23. The Contractor must report any adverse events or incidents:

1.9.23.1. Within two (2) business days for unusual events not related to individual safety

1.9.23.2. As soon as possible, but within 24 hours, for events impacting individual safety, including adverse reactions, medication

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errors, patient consent errors, or any other life safety event compromising care or safety.

1.9.24. Within sixty (60) business days after an incident closes, the Contractor must complete all required after-action processes, including:

1.9.24.1. Conducting a debriefing immediately following the event.

1.9.24.2. Holding at least one (1) after-action meeting with stakeholders.

1.9.24.3. Developing and submitting an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.25. The Contractor must ensure proper vaccine storage, handling, and management, and must:

1.9.25.1. Submit a signed Vaccine/Immunoglobulin (IG)/Pharmaceutical Management Agreement to New Hampshire Immunization Program (NHIP) annually, ensuring all listed requirements are met by providers administering vaccines, IG, or other NHIP-supplied pharmaceuticals.

1.9.25.2. Submit a signed Vaccination Provider Agreement to NHIP annually.

1.9.25.3. Ensure the PHEP Coordinator completes the NHIP vaccination training annually.

1.9.25.4. Retain a copy of PHEP Coordinator training certificates on file.

1.9.25.5. Use NHIP training materials or other Department-approved materials to train POD staff on vaccine administration, ordering, storage, and handling.

1.9.25.6. Retain a copy of all training materials on site for reference during PODs.

1.9.25.7. Ensure vaccine is stored at the manufacturer's recommended temperatures at all times while in the Contractor's custody.

1.9.25.8. Record temperatures twice daily, AM and PM, during normal business hours for the primary refrigerator, and hourly when the vaccine is stored outside the primary refrigerator.

1.9.25.9. Maintain an emergency backup plan in case of primary refrigerator failure.

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1.9.25.10. Use temperature data logger for all vaccine monitoring, including while stored in the primary refrigerator and during any time outside of it.

1.9.25.11. Complete the following for the vaccine supply:

1.9.25.11.1. Account for every dose of vaccine.

1.9.25.11.2. Submit a monthly temperature log for the vaccine storage refrigerator.

1.9.25.11.3. In the event of a vaccine temperature excursion (i.e., when stored vaccine experiences temperatures outside the manufacturer's recommended range), the Contractor must:

1.9.25.11.3.1. Immediately quarantine the vaccine in an appropriate temperature-controlled setting, separate it from other vaccine, and label it "DO NOT USE."

1.9.25.11.3.2. Contact the manufacturer immediately to explain the duration and temperature details of the event to determine if the vaccine is still viable.

1.9.25.11.3.3. Notify NHIP immediately after contacting the manufacturer.

1.9.25.11.3.4. Submit a Cold Chain Incident Report and Data Logger Report to NHIP within 24 hours of the temperature excursion.

1.9.25.12. Ensure consent for vaccination, medication administration, infectious disease testing, and participation in New Hampshire Immunization Information System (NHIIS). The Contractor must:

1.9.25.12.1. Use the consent processes provided by medical direction, approved by the Department, to obtain consent from parents/legal guardians of individuals under age 18, and for individuals over the age of 18 who have a legal guardian.

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1.9.25.12.2. Distribute, obtain, verify, and store written or electronic consent forms prior to vaccine administration, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations.

1.9.25.12.3. Ensure a signed consent form is obtained before any vaccine, medication, or infectious disease outbreak testing is administered.

1.9.25.12.4. Maintain a written or electronic record of consent via a secure depository system approved or directed by the Department.

1.9.25.12.5. Maintain vaccine administration records for all individuals vaccinated, in compliance with HIPAA and other state and federal regulations.

1.9.25.12.6. Ensure individuals are notified that they may elect not to participate in vaccinations, NHIIS, treatment, and/or testing at any time.

1.9.25.12.7. Provide each patient, or the patients' parent/legal guardian, if applicable, the opportunity to opt-in or opt-out of NHIIS in accordance with RSA 141-C:20-f, II-a.

1.9.25.12.8. Obtain explicit consent before sending any personal information to NHIIS.

1.9.25.12.9. Only enter vaccine administration records for individuals who have opted in and provided explicit consent.

1.9.25.12.10. Maintain all completed opt-in consent forms, in either paper or electronic format.

1.9.25.12.11. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a Vaccine Information Sheet (VIS) to the patient, legal guardian, or parent on the day of vaccination.

1.9.25.13. The Contractor must perform the following tasks within 24 hours of completing each clinic:

1.9.25.13.1. Update the NHIIS with vaccines administered and wasted, as outlined in Section 1.9.25.12

and in accordance with RSA 141-C:20-f, II-a. This includes:

1.9.25.13.1.1. Ensuring doses entered match the clinical documentation.

1.9.25.13.1.2. Submitting the hourly vaccine temperature log for the period the vaccine was stored outside of the primary refrigerator.

1.9.25.13.1.3. Submitting totals to NHIP outside of the vaccine ordering system, including:

1.9.25.13.1.3.1. Individuals vaccinated, by age group and vaccineformulation/ lot number.

1.9.25.13.1.3.2. Vaccines wasted, by formulation/lot number.

1.9.26. The Contractor must develop and maintain capacity to vaccinate and/or dispense medication to at least 50% of identified home-based populations who do not have access through alternate means, within Department- established timelines, which includes:

1.9.26.1. Developing and annually updating a home health agency contact list.

1.9.26.2. Developing operational procedures and protocols for home-based vaccination/medication dispensing in accordance with the Department's medical direction. These procedures and protocols must, at a minimum, address:

1.9.26.2.1. Criteria for defining "home-based populations" (e.g., homebound individuals, individuals with disabilities, or those lacking transportation).

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1.9.26.2.2. Methods for identifying eligible individuals (e.g., home health agency referrals, local registries, social service partners).

1.9.26.2.3. Establishing and maintaining, including annual review and update of, Memorandums of Understanding (MOUs) with home health agencies, visiting nurse services, and other community-based organizations.

1.9.26.2.4. Defining roles and responsibilities for RPHN, volunteers, and partner agency staff.

1.9.26.2.5. Resource planning, including cold chain management, PPE, and communication tools.

1.9.26.2.6. How teams are activated, assigned, and tracked.

1.9.26.2.7. Client communication, including notification of eligibility, appointment scheduling, and consent procedures.

1.9.26.2.8. Delivery, transport, storage, and administration of MCMs in home settings, including infection control practices.

1.9.26.2.9. Documentation of doses administered, inventory used, and client follow-up in Department-approved systems.

1.9.26.2.10. Responder safety procedures, including PPE use, exposure control, and staff check-ins.

1.9.26.2.11. Real-time communication protocols between dispensing teams, Medical Director/clinical oversight, and the Department.

1.9.26.2.12. Access considerations for individuals with limited English proficiency, low literacy, or hearing/vision impairments.

1.9.26.2.13. Verification of client identity and eligibility.

1.9.26.2.14. Medication/vaccine safety protocols, including proper handling and adverse event response procedures.

1.9.26.2.15. Security of medical supplies during transport and dispensing.

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1.9.26.2.16. Annual review and update of home-based dispensing operational procedures and protocols.

1.9.26.2.17. Pre-deployment review of procedures and protocols to ensure alignment with incident-specific response needs.

1.9.26.2.18. Volunteer training on home-based vaccination/medication dispensing procedures and protocols.

1.9.26.2.19. Maintenance of trained volunteer rosters.

1.9.26.2.20. Maintenance of Department-required resources in accordance with specified baseline inventory levels for successful operation, including:

1.9.26.2.20.1. Medical resources (e.g., vaccine administration supplies, basic first aid equipment);

1.9.26.2.20.2. Cold chain and storage equipment (e.g., vaccine refrigerators, data loggers);

1.9.26.2.20.3. Technology and documentation equipment (e.g., laptops, printers);

1.9.26.2.20.4. Transportation and logistics (e.g., secured containers to store documents or medical supplies);

1.9.26.2.20.5. Personal protective equipment (PPE);

1.9.26.2.20.6. Safety and security (e.g., identification badges);

1.9.26.2.20.7. Client support and education materials; and

1.9.26.2.20.8. Administrative and operational resources.

1.9.26.2.21. Conducting at least one (1) annual drill or exercise to test operational readiness.

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1.9.26.2.22. Within sixty (60) days after the exercise or incident, completing all required after-action processes, including conducting a hotwash/debriefing immediately following the event, at least one (1) after-action meeting with stakeholders, and submission of an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.26.2.23. Participating in any Department-led After-Action Meetings (AAMs) to provide regional input.

1.9.27. The Contractor must assist the Department in collecting public feedback on public health initiatives during emergency response, as requested, to inform response activities by:

1.9.27.1. Disseminating Department-developed feedback forms during and after major incidents, as requested.

1.9.27.2. Compiling and submitting completed surveys to the Department.

1.9.27.3. Developing and submitting a summary report within thirty (30) business days of the survey closing date, documenting recommendations or corrective actions based on feedback.

1.9.28. The Contractor must, for each contract year, establish and maintain Closed Point of Dispensing (POD) agreements with at least 75% of healthcare entities, 75% of educational institutions, and other organizations within the catchment area that are capable of independently receiving and administering medical countermeasures. To achieve this, the Contractor must implement the following activities to identify, engage, and formalize agreements with eligible organizations, including:

1.9.28.1. Hospitals and health systems;

1.9.28.2. Long-Term Care and Residential Facilities (e.g., nursing homes, assisted living facilities, and group homes);

1.9.28.3. Outpatient and ambulatory clinics (e.g., community health centers, FQHCs, primary care practices, dialysis centers, specialty clinics with established patient populations);

1.9.28.4. Pharmacies (independent and chain pharmacies with established dispensing infrastructure); and

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1.9.28.5. Home health agencies able to provide in-home dispensing for homebound clients.

1.9.29. The Contractor must carry out the following tasks to support the establishment and maintenance of these Closed POD agreements:

1.9.29.1. Recruit and onboard organizations for Closed POD operation to reach target deliverables.

1.9.29.2. Ensure all Closed POD agreements and contact lists are reviewed and updated annually, including verification of each organization's continued ability to administer countermeasures.

1.9.29.3. Track participation in Closed POD enrollments and provide the Department with an annual list of all participating organizations.

1.9.29.4. Upload new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.5. Provide the Department with a list of all organizations in the catchment area eligible to serve as Closed PODs but without a signed agreement due to lack of current capability or capacity .

1.9.29.6. For each contract year, establish and maintain Closed POD agreements with all of first responder organizations (local police, fire, and EMS) in the catchment area, which includes:

1.9.29.6.1. Maintaining a list of all first responder agencies in the catchment area.

1.9.29.6.2. Recruiting and onboarding first responder organizations to meet the target goal.

1.9.29.6.3. Contacting uncovered agencies annually to revisit participation.

1.9.29.6.4. Providing the Department with an annual list of participating and non-participating first responder agencies.

1.9.29.6.5. Uploading new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.7. Facilitate delivery of medical countermeasures to all of Closed POD sites, including direct federal shipments when applicable, ensuring receipt and timely reporting to the Department, which includes:

1.9.29.7.1. Tracking countermeasure shipments within the region.

1.9.29.7.2. Confirming receipt of shipment with the Closed POD lead within 24 hours.

1.9.29.7.3. Documenting and resolving shipment discrepancies.

1.9.29.7.4. Submitting a report to the Department that includes a distribution summary, receipt verification, and inventory and supply tracking.

1.9.30. The Contractor must maintain at least one (1) emergency response trailer at inventory levels approved by the Department, keeping trailers in a state of operational readiness so that municipal organizations may access them within 24 hours of request. To meet this requirement, the Contractor must:

1.9.30.1. Inspect trailers quarterly for damage and perform preventative maintenance as needed, or at a minimum annually, to reduce deployment delays, as funding allows.

1.9.30.2. Stock trailers with pre-approved medical surge or disaster sheltering equipment and supplies; regularly check for expiration or wear and replenish items after each use to maintain required inventory levels, as funding allows.

1.9.30.3. Keep an updated inventory list inside each trailer.

1.9.30.4. Verify mutual aid agreements and MOUs with partners to ensure towing vehicles and drivers are available.

1.9.30.5. Coordinate annual trailer deployment to practice hitching, transporting, and demobilizing trailers.

1.9.30.6. Maintain trailer readiness logs documenting inspections, repairs, and supply restocking.

1.9.30.7. Provide safety equipment (e.g., fire extinguishers, wheel chocks, reflective vests, cones) in each trailer, as funding allows.

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1.9.30.8. Provide insurance to cover the cost of replacing the trailer and supplies, if necessary.

Sheltering

1.9.31. The Contractor must maintain capacity to deploy trained volunteers to community or state-based disaster shelters within 24 hours of Department or local municipality requests by:

1.9.31.1. Maintaining a roster of volunteers trained in shelter operations.

1.9.31.2. Providing annual shelter training for volunteers.

1.9.31.3. Coordinating with local emergency management for staffing requests.

1.9.31.4. Ensuring all assigned volunteers complete just-in-time training (JITT) at the beginning of each shift, as requested by the Department or partner agency.

1.9.31.5. Tracking and documenting volunteer deployments.

1.9.31.6. Conducting a hotwash/debriefing with all volunteers after each shift.

1.9.31.7. Participating in AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.31.8. Participating in any Department led After-Action Meetings to provide regional input.

Family Assistance Center (FAC)/Family Reunification Center (FRC)

1.9.32. The Contractor must maintain capacity to deploy volunteers to Family Assistance Centers (FAC) and Family Reunification Centers (FRC) to fill pre-identified positions within 24 hours of request by maintaining updated volunteer rosters and ensuring role-specific training, which requires:

1.9.32.1. Maintaining a roster of volunteers trained in FAC/FRC positions and operations.

1.9.32.2. Providing annual FAC/FRC training for volunteers.

1.9.32.3. Coordinating with local emergency management for staffing requests.

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1.9.32.4. Tracking and documenting volunteer deployments.

1.9.32.5. Using Department-provided templates, ensuring all assigned FAC/FRC volunteers complete JITT prior to shift start.

1.9.32.6. Liaising with the FAC/FRC Manager and/or Incident Commander during operations.

1.9.32.7. Participating in the AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.32.8. Conducting debriefings with volunteers after each shift.

1.9.32.9. Participating in any department led After-Action Meetings (AAM) to provide regional input.

1.9.32.10. Participating in at least 50% of regional and state-level FAC/FRC planning activities annually as requested and 75% of annual FAC/FRC training and exercises.

Neighborhood Emergency Health Center (NEHC)

1.9.33. The Contractor must maintain capacity to deploy and schedule volunteers to Neighborhood Emergency Health Center (NEHC) sites each contract year to fill pre-identified positions within 24 hours of request by:

1.9.33.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.33.2. Maintaining a roster of volunteers trained in NEHC positions and operations.

1.9.33.3. Providing annual NEHC training for volunteers.

1.9.33.4. Coordinating with local emergency management for staffing requests.

1.9.33.5. Tracking and documenting volunteer deployments.

1.9.33.6. Using Department-provided templates to ensure JITT is completed for all assigned NEHC volunteers prior to shift start.

1.9.33.7. Liaising with the NEHC Manager and/or Incident Commander during operations.

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1.9.33.8. Conducting a hotwash with volunteers after each shift.

1.9.33.9. Participating in an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions, as requested by the Department.

1.9.33.10. Participating in any Department led After-Action Meetings to provide regional input.

Alternate Health System (AHS)

1.9.34. The Contractor must maintain capacity to deploy and schedule trained volunteers to Alternate Health System (AHS) sites to augment clinical and non-clinical staffing within 24 hours of Department request by:

1.9.34.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.34.2. Maintaining a roster of clinical and non-clinical volunteers trained in AHS operations.

1.9.34.3. Providing annual AHS training for volunteers.

1.9.34.4. Coordinating with local and state partners for staffing requests.

1.9.34.5. Tracking and documenting volunteer deployments.

1.9.34.6. Using Department-provided templates to ensure JITT is completed for all assigned AHS volunteers prior to shift start.

1.9.34.7. Liaising with the AHS Incident Commander during operations.

1.9.34.8. Conducting a hotwash with volunteers after each shift.

1.9.34.9. Participating in the development of an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.34.10. Participating in any Department led After-Action Meetings to provide regional input.

Inventory Management

1.9.35. The Contractor must, by June 30th of each contract year, update and upload a complete annual inventory of all regional assets into the

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Administration for Strategic Preparedness & Response (ASPR's) current inventory management system, as directed by the Department, and update inventory records within five (5) business days of any supply usage, redistribution, or replenishment. To support this requirement, the Contractor must:

1.9.35.1. Monitor, document, and report all regional inventory distribution rates as directed by the Department, to guide purchasing decisions and future preparedness planning.

1.9.35.2. Assess supply levels to ensure Department-required inventories are maintained for PODs, medical surge activities, mass casualty incident (MCI), and disaster sheltering operations, and document results in ASPR's current inventory management system.

1.9.35.3. Compare inventory against required supply list.

1.9.35.4. Reorder supplies from the pre-approved inventory list developed by the Department with Contractor input to ensure regional needs are addressed.

1.9.35.5. Maintain documentation of approvals and purchase records for submission in quarterly financial and logistics reports.

1.9.35.6. By June 30th of each contract year, review and update agreements with all trailer and cache host agencies, ensuring that all of agreements clearly define agency roles and responsibilities, and maintain updated contact information in regional records and the Department's SharePoint system.

1.9.35.7. Once each quarter, test all specialized equipment (e.g., generators, radios, cooling units, refrigerators) to verify operational readiness, document results in equipment logs, and report any deficiencies within two (2) business days, with a written corrective actions report submitted to the Department within fifteen (15) business days.

1.9.35.8. Review current inventory and par levels before drafting purchase requests to confirm actual need.

1.9.35.9. Confirm that all requested items are on the Department's approved inventory list and align with applicable funding

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guidance. If an item is required but not listed, obtain Department approval prior to purchase to ensure compliance with grant requirements and funding limitations.

1.9.35.10. Document price quotes from three (3) Contractors for items over $250 to ensure cost-effectiveness.

1.9.35.11. Draft purchase requests with justification and submit to the Department for approval.

1.9.35.12. Retain written or email purchase approval records.

Volunteer Recruitment and Retention

1.9.36. The Contractor must maintain the capability to manage and deploy volunteers for small-scale incidents and provide support to the State during medium and large-scale public health emergencies. The Contractor must provide the following volunteer management services:

1.9.36.1. For each contract year, hold a minimum of twelve (12) volunteer engagement activities (one per month), which may include meetings, trainings, exercises, or response activities. Ensure at least 75% of active Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers attend 50% of engagement opportunities, and document outcomes within two (2) weeks of each session.

1.9.36.2. Maintain updated rosters of MRC and, if applicable, CERT volunteers.

1.9.36.3. Develop and publish an annual volunteer engagement calendar by July 30th each year, ensuring a variety of engagement activities to maintain volunteer interest.

1.9.36.4. Track volunteer participation in engagement activities.

1.9.36.5. Document outcomes based on pre- and post- knowledge evaluations and training feedback.

1.9.37. The Contractor must ensure all of active MRC and CERT (if applicable) volunteers are registered and credentialed in the Department-provided volunteer management system, by June 30th of each contract year, with quarterly audits conducted to verify accuracy and completeness of records. To meet this requirement, the Contractor must complete the following activities:

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1.9.37.1. Provide instruction or a brief orientation to volunteers on how to use the system.

1.9.37.2. Support the registration of new volunteers, ensuring they are registered in the system within fourteen (14) business days of orientation and that their accounts are complete.

1.9.37.3. Provide technical assistance for access and other system-related issues.

1.9.37.4. Conduct a baseline audit of all current volunteers to identify missing or incomplete accounts.

1.9.37.5. Send quarterly reminders to volunteers to review and update their profiles (e.g., contact info, licenses, certifications).

1.9.37.6. Before each exercise or real-world event, verify that assigned volunteers are fully registered and credentialed in the system.

1.9.37.7. Review records quarterly to ensure accuracy, completeness, and credential validity.

1.9.37.8. Verify that all active volunteers maintain all position-required credentials (e.g., clinical licenses, CPR certification), document compliance in the system, and follow-up with volunteers within 30 days of any expired or missing credentials.

1.9.37.9. Track and report progress toward the 100% registration and credentialing goal.

1.9.38. The Contractor must, by June 30th of each contract year, implement recruitment activities to expand the active MRC and CERT (if applicable) volunteer teams. To support this effort, the Contractor must complete the following activities:

1.9.38.1. Annually assess the type, quantity, and skillsets required of volunteers to meet program requirements.

1.9.38.2. Engage with the region's first responders (police, fire, emergency medical services) to augment workforces during an emergency.

1.9.38.3. Develop volunteer recruitment materials, with Department approval.

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1.9.38.4. Partner with local organizations to distribute recruitment materials.

1.9.38.5. Track recruitment using volunteer sign-up forms and entries in the volunteer management system.

1.9.38.6. Provide quarterly reports highlighting progress toward recruitment and retention deliverables.

1.9.38.7. Within the first 12 months, increase volunteer numbers by at least 25% compared to the current baseline.

1.9.38.8. In each subsequent contract year, increase the volunteer roster(s) by 5%.

1.9.38.9. Maintain a volunteer attrition rate of no more than 2.5% annually and report barriers to meeting this requirement to the Department.

1.9.38.10. Prioritize recruitment of clinical and healthcare-experienced individuals by conducting quarterly outreach events at healthcare facilities and schools, and community events.

1.9.39. The Contractor must offer to conduct exit surveys or interviews with all departing volunteers and:

1.9.39.1. Compile and analyze results on a quarterly basis and submit a summary report to the Department that includes identified trends and recommendations for program improvement.

1.9.39.2. Send the Department-provided exit survey to volunteers within five (5) business days of their departure.

1.9.39.3. Conduct follow-up phone interviews if no survey response is received.

1.9.39.4. Compile findings and submit a quarterly report to the Department, including the following key areas:

1.9.39.4.1. Number of volunteers who have resigned;

1.9.39.4.2. Reasons for leaving, highlighting positive and negative trends and recurring issues; and

1.9.39.4.3. Actionable recommendations for program improvement.

1.9.40. The Contractor must ensure that all volunteer applicants meet

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Department eligibility criteria and that required background checks are completed at the time of application and renewed a minimum of every three (3) years thereafter.

1.9.41. The Contractor must complete the following activities to ensure readiness of PHEP Volunteers for deployment upon a public health emergency event:

1.9.41.1. Maintain a current roster of volunteers trained in POD operations.

1.9.41.2. Activate volunteers upon request from the Department.

1.9.41.3. Complete JITT for volunteers as requested by the Department using Department-provided training materials.

1.9.41.4. Track and report volunteer hours.

1.9.42. The Contractor must deliver a Department-approved volunteer orientation program to all of new volunteers within two (2) months of onboarding that covers the PHEP program overview, volunteer utilization, training/exercise requirements, credentialing, participation standards, deployment processes, and organizational structure, including the following:

1.9.42.1.1. Host orientation sessions.

1.9.42.1.2. Maintain attendance and completion records.

1.9.42.1.3. Follow-up with volunteers who miss orientation deadlines.

1.9.42.1.4. Review and update orientation content annually to reflect program changes.

1.9.42.1.5. Maintain documentation of completion in the Department's volunteer management system (NH Responds).

1.9.42.1.6. Include the number of volunteers who completed orientation in the quarterly report.

1.9.43. The Contractor must conduct quarterly volunteer notification drills with 75% response rate for each contract year, including:

1.9.43.1. Sending notification messages via email, text message, or phone.

1.9.43.2. Recording response rates and address barriers to communication within 30 business days of identification.

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1.9.43.3. After each volunteer drill, notifying the Department if fewer than 50% of volunteers respond, and submitting a corrective action summary within 30 business days outlining identified barriers and strategies to improve volunteer responsiveness.

1.9.44. The Contractor must, from November through May of each contract year, facilitate participation of regional volunteers in the Department-led annual training series by promoting all training opportunities to all active volunteers. To achieve this requirement, the Contractor must:

1.9.44.1. Distribute the training calendar to all volunteers.

1.9.44.2. Issue training announcements and provide regular reminders to encourage participation.

1.9.45. The Contractor must, by June 30th of each contract year, provide volunteers with access to training for each of the following topics: Incident Command System (ICS) courses, inventory management, FAC, FRC, disaster sheltering, NEHC, open PODs, Responder Safety and Health, and other training topics as identified by the Department. To meet this requirement, the Contractor must:

1.9.45.1. Develop and publish a regional volunteer training schedule.

1.9.45.2. Recruit qualified instructors.

1.9.45.3. Manage registration and accurately record attendance.

1.9.45.4. Conduct post-training evaluations and compile results.

1.9.45.5. Maintain training records and submit quarterly participation summaries to the Department.

1.9.46. The Contractor must, by June 30, 2028, and every two (2) years thereafter, as requested by the Department, participate in Volunteer Training Needs Assessment (TNA), to include:

1.9.46.1. Providing formal feedback on survey content.

1.9.46.2. Promoting and encouraging participation in the state-led Volunteer Training Needs Assessment (TNA).

1.9.46.3. Reviewing survey results and updating the regional IPP and volunteer training calendar accordingly.

1.9.46.4. Publishing the updated IPP and volunteer training calendar to address identified gaps.

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1.9.47. The Contractor must require all volunteers activated to attend, Just-in-Time Training (JITT), in collaboration with the Department, prior to deployment, for every emergency response, ensuring all assigned volunteers complete the training, which includes:

1.9.47.1. Preparing JITT modules for PODs, disaster shelters, FAC/FRC, NEHC, and AHS using Department-provided templates.

1.9.47.2. Providing JITT immediately prior to deployment.

1.9.47.3. Tracking volunteer completion of JITT training.

1.9.47.4. Updating JITT training as needed and communicating changes promptly to all volunteers.

1.9.48. The Contractor must, by June 30th of each contract year, conduct at least one (1) annual volunteer exercise (drill, discussion-based, functional, or full-scale) in addition to call-down drill and POD exercise requirements, focusing on disaster sheltering, FAC/FRC operations, or medical surge responses, ensuring participation from at least 75% of active volunteers. To ensure accountability and continuous improvement, the Contractor must complete the following actions after each exercise:

1.9.48.1. Within 60 business days of each exercise, complete all the following required after-action processes:

1.9.48.1.1. Conduct a debriefing immediately following the exercise.

1.9.48.1.2. Hold at least one (1) after-action meeting with volunteers and stakeholders for each exercise conducted.

1.9.48.1.3. Develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within 90 business days of the exercise, documenting objectives, strengths, areas for improvement, and corrective actions.

1.9.48.1.4. Track corrective actions and verify implementation of improvements.

1.9.48.1.5. Incorporate lessons learned into future training and exercises.

Volunteer Health, Safety, and Resilience

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1.9.49. The Contractor must, by June 30th of each contract year and in coordination with the Department, implement and maintain a standardized process to track and monitor the health and safety of all volunteers before, during, and after deployments, to include:

1.9.49.1. Distributing a pre-deployment health checklist and require volunteers to complete it prior to deployment.

1.9.49.2. Requiring volunteers to provide proof of required vaccinations prior to deployment, when applicable.

1.9.49.3. Delivering incident-specific safety briefings and reminders at volunteer check-in.

1.9.49.4. Conducting wellness check-ins at regular intervals during operations.

1.9.49.5. Tracking hours worked to prevent fatigue and enforce rest breaks during active work hours.

1.9.49.6. Developing standards and procedures to ensure adequate time off between deployment shifts.

1.9.49.7. Documenting any incidents, injuries, or exposures immediately upon occurrence and reporting them to the Department.

1.9.49.8. Developing plans and protocols for managing occupational health exposures and injuries as directed by the Department and aligned with the Department's medical direction program.

1.9.49.9. Collecting post-deployment health surveys and solicit feedback on health and safety concerns to inform future responses.

1.9.49.10. Maintaining health and safety records related to deployments for all deployed volunteers in the Department-provided system.

1.9.49.11. Submitting summary reports with de-identified data to the Department within thirty (30) calendar days of each deployment.

1.9.49.12. Tracking trends in health and safety issues and recommend opportunities for program improvement.

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1.9.49.13. Offering annual training on responder health and safety, including stress management, resilience, and self-care practices.

1.9.49.14. Ensuring compliance with all Department-issued health and safety guidance during public health incidents and emergencies by distributing updated guidance to volunteers within 24 hours of receipt and incorporating requirements into pre-deployment briefings.

1.9.49.15. Increasing volunteer awareness and access to mental health and resiliency resources, including community programs, behavioral health services, critical incident stress management, peer support, and the 9-8-8 crisis line, by distributing resource information annually and after every deployment through at least two (2) distinct communication channels (e.g., email, trainings, newsletters).

1.9.50. The Contractor must attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.9.51. The Contractor must attend a minimum of two (2) trainings per year offered by Department's training programs on topics relevant to this scope of work.

1.9.52. The Contractor must provide PHEP with a technical assistance needs assessment report in a format approved in advance by the Department, and update this report on an ongoing basis to ensure it reflects current needs and priorities.

Public Health Emergency Preparedness Reporting

1.9.53. The Contractor must complete quarterly and annual reports that include progress toward meeting the program services outlined in this Agreement including activities identified in the Department-approved annual Work Plan, including but not limited to:

1.9.53.1. Response plan updates, including:

1.9.53.1.1. Indicating completion of biennial RPHEA Base Plan update and uploading the plan to the Department's SharePoint site by required deadlines (annual reporting requirement).

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1.9.53.1.2. Indicating completion of annual RPHEA Annexes and Attachments updates (i.e. Critical Contact Sheets, etc.) and uploading the updated documents to the Department's SharePoint site (annual reporting requirement).

1.9.53.2. Delivery of training sessions for partners, volunteers, and the public, to include:

1.9.53.2.1. Number and topic of training sessions delivered quarterly (quarterly reporting requirement).

1.9.53.2.2. The number of people trained by type (partner, volunteers, and public), quarterly (quarterly reporting requirement).

1.9.53.2.3. Training sessions rating summaries based on post-training evaluations, quarterly (quarterly reporting requirement).

1.9.53.3. Coordination and delivery of required exercises, including:

1.9.53.3.1. Number and types of exercises conducted quarterly (quarterly reporting requirement).

1.9.53.3.2. Submit After-Action Reports and Improvement Plans (AAR/IPs) utilizing Federal Emergency Management Agency's (FEMA) template, written as a result of an exercise or real-world event, to the Department within 60 calendar days of the event.

1.9.53.3.3. Number of improvement items identified and closed within three (3), six (6), nine (9), and twelve (12) months (annual reporting requirement).

1.9.53.4. Regional partner engagement.

1.9.53.5. Document outcomes of PHEP Committee meetings held at least every two (2) months (annual reporting requirement).

1.9.53.6. Identify which sectors have been invited to participate but do not participate, including providing details if targeted sector participation is not achieved, and document what corrective action items are implemented (annual reporting requirement).

Response Capacity Reporting Requirements

1.9.54. For Closed POD agreements, the Contractor must provide an annual list of participating and non-participating entities, organized by target sectors (healthcare entities, educational institutions, first responder agencies, and other organizations). The list must also document each entity's eligibility to

serve as a Closed POD and indicate whether the entity currently has the capacity and capability to do so (annual reporting requirement).

1.9.54.1. An annual inventory of all regional assets, including reporting on supply distribution rates (annual reporting requirement).

1.9.54.2. Equipment deficiencies and corrective actions open and closed within three (3), six (6), nine (9), and twelve (12) months, as needed (quarterly reporting requirement).

1.9.54.3. Trailer agreements renewals are to be uploaded by June 30th of each contract year to the Department's SharePoint site (annual reporting requirement).

Volunteer Management Reporting Requirements

1.9.55. The Contractor must prepare an annual volunteer recruitment and retention report that clearly indicates whether recruitment targets have been met (annual reporting requirement), to include:

1.9.55.1. Identification and summary of volunteer recruitment activities conducted by the RPHN.

1.9.55.2. Identification and summary of volunteer retention activities conducted by the RPHN.

1.9.55.3. Total number and percentages of volunteers recruited, retained, and separated.

1.9.55.4. Corrective action plan developed by the Contractor if 25% recruitment (and 5% every year thereafter) is not achieved.

1.9.55.5. Skills set analysis to identify strengths and gaps in volunteer capacity based on response requirements.

1.9.55.6. Strategies implemented to improve retention and engagement.

1.9.55.7. Records of volunteer attrition, including reason for separation (e.g., relocation, loss of interest, credential lapses).

1.9.55.8. Percent of volunteers who are deployment ready (annual reporting requirement), including:

1.9.55.8.1. The percentage of volunteers registered and credentialed in NH Responds.

1.9.55.8.2. The percentage of volunteers who have completed background checks and other onboarding steps (e.g. orientation).

1.9.55.8.3. The percentage of volunteers with verified licenses.

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1.9.55.8.4. The percentage of volunteers who have completed training requirements for shelter, POD, AHS, NEHC, FAC/FRC operations.

Responder Safety and Health Reporting Requirements

1.9.56. The Contractor must:

1.9.56.1. Prepare and submit an annual summary of responder safety and health monitoring activities.

1.9.56.2. Report promptly on any incidents, exposures, or injuries that occur during responses, drills, or exercises, as needed.

1.9.57. The Contractor may be required to provide other data and metrics to the Department in a format specified by the Department.

1.9.58. The Contractor must submit all reports electronically through a secure depository system approved or directed by the Department by the established deadlines within this Agreement.

2. Background Checks

2.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:

2.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;

2.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

2.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

2.2. Confidential Data

2.2.1. 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.

2.2.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with

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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.

2.3. Privacy Impact Assessment

2.3.1. 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:

2.3.1.1. How PII is gathered and stored;

2.3.1.2. Who will have access to PII;

2.3.1.3. How PII will be used in the system;

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

2.3.1.5. Privacy practices.

2.3.2. 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.

2.4. Department Owned Devices, Systems and Network Usage

2.4.1. Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfilment of this Agreement, must:

2.4.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures and guidelines, and complete applicable trainings as required;

2.4.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden

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including, but not limited, to personal or other private and non-Department use, and that at no time must they access or attempt to access information without having the express authority of the Department to do so;

2.4.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

2.4.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

2.4.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;

2.4.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;

2.4.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "Department-funded email systems."

2.4.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and

2.4.1.9. Agree when utilizing the Department's email system:

To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".

2.4.1.9.1. Include in the signature lines information identifying the End User as a non-Department workforce member; and

2.4.1.9.2. Ensure the following confidentiality notice is embedded underneath the signature line:

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CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

2.4.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

2.4.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

2.4.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

2.4.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

2.4.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

2.4.1.12. Contractor agrees to notify the Department a minimum of three (3) business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees to

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notify the Department's Information Security Office or designee immediately.

2.5. Contract End-of-Life Transition Services

2.5.1. General Requirements

2.5.1.1. 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 Department must provide the DTP template to the Contractor.

2.5.1.2. 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.

2.5.1.3. If a system, portal, 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.

2.5.1.4. The internal planning of the Transition Services by the Contractor and its End Users must be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Agreement.

2.5.1.5. 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.

2.5.1.6. 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.

2.5.2. Completion of Transition Services

2.5.2.1. Each service or transition phase must 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.

2.5.2.2. 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.

2.5.3. Disagreement over Transition Services Results

2.5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department must notify the Contractor, in writing, stating the reason for the lack of

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satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties must discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department must be entitled to initiate actions in accordance with the Agreement.

2.6. Website and Social Media

2.6.1. The Contractor must provide a website approved by the Department to disseminate RPHN program information and public health resources to the public and agency partners, which includes information on the PHAC, Community Health Improvement Plan (CHIP), Substance Misuse Prevention Coordinator(SMPC), CoC facilitation, and PHEP programs.

2.6.2. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

2.6.3. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

2.7. State of New Hampshire's Website Copyright

2.7.1. All right, title and interest in the State WWW site, including copyright to all data and information, must remain with the State of New Hampshire. The State of New Hampshire must also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information must, where applicable, display the State of New Hampshire's copyright.

3. Exhibits Incorporated

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3.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

3.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.

3.3. 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 F, Business Associate Agreement, which has been executed by the parties.

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

4.2.1. The Contractor must submit:

4.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

4.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors); and

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

4.3. Credits and Copyright Ownership

4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "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."

4.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

4.3.3. 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.

4.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

4.4. Operation of Facilities: Compliance with Laws and Regulations

4.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire

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Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

5. Records

5.1. The Contractor must keep records that include, but are not limited to:

5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to 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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

5.1.4. Medical records on each patient/recipient of services.

5.2. 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.

5.3. 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.

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Payment Terms

1. This Agreement is funded by:
   1.1. 84% Federal funds, including:
      1.1.1. Preventative Health Block Grant, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.991, FAIN # NB01OT009381, and
      1.1.2. Public Health Emergency Preparedness, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.069, FAIN # NU90TU000009, and
      1.1.3. Substance Use Prevention, Treatment, and Recovery Block Grant,
      as awarded on January 28, 2026, by the US Department of Health and Human Services, ALN # 93.959, FAIN # B08TI088484,and
      1.1.4. Strengthening NH Public Health Infrastructure, Workforce, and Data Systems, as awarded on 11/29/2022, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.967; FAIN # NE11OE000077.
   1.2. 16% 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 Agreement as NON-R&D, in accordance with 2 CFR §200.332.
   2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual paid allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-4.
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 of allowable costs, labeled by budgeted line item with each invoice that may include, but are not limited

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to, timesheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

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 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 only upon receipt and approval of the submitted invoice and required supporting documentation.

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.

7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

8.1.3. Condition C - The Contractor is a public company and required by Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to 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.

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8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. 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.

8.5. 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 shall 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.

9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

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New Hampshire Department of Health and Human Services	
Contractor Name:	*Mary Hitchcock Memorial Hospital*
Budget Request for:(Pull-down)	Greater Sullivan
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$18,138	$53,297	$2,640	$6,460	$78,872
2. Fringe Benefits	$5,931	$17,428	$864	$2,113	$25,791
3. Consultants	$595	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$1,000	$0	$0	$1,500
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$368	$471	$348	$123	$1,091
7. Software	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0	$3,400
8. (b) Other - Education and Training	$1,055	$500	$0	$0	$850
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$26,087	$72,696	$3,852	$8,696	$111,504
Total Indirect Costs	$3,913	$10,904	$578	$1,304	$16,726
Subtotals	**$30,000**	**$83,600**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$256,260**

Contractor Initials: Initial

Date: 5/21/2026

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New Hampshire Department of Health and Human Services	
Contractor Name:	*Mary Hitchcock Memorial Hospital*
Budget Request for:(Pull-down)	Greater Sullivan
Budget Period(Pull-down):	SFY 2028 (7/1/27-6/30/2028)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$17,970	$53,566	$2,719	$6,322	$81,163
2. Fringe Benefits	$5,876	$17,516	$889	$2,067	$26,540
3. Consultants	$595	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$800	$0	$0	$1,140
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$446	$314	$244	$307	$661
7. Software	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0	$1,500
8. (b) Other - Education and Training	$1,200	$500	$0	$0	$500
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$26,087	$72,696	$3,852	$8,696	$111,504
Total Indirect Costs	$3,913	$10,904	$578	$1,304	$16,726
Subtotals	**$30,000**	**$83,600**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$256,260**

Contractor Initials: Initial

Date: 5/21/2026

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New Hampshire Department of Health and Human Services	
Contractor Name:	*Mary Hitchcock Memorial Hospital*
Budget Request for:(Pull-down)	Upper Valley
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$9,027	$53,825	$2,734	$6,370	$81,918
2. Fringe Benefits	$2,951	$17,601	$894	$2,083	$26,787
3. Consultants	$0	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$250	$0	$0	$882
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$0	$520	$224	$58	$442
7. Software	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0	$500
8. (b) Other - Education and Training	$109	$500	$0	$0	$975
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$185	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$14,000	$0	$0	$0	$0
Total Direct Costs	$26,087	$72,696	$3,852	$8,696	$111,504
Total Indirect Costs	$3,913	$10,904	$578	$1,304	$16,726
Subtotals	**$30,000**	**$83,600**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$256,260**

Contractor Initials Initial

Date 5/21/2026

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New Hampshire Department of Health and Human Services	
Contractor Name:	*Mary Hitchcock Memorial Hospital*
Budget Request for:(Pull-down)	Upper Valley
Budget Period(Pull-down):	SFY 2028 (7/1/27-6/30/2028)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$9,298	$53,800	$2,817	$6,228	$81,730
2. Fringe Benefits	$3,040	$17,592	$921	$2,037	$26,725
3. Consultants	$0	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$400	$0	$0	$899
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$0	$404	$114	$80	$650
7. Software	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0	$500
8. (b) Other - Education and Training	$249	$500	$0	$0	$1,000
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$351	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$13,875	$0	$0	$0	$0
Total Direct Costs	$26,462	$72,696	$3,852	$8,696	$111,504
Total Indirect Costs	$3,538	$10,904	$578	$1,304	$16,726
Subtotals	**$30,000**	**$83,600**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$256,260**

Contractor Initials: Initial

Date: 5/21/2026

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New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub- contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

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

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1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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

1 Medical Center Drive Lebanon, NH 03756

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

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SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see https://omb.report/icr/201009-0348-022/doc/20388401

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context.

6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) https://www.ecfr.gov/current/title-22/chapter-V/part-513.

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9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).

14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

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

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SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

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SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

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New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: QYLXERHDAQL4

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

   X NO _____ YES

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

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Mary Hitchcock Memorial Hospital

5/21/2026
Date:

Signed by:
8ACA3CECA0CC438...
Name: Edward J. Merrens
Title: Chief Clinical Officer

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Contractor's Initials
Date 5/21/2026

New Hampshire Department of Health and Human Services

Exhibit E

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

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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.

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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.

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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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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.).

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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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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/doit/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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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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Contractor Initials _____

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

Docusign Envelope ID: DD0B2D30-8DEF-8EAA-835A-5CFE3E570FEA

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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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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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5/29/2026
Date

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 in

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5/29/2026

Date _____

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 used,

Initial

Contractor Initials _____

5/29/2026

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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	Mary Hitchcock Memorial Hospital
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	Signed by: Edward J Merrens 8ACA3CFCA0CC438...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Edward J. Merrens
Name of Authorized Representative	Name of Authorized Representative
Director - DPH	Chief Clinical Officer
Title of Authorized Representative	Title of Authorized Representative
5/29/2026	5/29/2026
Date	Date

Initial EJM

Contractor Initials _____

5/29/2026

Date _____

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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 MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. 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: **68517**
Certificate Number: **0007804280**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of February A.D. 2026.

David M. Scanlan
Secretary of State

Dartmouth Health

Dartmouth-Hitchcock Boards of Trustees

CERTIFICATE OF VOTE/AUTHORITY

I, Mark S. Speers, MBA, do hereby certify that:

1. I am the duly elected Chair of the Boards of Trustees of Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic (together, "Dartmouth-Hitchcock").
2. The following is a true and accurate excerpt from the Amended, Restated and Integrated Bylaws of the Dartmouth-Hitchcock Corporations:
   a. **"ARTICLE II – Section A. Fiduciary Duty. Stewardship over Corporate Assets**. As responsible stewards of tax-exempt, charitable Corporations, members of the Corporations' Boards have the fiduciary duty to oversee, with due care and loyalty, the stewardship of the Corporations' assets and operations in order to create a sustainable health system that is population focused and value-based, and to advance their respective corporate purposes. In exercising this duty, the Boards may, consistent with the respective Corporation's Articles of Agreement and these Bylaws, delegate authority to Board Committees and other bodies, or to various officers, to provide input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporations as may be necessary or desirable in furtherance of their charitable purposes."
3. Pursuant to policy approved and adopted by the Boards of Trustees consistent with the above Bylaws provision, the Chief Clinical Officer, Edward Merrens, MD, has subdelegated signature authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. The foregoing authority shall remain in full force and effect as of the date of the agreement executed or action taken in reliance upon this Certificate. This authority shall remain valid for thirty (30) days from the date of this Certificate and the State of New Hampshire shall be entitled to rely upon same, until written notice of modification, rescission or revocation of same, in whole or in part, has been received by the State of New Hampshire.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Boards of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 18th day of May, 2026.

Mark S. Speers, MBA, Board Chair

Docusign Envelope ID: 49F1B3D0-4269-82A1-82E8-CE5C3603ABDA

CERTIFICATE OF INSURANCE

DATE: June 17, 2025

COMPANY AFFORDING COVERAGE
Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

INSURED
Mary Hitchcock Memorial Hospital
One Medical Center Drive
Lebanon, NH 03756
(603)653-6850

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002025-A	7/1/2025	7/1/2026	EACH OCCURRENCE	$1,000,000
					DAMAGE TO RENTED PREMISES	$1,000,000
X	**CLAIMS MADE**				MEDICAL EXPENSES	N/A
					PERSONAL & ADV INJURY	$1,000,000
	OCCURRENCE				GENERAL AGGREGATE	$3,000,000
OTHER					PRODUCTS-COMP/OP AGG	$1,000,000
PROFESSIONAL LIABILITY		0002025-A	7/1/2025	7/1/2026	EACH CLAIM	$1,000,000
X	**CLAIMS MADE**				ANNUAL AGGREGATE	$3,000,000
	OCCURENCE					
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES

Docusign Envelope ID: 49F1B3D0-4269-82A1-82E8-CE5C3603ABDA

DARTHIT-01 CMENDOZA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1780862 HUB International New England 30 Donald B Dean Dr South Portland, ME 04106	CONTACT NAME: Autumn Reynolds PHONE (A/C, No, Ext): (207) 699-4643 FAX (A/C, No): E-MAIL ADDRESS: autumn.reynolds@hubinternational.com
INSURED Dartmouth-Hitchcock Health 1 Medical Center Dr. Lebanon, NH 03756	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : The Gray Insurance Company — 36307 INSURER B : Midwest Employers Casualty Company — 23612 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N / A		SPX0702603	7/1/2025	7/1/2026	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
B	Excess Workers' Comp			EWC010235	7/1/2024	7/1/2026	NH Only	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Workers Compensation coverage for:

Cheshire Medical Center
Dartmouth-Hitchcock Health
Mary Hitchcock Memorial Hospital
Alice Peck Day Memorial Hospital
New London Hospital Association
Visiting Nurse Associates and Hospice of Vermont and New Hampshire

CERTIFICATE HOLDER

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NONPROFIT COVER SHEET

A. Entity Name: Mary Hitchcock Memorial Hospital, for itself and on behalf of Dartmouth-Hitchcock Clinic

B. Entity's Contact Information:

1 Medical Center Drive
Lebanon, NH 03756-1000

Person responsible for Accuracy and Completeness of information provided:
Name: Edward J. Merrens, MD, MHCDS Title: Chief Clinical Officer

Signature: DocuSigned by: Edward J Merrens 8ACA3CFCA0CC438...

Additional Contact:
Name / Phone / Email: Theresa Alvarez, 603-650-1801, awards@hitchcock.org

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses)	Affiliations
Mark W. Begor, MBA	*Chief Executive Officer, Equifax*
Joanne M. Conroy, MD	*Retired Chief Investment Officer, AllianceBernstein*
Thomas P. Glynn, PhD	*Retired Adjunct Lecturer, Harvard Kennedy School of Government*
Patrick J. Lanier, BA	*President of the Health Management Academy (HMA)*
Maria D. Padin, MD, FACOG	*Chief Medical Officer, Southern Region/Community Group Practices (CGPs), Dartmouth-Hitchcock*
Richard J. Powell, MD	*Section Chief, Vascular Surgery; Professor of Surgery and Radiology*
Thomas Raffio, MBA, FLMI	*President & CEO, Northeast Delta Dental*
Edward Howe Stansfield, III, MA	*Retired Senior Financial Advisor, Resident Director, of Bank of America/Merrill Lynch*
Paul A. Taheri, MD, MBA	*Clinical Partner – Welsh Carson Anderson and Stowe*
Pamela Austin Thompson, MS, RN, FAAN	*Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)*

D. List Key Personnel (Resumes should be attached for each key personnel listed)

Name	Role	Annual Salary	Amount Paid From This Contract
Barbara Farnsworth	Program director	$	$0
Deryn Ayres	SMP CoC Lead	$69206	$84988
Jane Bradley	Engagement	$52221	$37103
Sara Schleef	PHEP	$64603	$128826
Andrea Smith	Coordinator	$71251	$48492
Taralyn Bielaski	PHAC Lead	$71400	$21741

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

E. Check one of the following:

[x] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

15266	Mary Gale Foundation, Inc.	22 Concord Street	Manchester	NH	03101	G	5/15/2026
6278	Mary Hitchcock Memorial Hospital	1 Medical Center Drive	Lebanon	NH	03756	G	5/15/2026

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FINANCIAL DISCLOSURES

G. Check one the following (and attach applicable financial documentation):

[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 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

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

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FINANCIAL DISCLOSURES (cont.)

2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

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NONPROFIT COVER SHEET

A. Entity Name: Mary Hitchcock Memorial Hospital, for itself and on behalf of Dartmouth-Hitchcock Clinic

B. Entity's Contact Information:

1 Medical Center Drive
Lebanon, NH 03756-1000

Person responsible for Accuracy and Completeness of information provided:
Name: Edward J. Merrens, MD, MHCDS Title: Chief Clinical Officer

Signature: DocuSigned by: Edward J Merrens 8ACA3CFCA0CC438...

Additional Contact:
Name / Phone / Email: Theresa Alvarez, 603-650-1801, awards@hitchcock.org

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses)	Affiliations
Mark W. Begor, MBA	*Chief Executive Officer, Equifax*
Joanne M. Conroy, MD	*Retired Chief Investment Officer, AllianceBernstein*
Thomas P. Glynn, PhD	*Retired Adjunct Lecturer, Harvard Kennedy School of Government*
Patrick J. Lanier, BA	*President of the Health Management Academy (HMA)*
Maria D. Padin, MD, FACOG	*Chief Medical Officer, Southern Region/Community Group Practices (CGPs), Dartmouth-Hitchcock*
Richard J. Powell, MD	*Section Chief, Vascular Surgery; Professor of Surgery and Radiology*
Thomas Raffio, MBA, FLMI	*President & CEO, Northeast Delta Dental*
Edward Howe Stansfield, III, MA	*Retired Senior Financial Advisor, Resident Director, of Bank of America/Merrill Lynch*
Paul A. Taheri, MD, MBA	*Clinical Partner – Welsh Carson Anderson and Stowe*
Pamela Austin Thompson, MS, RN, FAAN	*Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)*

D. List Key Personnel (Resumes should be attached for each key personnel listed)

Name	Role	Annual Salary	Amount Paid From This Contract
Barbara Farnsworth	Program director	$	$0
Deryn Ayres	Coordinator	$69206	$46361
Jane Bradley	SMP CoC Youth	$52221	$65833
Nancy Kreis	PHEP	$63698	$126688
Andrea Smith	SMP CoC Lead	$71251	$68865

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

E. Check one of the following:

[x] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

15266	Mary Gale Foundation, Inc.	22 Concord Street	Manchester	NH	03101	G	5/15/2026
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FINANCIAL DISCLOSURES

G. Check one the following (and attach applicable financial documentation):

[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 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

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

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FINANCIAL DISCLOSURES (cont.)

2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

Dartmouth Health

Purpose, Vision and Values

Our Purpose: Why We Exist

To improve the health and well-being of our patients, our people, and our communities

As our health system continues to grow and become more integrated clinically and administratively, our purpose has evolved to not only focus on supporting each individual member organization's needs but also to how we, as a health system, collectively serve the needs of our broader region. Our purpose statement answers the question "Why does our health system exist?" and highlights the continued priorities that will allow us to best serve our patients, our employees, and our communities.

Our Vision: What We Want to Be

To be a premier academic health system, setting the standard for rural healthcare

The vision statement for Dartmouth Health includes 2 key elements. The first is to be a premier academic health system, which includes leadership in clinical care, research and education. The second is to set the standard for rural healthcare delivery in the United States. Both of these goals reflect the unique opportunities and challenges for our health system.

Our Dartmouth Health Shared Values: We Embrace, We Explore, We Excel

Shaped by the voices of more than 11,000 employees, our Shared Values — We Embrace, We Explore, We Excel — reflect who we are and what we stand for as a health system. Created with you and for all of us, these values unite us around a shared identity and guide our daily actions.

They provide a common language and clear direction, helping us work together more effectively, deliver exceptional care, and create an environment where every patient, team member, and partner feels seen, heard, and valued.

Our Shared Values:

- Distinguish us from other health systems, helping current and future employees answer, "What is it like to be part of Dartmouth Health?"
- Strengthen belonging and purpose, supporting recruitment, retention, and engagement
- Enhance accountability and performance across all levels
- Align our behaviors with our brand, strategy, and care promises

- Equip us to meet future challenges and continue to grow

These three values shape how we act, collaborate, make decisions, and grow together. Each value is supported by three observable behaviors, making it easy to see them in action and celebrate them across our system.

Together, **WE** turn purpose into action and values into impact — one choice, one moment, one person at a time.

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Financial Statements
June 30, 2024 and 2023

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
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Report of Independent Auditors

To the Board of Trustees of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and subsidiaries

Opinion

We have audited the accompanying Consolidated Financial Statements of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and its subsidiaries (the Dartmouth Health System), which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, including the related notes (collectively referred to as the "Consolidated Financial Statements").

In our opinion, the accompanying Consolidated Financial Statements present fairly, in all material respects, the financial position of Dartmouth Health as of June 30, 2024 and 2023, and the results of its operations, changes in its net assets 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 in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Dartmouth Health System 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 Consolidated 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 Dartmouth Health System's ability to continue as a going concern for one year after the date the Consolidated Financial Statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated 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 auditors' 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 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.

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In performing an audit in accordance with US GAAS, 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 Consolidated 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 Dartmouth Health System'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 Dartmouth Health System'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.

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the Consolidated Financial Statements taken as a whole. The accompanying consolidating balance sheets and consolidating statements of operations and changes in net assets without donor restrictions as of and for the years ended June 30, 2024 and 2023 (the "supplemental information") is presented for purposes of additional analysis and is not a required part of the Consolidated Financial Statements. The consolidating information is not intended to present, and we do not express an opinion on, the financial position, results of operations and cash flows of the individual companies. The supplemental 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 supplemental information has been subjected to the auditing procedures applied in the audit of the Consolidated Financial Statements and certain additional procedures, including 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 auditing standards generally accepted in the United States of America. In our opinion, the supplemental information is fairly stated, in all material respects, in relation to the Consolidated Financial Statements taken as a whole.

PricewaterhouseCoopers LLP

Boston, Massachusetts
October 31, 2024

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidated Balance Sheets
June 30, 2024 and 2023

(in thousands of dollars)	2024	2023
Assets		
Current assets		
Cash and cash equivalents	$ 257,903	$ 115,996
Patient accounts receivable, net (Note 4)	287,317	289,787
Prepaid expenses and other current assets	186,729	184,104
Total current assets	731,949	589,887
Assets limited as to use (Notes 5 and 7)	1,234,156	1,071,462
Other investments for restricted activities (Notes 5 and 7)	229,626	182,224
Property, plant, and equipment, net (Note 6)	921,320	811,622
Right-of-use assets, net (Note 16)	53,103	55,528
Other assets	251,713	193,333
Total assets	$ 3,421,867	$ 2,904,056
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	$ 22,426	$ 15,236
Current portion of right-of-use obligations (Note 16)	10,142	11,334
Line of credit (Note 13)	41,950	40,000
Accounts payable and accrued expenses	138,466	146,747
Accrued compensation and related benefits	168,855	140,853
Estimated third-party settlements (Note 4)	82,668	64,360
Total current liabilities	464,507	418,530
Long-term debt, excluding current portion (Note 10)	1,199,925	1,098,962
Right-of-use obligations, excluding current portion (Note 16)	45,807	45,671
Insurance deposits and related liabilities (Note 12)	98,397	91,349
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	211,760	206,305
Other liabilities	199,091	173,918
Total liabilities	2,219,487	2,034,735
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	923,697	658,988
Net assets with donor restrictions (Notes 8 and 9)	278,683	210,333
Total net assets	1,202,380	869,321
Total liabilities and net assets	$ 3,421,867	$ 2,904,056

The accompanying notes are an integral part of these Consolidated Financial Statements.

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

Years Ended June 30, 2024 and 2023

(in thousands of dollars)	2024	2023
Operating revenue and other support		
Net patient service revenue (Note 4)	$ 2,791,314	$ 2,397,157
Contracted revenue	20,721	84,346
Other operating revenue (Note 4)	780,986	608,875
Net assets released from restrictions	18,126	14,843
Total operating revenue and other support	3,611,147	3,105,221
Operating expenses		
Salaries	1,581,480	1,423,091
Employee benefits	391,708	332,386
Medications and medical supplies	841,277	725,480
Purchased services and other	521,219	458,901
Medicaid enhancement and provider tax (Note 4)	102,727	85,715
Depreciation and amortization (Note 7)	89,985	90,457
Interest (Note 10)	40,869	34,515
Total operating expenses	3,569,265	3,150,545
Operating gain (loss)	41,882	(45,324)
Non-operating gains (losses)		
Investment gains, net (Note 5)	124,724	58,119
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	(22,702)	(17,691)
Other losses, net	(22,088)	(8,530)
Pension termination settlement charge (Note 12)	(13,287)	-
Contribution from acquisition (Note 3)	129,689	-
Total non-operating gains, net	196,336	31,898
Excess (deficiency) of revenue over expenses	$ 238,218	$ (13,426)

Consolidated Statements of Operations and Changes in Net Assets – continues on next page

The accompanying notes are an integral part of these Consolidated Financial Statements.

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets - Continued

Years Ended June 30, 2024 and 2023

(in thousands of dollars)	2024	2023
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	$ 238,218	$ (13,426)
Net assets released from restrictions for capital	15,150	3,229
Change in funded status of pension and other postretirement benefits (Note 11)	11,393	34,901
Other changes in net assets	(52)	(13)
Increase in net assets without donor restrictions	264,709	24,691
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	63,289	23,637
Investment gains, net	14,287	5,846
Net assets released from restrictions	(33,980)	(18,653)
Contribution of assets with donor restrictions acquisition (Note 3)	24,754	-
Increase in net assets with donor restrictions	68,350	10,830
Change in net assets	333,059	35,521
Net assets		
Beginning of year	869,321	833,800
End of year	$ 1,202,380	$ 869,321

The accompanying notes are an integral part of these Consolidated Financial Statements.

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2024 and 2023

(in thousands of dollars)	2024	2023
Cash flows from operating activities		
Change in net assets	$ 333,059	$ 35,521
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Effects of acquisition	(154,443)	-
Depreciation and amortization	90,601	90,806
Amortization of bond premium, discount, and issuance cost, net	(2,745)	(2,779)
Amortization of right-of-use asset	8,830	9,242
Payments on right-of-use lease obligations - operating	(8,489)	(9,162)
Change in funded status of pension and other postretirement benefits	(11,393)	(34,901)
Loss (gain) on disposal of fixed assets	2,212	(883)
Net realized gains and change in net unrealized gains on investments	(138,812)	(79,799)
Restricted contributions and investment earnings	(21,449)	(8,208)
Proceeds from sales of donated securities	9,715	3,818
Changes in assets and liabilities, excluding the effects of acquisition		
Patient accounts receivable, net	19,588	(38,537)
Prepaid expenses and other current assets	57	1,984
Other assets, net	(43,375)	(21,688)
Accounts payable and accrued expenses	(10,788)	(31,082)
Accrued compensation and related benefits	19,422	(53,093)
Estimated third-party settlements	14,470	(71,907)
Insurance deposits and related liabilities	7,048	12,958
Liability for pension and other postretirement benefits	16,848	12,486
Other liabilities	17,492	21,191
Net cash provided by (used in) operating activities	147,848	(164,033)
Cash flows from investing activities		
Purchase of property, plant, and equipment	(132,454)	(129,321)
Proceeds from sale of property, plant, and equipment	20	1,214
Purchases of investments	(19,641)	(71,410)
Proceeds from maturities and sales of investments	52,606	249,684
Cash received through acquisition	5,794	-
Net cash provided by (used in) investing activities	(93,675)	50,167
Cash flows from financing activities		
Proceeds from line of credit	1,583,500	979,500
Payments on line of credit	(1,595,250)	(939,500)
Repayment of long-term debt	(17,206)	(81,907)
Proceeds from issuance of debt	100,137	75,000
Repayment of finance leases	(4,635)	(3,599)
Payment of debt issuance costs	(189)	-
Restricted contributions and investment earnings	21,449	8,208
Net cash provided by (used in) financing activities	87,806	37,702
Increase (decrease) in cash and cash equivalents	141,979	(76,164)
Cash and cash equivalents, beginning of year	117,321	193,485
Cash and cash equivalents, end of year	$ 259,300	$ 117,321
Supplemental cash flow information		
Interest paid	$ 49,133	$ 44,362
Construction in progress included in accounts payable and accrued expenses	11,315	5,105
Donated securities	9,715	3,818

The following table reconciles cash and cash equivalents on the Consolidated Balance Sheets to cash, cash equivalents and restricted cash on the Consolidated Statements of Cash Flows.

	2024	2023
Cash and cash equivalents	$ 257,903	$ 115,996
Restricted cash and cash equivalents included in other investments for restricted activities	1,397	1,325
Total of cash, cash equivalents, and restricted cash shown in the consolidated statements of cash flows	$ 259,300	$ 117,321

The accompanying notes are an integral part of these Consolidated Financial Statements.

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1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health), its members, and their Subsidiaries (collectively referred to as "the Dartmouth Health System") is a system of hospitals, clinics, and other healthcare service providers across New Hampshire (NH) and Vermont (VT). The Dartmouth Health System advances health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time. The Dartmouth Health System seeks to achieve the healthiest population possible, leading the transformation of health care in the region and setting the standard for the nation. The Dartmouth Health System's expanding network of services are the fabric of its commitment to serve the region with exceptional medical care.

Dartmouth Health serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic (DHC) and Subsidiaries, Mary Hitchcock Memorial Hospital (MHMH) and Subsidiaries, (DHC and MHMH together are referred to as D-H), The New London Hospital Association, Inc. (NLH), Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, The Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, Visiting Nurse Association and Hospice of Vermont and New Hampshire (VNH) and Subsidiaries, and Southwestern Vermont Health Care Corporation and Subsidiaries (SVHC). SVHC became a subsidiary of Dartmouth Health on July 3, 2023.

The Dartmouth Health System currently operates one tertiary, one community, and three acute care (critical access) hospitals in NH and VT. One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Dartmouth Health System also operates multiple physician practices, a continuing care retirement community, and a home health and hospice service. The Dartmouth Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

Dartmouth Health, DHC, MHMH, NLH, Cheshire, and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC, VNH, and SVHC are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC.

Community Benefits

The Dartmouth Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Dartmouth Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Dartmouth Health System seeks to work collaboratively with other area healthcare providers to improve the health status of the region. Certain members of the Dartmouth Health System provide significant support for academic and research programs, as components of an integrated academic medical center.

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Certain member hospitals of the Dartmouth Health System file annual Community Benefits Reports with the State of NH, which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state Community Benefit Report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *The Uncompensated Cost of Care for Medicaid* patients is the unreimbursed cost of providing care to Medicaid patients by the System. The System uses filed Community Benefits Reports, where available, and also tax filings, where necessary, to calculate this amount. The 2024 Community Benefits Reports are expected to be filed in February 2025.

- *Health Professions Education* includes uncompensated costs of training medical students, residents, nurses, and other health care professionals

- *Subsidized Health Services* are services provided by the Dartmouth Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.

- *Charity Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs.

- *Community Health Improvement Services* include activities carried out to improve community health, and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

- *Research* includes costs, in excess of awards, for numerous health research and service initiatives within the Dartmouth Health System.

- *Cash and In-Kind Contributions* occur outside of the System through various financial contributions of cash, in-kind donations, and grants to local organizations.

- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges, as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.

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The following table summarizes the value of the community benefit initiatives outlined for the year ended June 30, 2023:

(in thousands of dollars)		
Uncompensated cost of care for Medicaid	$	209,213
Health professional education		44,268
Subsidized health services		26,617
Charity care		15,719
Community health improvement services		14,567
Research		18,796
Cash and in-kind contributions		4,320
Community building activities		1,493
Total community benefit value	$	334,993

In fiscal years 2024 and 2023, funds received to offset or subsidize charity care costs provided were $365,000 and $439,000, respectively.

In fiscal years 2024 and 2023, Medicaid and Medicare costs exceeding reimbursement totaled $916,423,000, and $797,604,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The Consolidated Financial Statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, gains, and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the Consolidated Financial Statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the dates of the Consolidated Financial Statements, and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

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Excess/(Deficiency) of Revenue over Expenses
The Consolidated Statements of Operations and Changes in Net Assets include the excess/(deficiency) of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income (loss) on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating gains (losses).

Changes in net assets without donor restrictions which are excluded from the excess/(deficiency) of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and change in funded status of pension and other postretirement benefit plans.

Charity Care
The Dartmouth Health System provides care to patients who meet certain criteria under their financial assistance policies without charge, or at amounts less than their established rates. Because the Dartmouth Health System does not anticipate collection of amounts qualifying as charity care, they are not reported as revenue.

The Dartmouth Health System grants credit, without collateral, to patients. Most are local residents and are insured under third-party arrangements. The charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Patient Service Revenue
The Dartmouth Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Dartmouth Health System expects to be entitled from patients, third party payors, and others, for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contracted Revenue
The Dartmouth Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Dartmouth Health System and also lease space and equipment. Revenue pursuant to these PSAs, and certain facility and equipment leases and other professional service contracts, have been classified as contracted revenue in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Other Revenue
The Dartmouth Health System recognizes other revenue, which is not related to patient medical care but is central to the day-to-day operations of the Dartmouth Health System. Other revenue, which consists primarily of revenue from retail pharmacy, specialty pharmacy, and contract

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pharmacy, is recorded in the amounts to which it expects to be entitled in exchange for the prescriptions. Other revenue also includes Coronavirus Aid, Relief, and Economic Securities Act (CARES Act) Provider Relief Funds from the Department of Health and Human Services (HHS), CARES Act Employee Retention Credit Funds, Federal Emergency Management Agency assistance, grant revenue, cafeteria sales, and other support service revenue (Note 4).

Cash Equivalents
Cash and cash equivalents include amounts on deposit with financial institutions, short-term investments with maturities of three months or less at the time of purchase, and other highly liquid investments (primarily cash management funds), which would be considered level 1 investments under the fair value hierarchy. All short-term, highly liquid, investments included within the Dartmouth Health System's endowment and similar investment pools, otherwise qualifying as cash equivalents, are classified as investments at fair value and, therefore, are excluded from cash and cash equivalents in the Consolidated Statements of Cash Flows.

Investments and Investment Income (Loss)
Investments in equity securities with readily determinable fair values, mutual funds, governmental securities, debt securities, and pooled/commingled funds are reported at fair value with changes in fair value included in the excess (deficiency) of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds, and hedge funds that represent investments where the Dartmouth Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the excess (deficiency) of revenue over expenses.

Certain members of the Dartmouth Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Dartmouth Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the excess (deficiency) of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

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Fair Value Measurement of Financial Instruments
The Dartmouth Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.

Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.

Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The carrying amounts of patient accounts receivable, prepaid and other current assets, and accounts payable and accrued expenses approximate fair value due to the short maturity of these instruments.

Property, plant, and equipment
Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Dartmouth Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method, at rates which are intended to amortize the cost of assets over their estimated useful lives. Estimated useful lives range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of capital assets such as land, buildings, or equipment are reported as support, and excluded from the excess (deficiency) of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs
Bond issuance costs, classified on the Consolidated Balance Sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the Consolidated Statements of Operations and Changes in Net Assets using the straight-line method, which approximates the effective interest method.

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Intangible Assets and Goodwill
The Dartmouth Health System records goodwill and intangible assets, such as trade names and leases-in-place, within other assets on the Consolidated Balance Sheets. The Dartmouth Health System considers goodwill and trade names to be indefinite-lived assets, assesses them at least annually for impairment, or more frequently if certain events or circumstances warrant, and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Dartmouth Health System has recorded $10,509,000 and $8,367,000 as intangible assets as of June 30, 2024 and 2023, respectively.

Gifts
Gifts without donor restrictions are recorded as operating income. Conditional promises to give and indications of intentions to give to the Dartmouth Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the Consolidated Statements of Operations and Changes in Net Assets as net assets released from restrictions.

3. Acquisitions

Effective July 3, 2023, SVHC became an affiliate of the Dartmouth Health System when Dartmouth Health became the sole corporate member of SVHC through an affiliation agreement. SVHC is a not-for-profit corporation providing a continuum of patient care services to residents of southwestern Vermont, northwestern Massachusetts, and parts of New York. SVHC has a fiscal year end of September 30.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, The Dartmouth Health System recorded contribution income of approximately $154,443,000, reflecting the fair value of the contributed net assets of SVHC as of the transaction date. Of this amount, $129,689,000, representing total net assets less donor-restricted net assets, is included as nonoperating gains in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Donor restricted net assets totaling $24,754,000 were recorded within donor restricted net assets in the accompanying Consolidated Statements of Operations and Changes in Net Assets. No consideration was exchanged for the net assets contributed, and acquisition costs are expensed as incurred.

The fair value of assets, liabilities, and net assets contributed by SVHC at July 3, 2023 were as follows:

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(in thousands of dollars)

Assets	
Cash and cash equivalents	$ 5,794
Patient accounts receivable, net	17,118
Prepaid expenses and other current assets	9,129
Property, plant, and equipment, net	70,946
Assets limited as to use	92,856
Other assets	38,724
Total assets acquired	$ 234,567
Liabilities	
Accounts payable and accrued expenses	$ 15,173
Accrued compensation and related benefits	8,580
Line of credit	13,700
Long-term debt	28,156
Estimated third-party settlements	3,838
Other liabilities	10,677
Total liabilities assumed	80,124
Net Assets	
Without donor restrictions	129,689
With donor restrictions	24,754
Total net assets	154,443
Total liabilities and net assets	$ 234,567

A summary of the financial results of SVHC included in the Consolidated Statement of Operations and Changes in Net Assets for the period from the date of acquisition, July 3, 2023, through June 30, 2024 is as follows:

(in thousands of dollars)

Total operating revenues	$ 216,946
Total operating expenses	219,902
Operating loss	(2,956)
Nonoperating gains	7,020
Excess of expenses over revenue	4,064
Net assets released from restriction used for capital purposes	5,083
Net assets transferred from affiliate	129,689
Increase in net assets	$ 138,836

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A summary of the consolidated financial results of the Dartmouth Health System for the years ended 2023, as if the transactions had occurred on July 1, 2022, are as follows (unaudited):

(in thousands of dollars)	
Total operating revenues	$ 3,308,114
Total operating expenses	3,359,808
Operating loss	(51,694)
Nonoperating gains	38,970
Deficiency of revenues over expenses	(12,724)
Net assets released from restriction used for capital purchases	7,644
Change in funded status of pension and other post retirement benefits	33,535
Change in fair value on interest rate swaps	(13)
Increase in net assets without donor restrictions	$ 28,442

4. Net Patient Service Revenue and Accounts Receivable

The Dartmouth Health System reports net patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including managed care payors and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Dartmouth Health System bills patients and third-party payors several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts, by providing healthcare services to patients.

The Dartmouth Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred, in relation to total expected charges, as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Dartmouth Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Dartmouth Health System has elected

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to apply the optional exemption provided in ASC 606-10-50-14a and, as such, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Dartmouth Health System's Consolidated Statements of Operations and Changes in Net Assets.

Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions
Revenues for the Dartmouth Health System under the traditional fee-for-service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system (PPS) to determine rates-per-discharge. These rates vary according to a patient classification system (DRG), based on diagnostic, clinical, and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Dartmouth Health System's payments for inpatient services rendered to NH and VT Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis, or fee schedules, for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.

- Inpatient acute, swing, and outpatient services furnished by Critical Access Hospitals (CAH) are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.

- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.

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- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.

- The Dartmouth Health System's cost-based services to Medicare and Medicaid are reimbursed during the year, based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.

- Revenues under Managed Care Plans (MCPs) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for-service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The MCPs are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments, in accordance with contractual terms in place with the MCPs following their review and adjudication of each bill.

The Dartmouth Health System is not aware of any claims, disputes, or unsettled matters with any payor, that would materially affect its revenues, for which it has not adequately provided in the accompanying Consolidated Financial Statements.

The Dartmouth Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Dartmouth Health System's policy is to treat amounts qualified as charity care as explicit price concessions and, as such, they are not reported in net patient service revenue.

For fiscal year 2023, VT imposed a provider tax on home health agencies in the amount of 4.25% of annual net patient revenue, as determined by the State of VT. As of July 1, 2023, the tax was sunset in the Vermont legislation. Accordingly, in fiscal years 2024 and 2023, home health provider taxes paid were $0 and $579,000, respectively.

Implicit Price Concessions
Generally, patients who are covered by third-party payor contracts are responsible for related co-pays, co-insurance, and deductibles, which vary depending on the contractual obligations of patients. The Dartmouth Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Dartmouth Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles, and for those who are uninsured, based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient services revenue in the period of change.

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The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Dartmouth Health System expects to collect, based on collection history with similar patients. Although outcomes vary, the Dartmouth Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance, and deductibles due from insurance at the time of service while complying with all federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Dartmouth Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations.

For the years ended June 30, 2024 and 2023, additional increases in revenue of $6,694,000 and $24,098,000, respectively, were recognized, due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans, as well as patients covered under the Dartmouth Health System's uninsured discount and charity care programs.

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The table below shows the Dartmouth Health System's sources of total operating revenue and other support presented at the net transaction price for the years ended June 30, 2024 and 2023.

	2024		
(in thousands of dollars)	**PPS**	**CAH**	**Total**
Hospital			
Medicare	$ 655,092	$ 113,586	$ 768,678
Medicaid	189,864	25,680	215,544
Commercial	1,199,567	85,726	1,285,293
Self-pay	8,569	3,108	11,677
Subtotal	2,053,092	228,100	2,281,192
Professional	461,294	37,310	498,604
Subtotal	2,514,386	265,410	2,779,796
Home based care			11,518
Total net patient service revenue			$ 2,791,314

	2023		
(in thousands of dollars)	**PPS**	**CAH**	**Total**
Hospital			
Medicare	$ 587,377	$ 106,370	$ 693,747
Medicaid	168,410	18,824	187,234
Commercial	862,502	88,492	950,994
Self-pay	11,307	802	12,109
Subtotal	1,629,596	214,488	1,844,084
Professional	504,370	35,578	539,948
Subtotal	2,133,966	250,066	2,384,032
Home based care			13,125
Total net patient service revenue			$ 2,397,157

Medicaid Enhancement Tax & Disproportionate Share Hospital
On May 22, 2018, the State of NH and all NH hospitals (Hospitals) agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the event of legislative changes to the DSH program. Under the agreement, the State of NH committed to make DSH payments to the Hospitals in an amount no less than 86% of the Medicaid Enhancement Tax (MET) proceeds collected in each fiscal year, in addition to providing for directed payments or increased rates for Hospitals in an amount equal to 5% of MET proceeds collected from state fiscal year (SFY) 2021 through SFY 2024. The agreement prioritizes DSH payments to critical access hospitals in an

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amount equal to 75% of allowable uncompensated care (UCC), with the remainder distributed to Hospitals without critical access designation in proportion to their allowable UCC amounts.

During the years ended June 30, 2024 and 2023, the Dartmouth Health System received DSH payments of $96,411,000 and $85,853,000, respectively. DSH payments are subject to audit and, therefore, for the years ended June 30, 2024 and 2023, the Dartmouth Health System recognized as revenue DSH receipts of $111,740,000 and $83,582,000, respectively.

During the years ended June 30, 2024 and 2023, the Dartmouth Health System paid and recorded $102,727,000 and $85,715,000, respectively, of NH MET and VT provider taxes. The taxes are calculated at 5.4%, for NH, and 6.0%, for VT, of certain patient service revenues. The NH MET and VT provider taxes are included in operating expenses in the Consolidated Statements of Operations and Changes in Net Assets. The agreement with the State of NH expired at the end of fiscal year 2024. NH hospitals are actively seeking a new agreement with the State of NH.

Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2024 and 2023:

	2024	2023
Medicare	39%	36%
Medicaid	12%	12%
Commercial	37%	41%
Self Pay	12%	11%
Total	100%	100%

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5. Investments

The composition of investments at June 30, 2024 and 2023 is set forth in the following table:

(in thousands of dollars)	2024	2023
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	$ 11,172	$ 6,988
U.S. government securities	90,786	80,595
Domestic corporate debt securities	314,744	271,321
Global debt securities	32,198	37,092
Domestic equities	250,418	205,200
International equities	95,732	75,199
Emerging markets equities	47,031	37,080
Global equities	91,609	77,479
Real Estate Investment Trust	104	2
Private equity funds	159,387	141,808
Hedge funds	59,185	44,558
Other	77	-
Subtotal	1,152,443	977,322
Investments held by captive insurance companies (Note 12)		
U.S. government securities	39,420	30,366
Domestic corporate debt securities	11,001	13,918
Global debt securities	13,025	13,180
Domestic equities	11,118	13,994
International equities	6,372	5,372
Subtotal	80,936	76,830
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	777	17,310
Total assets limited as to use	1,234,156	1,071,462
Other investments for restricted activities		
Cash and short-term investments	6,673	21,243
U.S. government securities	33,784	27,323
Domestic corporate debt securities	60,369	45,864
Global debt securities	4,924	5,282
Domestic equities	46,721	30,754
International equities	17,716	11,054
Emerging markets equities	8,397	5,187
Global equities	14,904	10,281
Real Estate Investment Trust	19	18
Private equity funds	25,930	18,816
Hedge funds	10,135	6,368
Other	54	34
Total other investments for restricted activities	229,626	182,224
Total investments	$ 1,463,782	$ 1,253,686

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case-by-case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above.

The following tables summarize investments by the accounting method utilized as of June 30, 2024 and 2023. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

	2024		
(in thousands of dollars)	**Fair Value**	**Equity**	**Total**
Cash and short-term investments	$ 18,622	$ -	$ 18,622
U.S. government securities	163,990	-	163,990
Domestic corporate debt securities	153,782	232,332	386,114
Global debt securities	50,147	-	50,147
Domestic equities	256,605	51,652	308,257
International equities	83,754	36,066	119,820
Emerging markets equities	7,451	47,977	55,428
Global equities	-	106,513	106,513
Real Estate Investment Trust	123	-	123
Private equity funds	-	185,317	185,317
Hedge funds	507	68,813	69,320
Other	131	-	131
Total investments	$ 735,112	$ 728,670	$ 1,463,782

	2023		
(in thousands of dollars)	**Fair Value**	**Equity**	**Total**
Cash and short-term investments	$ 45,541	$ -	$ 45,541
U.S. government securities	138,284	-	138,284
Domestic corporate debt securities	122,320	208,783	331,103
Global debt securities	55,554	-	55,554
Domestic equities	204,541	45,407	249,948
International equities	57,221	34,404	91,625
Emerging markets equities	267	42,000	42,267
Global equities	-	87,760	87,760
Real Estate Investment Trust	20	-	20
Private equity funds	-	160,624	160,624
Hedge funds	456	50,470	50,926
Other	34	-	34
Total investments	$ 624,238	$ 629,448	$ 1,253,686

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For the years ended June 30, 2024 and 2023, investment income is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as other operating revenue of approximately $830,000 and $905,000, respectively, and as non-operating gains of approximately $124,724,000 and $58,119,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner. It is the intent of the Dartmouth Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreements expire. Under the terms of these agreements, the Dartmouth Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2024 and 2023, the Dartmouth Health System has outstanding commitments of $97,410,000 and $79,753,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment consists of the following at June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Land	$ 57,684	$ 40,749
Construction in progress	48,001	43,117
Land improvements	62,121	52,054
Buildings and improvements	1,290,315	1,166,776
Equipment	1,159,947	1,101,410
Subtotal property, plant, and equipment	2,618,068	2,404,106
Less accumulated depreciation	(1,696,748)	(1,592,484)
Total property, plant, and equipment, net	$ 921,320	$ 811,622

As of June 30, 2024, construction in progress primarily consists of three projects; the renovation of inpatient wings as part of the Pavilion backfill project located in Lebanon, NH, the ambulatory expansion project in Manchester, NH, and the lab software upgrade to the Lebanon, Cheshire, New London, and Alice Peck Day locations. The estimated cost to complete the construction in progress is approximately $18,900,000.

As of June 30, 2023, construction in progress primarily consisted of four projects; the Family and Community Care Clinic located in Keene, NH, the renovation of inpatient wings as part of the Pavilion backfill project located in Lebanon, NH, and two lab software upgrades to the Lebanon campus.

Capitalized interest of $0 and $59,000 is included in construction in progress as of June 30, 2024 and 2023, respectively.

Depreciation expense included in operating activities was $87,732,000 and $87,029,000 for 2024 and 2023, respectively.

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7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

- *Cash and Short-Term Investments* consists of money market funds and are valued at net asset value (NAV) reported by the financial institution and cash which will be used for future investment opportunities.

- *Domestic, Emerging Markets and International Equities* consist of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

- *U.S. Government Securities, Domestic Corporate and Global Debt Securities* consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third-party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2024 and 2023:

	2024			
(in thousands of dollars)	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	$ 18,622	$ -	$ -	$ 18,622
U.S. government securities	163,990	-	-	163,990
Domestic corporate debt securities	78,164	75,618	-	153,782
Global debt securities	24,925	25,222	-	50,147
Domestic equities	234,107	22,498	-	256,605
International equities	23,810	59,944	-	83,754
Emerging market equities	7,451	-	-	7,451
Real estate investment trust	123	-	-	123
Hedge funds	507	-	-	507
Other	96	35	-	131
Total fair value investments	551,795	183,317	-	735,112

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(continued)

Deferred compensation plan assets				
Cash and short-term investments	14,463	-	-	14,463
Domestic corporate debt securities	9,519	-	-	9,519
Domestic equities	54,140	-	-	54,140
International equities	7,042	-	-	7,042
Multi strategy fund	66,984	-	-	66,984
Total deferred compensation plan assets	152,148	-	-	152,148
Beneficial interest in trusts	-	-	19,466	19,466
Total assets	$ 703,943	$ 183,317	$ 19,466	$ 906,726

	2023			
(in thousands of dollars)	**Level 1**	**Level 2**	**Level 3**	**Total**
Assets				
Investments				
Cash and short term investments	$ 45,541	$ -	$ -	$ 45,541
U.S. government securities	138,284	-	-	138,284
Domestic corporate debt securities	41,351	80,969	-	122,320
Global debt securities	24,429	31,125	-	55,554
Domestic equities	200,252	4,289	-	204,541
International equities	57,221	-	-	57,221
Emerging market equities	267	-	-	267
Real estate investment trust	20	-	-	20
Hedge funds	456	-	-	456
Other	-	34	-	34
Total fair value investments	507,821	116,417	-	624,238
Deferred compensation plan assets				
Cash and short-term investments	11,893	-	-	11,893
U.S. government securities	40	-	-	40
Domestic corporate debt securities	10,453	-	-	10,453
Global debt securities	16	-	-	16
Domestic equities	41,841	-	-	41,841
International equities	5,874	-	-	5,874
Emerging market equities	21	-	-	21
Real estate	14	-	-	14
Multi strategy fund	62,689	-	-	62,689
Total deferred compensation plan assets	132,841	-	-	132,841
Beneficial interest in trusts	-	-	14,875	14,875
Total assets	$ 640,662	$ 116,417	$ 14,875	$ 771,954

There were no transfers into or out of Level 1, 2, or 3 measurements due to changes in valuation methodologies during the years ended June 30, 2024 and 2023.

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There were no liquidations of Level 3 measurements during the years ended June 30, 2024 and 2023.

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Investments held in perpetuity	$ 109,649	$ 88,926
Healthcare services	68,660	38,596
Research	30,663	28,176
Health education	23,708	27,374
Other	18,006	10,825
Charity care	14,241	12,486
Purchase of equipment	13,756	3,950
Total net assets with donor restrictions	$ 278,683	$ 210,333

9. Board Designated and Endowment Funds

Net assets include funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Dartmouth Health System has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Dartmouth Health System's net assets with donor restrictions, which are to be held in perpetuity, consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments, the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the

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donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Dartmouth Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Dartmouth Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Dartmouth Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Dartmouth Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Dartmouth Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2024 and 2023.

Endowment net asset composition by type of fund consists of the following at June 30, 2024 and 2023:

	2024		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 139,933	$ 139,933
Board-designated endowment funds	30,085	-	30,085
Total endowed net assets	$ 30,085	$ 139,933	$ 170,018

	2023		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 111,843	$ 111,843
Board-designated endowment funds	28,688	-	28,688
Total endowed net assets	$ 28,688	$ 111,843	$ 140,531

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Changes in endowment net assets for the years ended June 30, 2024 and 2023 are as follows:

	2024		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Beginning of year balances	$ 28,688	$ 111,843	$ 140,531
Net investment return	411	11,894	12,305
Contributions	-	12,627	12,627
Transfers	1,055	11,165	12,220
Release of appropriated funds	(69)	(7,596)	(7,665)
End of year balances	$ 30,085	$ 139,933	$ 170,018
Beneficial interest in perpetual trusts		18,596	
Net assets with donor restrictions		$ 158,529	

	2023		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Beginning of year balances	$ 41,344	$ 107,590	$ 148,934
Net investment return	212	1,305	1,517
Contributions	-	3,201	3,201
Transfers	(12,743)	2,561	(10,182)
Release of appropriated funds	(125)	(2,814)	(2,939)
End of year balances	$ 28,688	$ 111,843	$ 140,531
Beneficial interest in perpetual trusts		13,954	
Net assets with donor restrictions		$ 125,797	

10. Long-Term Debt

MHMH established the Dartmouth-Hitchcock Obligated Group (DHOG) for the purpose of issuing bonds financed through New Hampshire Health and Education Facilities Authority (NHHEFA) or the "Authority". The members of the obligated group at June 30, 2024 and 2023 consist of Dartmouth Health, MHMH, DHC, NLH, MAHHC, and APD. The members of the obligated group at June 30, 2023 consisted of Dartmouth Health, MHMH, DHC, Cheshire, NLH, MAHHC, and APD. Dartmouth Health is designated as the obligated group agent.

Effective June 26, 2024, after approval from the Dartmouth Health Board of Trustees, Cheshire withdrew from the DHOG. The Cheshire Series 2012 bonds and the related obligated group note

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securing the Cheshire bonds, will remain outstanding and therefore constitute a continuing joint and several obligation of the DHOG.

Revenue bonds, issued by members of the DHOG, are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

A summary of long-term debt at June 30, 2024 and 2023 is as follows:

(in thousands of dollars)	2024	2023
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	$ 81,040	$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (2)	125,000	125,000
Series 2017A, principal maturing in varying annual amounts, through August 2040 (3)	122,435	122,435
Series 2019A, principal maturing in varying annual amounts, through August 2043 (4)	99,165	109,800
Series 2017B, principal maturing in varying annual amounts, through August 2031 (3)	98,750	99,165
Series 2018C, principal maturing in varying annual amounts, through August 2030 (5)	22,035	22,860
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	20,800	21,715
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Note payable		
Note payable to a financial institution due in varying annual amounts through 2035 (9)	125,000	125,000
Note payable to a financial institution due in varying annual amounts through 2035 (10)	100,000	-
Total obligated group debt	$ 1,122,827	$ 1,037,932

(continued)

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(continued)

Other		
2021 Series B Hospital Bonds, including monthly payments of $227,000, including interest of 2.68%, maturing in December, 2031.	$ 20,365	$ -
2021 Series A Hospital Bonds, including monthly payments ranging from $23,333 to $227,000, including interest of 2.75%, maturing in December, 2031.	5,557	-
Mortgage note payable to the US Dept of Agriculture including monthly payments of $10,892, including interest of 2.375%, maturing in November, 2046.	2,267	2,343
Note payable to a financial institution, with principal balance due in full in June, 2034; collateralized by land and building. The note payable is interest free.	341	232
Note payable to a financial institution, payable in interest free monthly installments through December 2024; collateralized by associated equipment.	-	32
Note payable to the Town of Bennington, VT, with a fixed interest rate of 3.000%. Payment of principal and interest are deferred until March 1, 2025, at which time annual payments will be made.	511	-
Total nonobligated group debt	29,041	2,607
Total long-term debt	1,151,868	1,040,539
Add original issue premium and discounts, net	76,975	80,112
Less: Current portion	(22,426)	(15,236)
Debt issuance costs, net	(6,492)	(6,453)
Total long-term debt, net	$ 1,199,925	$ 1,098,962

(1) Series 2018A and Series 2018B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B, in February 2018. The Series 2018A revenue bonds mature in variable amounts through 2037 and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds. The Series 2018B revenue bonds mature in variable amounts through 2048, and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds, revolving line of credit, Series 2012 bank loan, and the Series 2015A and Series 2016A swap terminations. The interest on the Series 2018A revenue bonds is variable, with a current interest rate of 5.00%. The interest on the Series 2018B revenue bonds is fixed, with an interest rate of 4.18%, and matures in variable amounts through 2048.

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(2) Series 2020A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2020A, in February 2020. The Series 2020A revenue bonds mature in variable amounts through 2059 and the proceeds are being used primarily to fund the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH, as well as various equipment. The interest on the Series 2020A revenue bonds is fixed, with an interest rate of 5.00%.

(3) Series 2017A and Series 2017B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B, in December 2017. The Series 2017A revenue bonds mature in variable amounts through 2040 and were used primarily to refund Series 2009 and Series 2010 revenue bonds. The Series 2017B revenue bonds mature in variable amounts through 2031 and were used to refund Series 2012A and Series 2012B revenue bonds. The interest on the Series 2017A revenue bonds is fixed, with an interest rate of 5.00%. The interest on the Series 2017B revenue bonds is fixed, with an interest rate of 2.54%.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2019A, in October 2019. The Series 2019A revenue bonds mature in variable amounts through 2043 and were used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH, to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A revenue bonds is fixed, with an interest rate of 4.00%.

(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C, in August 2018. The Series 2018C revenue bonds mature in variable amounts through 2030 and were used primarily to refinance the Series 2010 revenue bonds. The interest on the Series is fixed, with an interest rate of 3.22%.

(6) Series 2012 Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2012, in November 2012. The Series 2012 revenue bonds mature in variable amounts through 2039 and were used to refund 1998 and 2009 Series revenue bonds, finance the settlement cost of the interest rate swap, and finance the purchase of certain equipment and renovations. The revenue bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%).

(7) Series 2014B Revenue Bonds

The DHOG issued Series 2014B NHHEFA Revenue in August 2014. The Series 2014B revenue bonds mature at various dates through 2033. The proceeds from the 2014B revenue bonds were used partially to refund the Series 2009 revenue bonds and to cover cost of issuance. Interest on Series 2014B revenue bonds is fixed, with an interest rate of 4.00%.

(8) Series 2016B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2016B, in July 2016, through a private placement with a financial institution. The Series 2016B revenue bonds mature at various dates through 2045 and were used to finance certain 2016 projects. The Series 2016B is fixed, with an interest rate of 1.78%.

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(9) 2020 note payable to financial institution
The DHOG issued a note payable to TD Bank in May 2020. Issued in response to the COVID-19 pandemic, the proceeds from the note will be used to fund working capital, as needs require. The note matures at various dates through 2035 and is fixed, with an interest rate of 2.56%.

(10) 2023 note payable to financial institution
The DHOG issued a note payable to TD Bank in the amount of $100,000,000. The note matures at various dates through 2033 and is fixed, with an interest rate of 6.17%.

Outstanding joint and several indebtedness of the DHOG at June 30, 2024 and 2023 is approximately $1,122,827,000 and $1,037,932,000, respectively.

Aggregate annual principal payments of total long-term debt for the next five years ending June 30 and thereafter are as follows:

(in thousands of dollars)		**2024**
2025	$	22,426
2026		23,293
2027		25,509
2028		26,170
2029		27,114
Thereafter		1,027,356
Total	$	1,151,868

The Dartmouth Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately $777,000 and $17,310,000 at June 30, 2024 and 2023, respectively, are classified as assets limited as to use in the accompanying Consolidated Balance Sheets (Note 5). In addition, debt service reserves of approximately $48,000 and $46,000 at June 30, 2024 and 2023, respectively, are classified as other current assets in the accompanying Consolidated Balance Sheets. The debt service reserves are mainly comprised of escrowed construction funds at June 30, 2024 and 2023.

For the years ended June 30, 2024 and 2023, interest expense on the Dartmouth Health System's long-term debt is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as operating expenses of $40,869,000 and $34,515,000, respectively, and other non-operating losses of $8,203,000 and $3,782,000, respectively, net of amounts capitalized.

11. Employee Benefits

Eligible employees of the Dartmouth Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain members provide postretirement medical and life insurance benefit plans to certain active and former employees who meet eligibility requirements.

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A summary of the liability for postretirement and other postretirement plan benefits reported in the Consolidated Balance Sheets at June 30 are as follows:

	2024	2023
Current portion of liability for postretirement medical and life benefits*	$ (3,241)	$ (3,386)
Current portion of liability for pension and other postretirement plan benefits	$ (3,241)	$ (3,386)
Long-term portion of liability for pension	$ (184,288)	$ (177,006)
Long-term portion of liability for postretirement medical and life benefits	(27,472)	(29,299)
Liability for pension and other postretirement plan benefits, excluding current portion	$ (211,760)	$ (206,305)
Total liability for pension and other postretirement plan benefits	$ (215,001)	$ (209,691)

* Included within accrued compensation and related benefits on the Consolidated and Consolidating Balance Sheets.

Defined Benefit Plans
The Dartmouth Health System's defined benefit plans have been frozen and, therefore, there are no remaining participants earning benefits in any of the Dartmouth Health System's defined benefit plans.

Net periodic pension expense included in employee benefits expense, in the Consolidated Statements of Operations and Changes in Net Assets, is comprised of the following components for the years ended June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Interest cost on projected benefit obligation	$ 46,921	$ 45,924
Expected return on plan assets	(41,321)	(46,071)
Net loss amortization	15,248	15,820
Settlement	13,287	-
Total net periodic pension expense	$ 34,135	$ 15,673

The following assumptions were used to determine net periodic pension expense as of June 30, 2024 and 2023:

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	2024	2023
Discount rates	4.85 - 5.90%	4.40% - 5.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rates of return on plan assets	4.85 - 7.25%	4.40% - 7.25%

The following table sets forth the funded status and amounts recognized in the Dartmouth Health System's Consolidated Financial Statements for the defined benefit pension plans at June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Change in benefit obligation		
Benefit obligation, beginning of year	$ 866,750	$ 938,886
Interest cost	46,921	45,924
Benefits paid	(59,301)	(58,580)
Experience loss	(1,809)	-
Actuarial gain/(loss)	2,643	(59,480)
Settlements	(61,442)	-
Benefit obligation, end of year	793,762	866,750
Change in plan assets		
Fair value of plan assets, beginning of year	689,744	747,095
Actual return on plan assets	23,005	1,229
Benefits paid	(59,301)	(58,580)
Employer contributions	17,468	-
Settlements	(61,442)	-
Fair value of plan assets, end of year	609,474	689,744
Funded status of the plans	$ (184,288)	$ (177,006)
Current portion of liability for pension	$ -	$ -
Long-term portion of liability for pension	(184,288)	(177,006)
Liability for pension	$ (184,288)	$ (177,006)

As of June 30, 2024 and 2023, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include $480,101,000 and $489,486,000 of net actuarial loss as of June 30, 2024 and 2023, respectively.

The amounts amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2024 for net actuarial losses was $15,248,000.

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The following table sets forth the assumptions used to determine the accumulated benefit obligation at June 30, 2024 and 2023:

	2024	2023
Discount rates	6.00%	4.85 - 5.90%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the defined benefit plans' assets is to support the pension liabilities of the pension plans for employees of the Dartmouth Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the pension plan's liabilities. As of June 30, 2024, it is expected that the LDI strategy will hedge approximately 75% of the interest rate risk associated with pension liabilities. As of June 30, 2023, the expected LDI hedge was approximately 70%. To achieve the appreciation and hedging objectives, the pension plans utilize a diversified structure of asset classes. The asset classes are designed to achieve stated performance objectives, measured on a total return basis which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	2%
U.S. government securities	0–20	16
Domestic debt securities	20–58	40
Global debt securities	0–26	0
Domestic equities	5–35	15
International equities	5–15	6
Emerging market equities	3–13	4
Global Equities	0-10	7
Real estate investment trust funds	0-5	0
Private equity funds	0-5	0
Hedge funds	5-18	10

To the extent an asset class falls outside of its target range on a quarterly basis, the Dartmouth Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

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The Boards of Trustees of the Dartmouth Health System, as plan sponsors, oversee the design, structure, and prudent professional management of the Dartmouth Health System's pension plans' assets, in accordance with Board approved investment policies, roles, responsibilities, and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient.

The following table sets forth the Dartmouth Health System's pension plans' investments that were accounted for at fair value as of June 30, 2024 and 2023:

	2024					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ -	$ 9,846	$ -	$ 9,846	Daily	1
U.S. government securities	45,202	-	-	45,202	Daily–Monthly	1–15
Domestic debt securities	64,075	200,343	-	264,418	Daily–Monthly	1–15
Domestic equities	66,717	28,921	-	95,638	Daily–Monthly	1–10
International equities	-	37,727	-	37,727	Daily–Monthly	1–11
Emerging market equities	-	26,530	-	26,530	Daily–Monthly	1–17
Global equities	-	48,690	-	48,690	Daily–Monthly	1–17
Total investments	$ 175,994	$ 352,057	$ -	$ 528,051		

	2023					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ -	$ 10,667	$ -	$ 10,667	Daily	1
U.S. government securities	22,919	-	-	22,919	Daily–Monthly	1–15
Domestic debt securities	96,004	250,964	-	346,968	Daily–Monthly	1–15
Domestic equities	89,391	26,849	-	116,240	Daily–Monthly	1–10
International equities	18,912	22,361	-	41,273	Daily–Monthly	1–11
Emerging market equities	-	26,743	-	26,743	Daily–Monthly	1–17
Global equities	-	52,461	-	52,461	Daily–Monthly	1–17
Total investments	$ 227,226	$ 390,045	$ -	$ 617,271		

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Additionally, private equity and hedge funds, valued at NAV, totaled $81,423,000 and $72,473,000 as of June 30, 2024 and 2023, respectively. Private equity and hedge funds, maintained in the pension plans' investments, have redemption terms that vary between quarterly and annually, and generally require between 60-96 days' notice.

There were no transfers into or out of Level 1, 2, or 3 measurements due to changes in valuation methodologies during the years ended June 30, 2024 and 2023.

The weighted average asset allocation, by asset category, for the Dartmouth Health System's pension plans is as follows at June 30, 2024 and 2023:

	2024	2023
Cash and short-term investments	2 %	3 %
U.S. government securities	16	5
Domestic debt securities	40	42
Global debt securities	0	4
Domestic equities	15	17
International equities	6	7
Emerging market equities	4	4
Global equities	7	6
Hedge funds	10	12
Total	100 %	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.25% per annum.

The Dartmouth Health System is expected to contribute approximately $30,000,000 to the Plans in 2025, however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30 and thereafter:

(in thousands of dollars)	
2025	$ 59,584
2026	61,036
2027	61,996
2028	62,867
2029	63,495
2030 - 2034	316,610

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Defined Contribution Plans
The Dartmouth Health System has employer-sponsored plans for certain of its members, under which the employer makes contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of $74,481,000 and $71,152,000 in 2024 and 2023, respectively, are included in employee benefits expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Postretirement Medical and Life Insurance Benefits
The Dartmouth Health System has postretirement medical and life insurance benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit cost is comprised of the components listed below for the years ended June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Service cost	$ 225	$ 357
Interest cost	1,856	1,956
Net (income) loss amortization	(2)	62
Total	$ 2,079	$ 2,375

The following table sets forth the accumulated postretirement medical and life insurance benefit obligation amounts recognized in the Dartmouth Health System's Consolidated Financial Statements at June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Change in benefit obligation		
Accumulated benefit obligation, beginning of year	$ 32,685	$ 40,315
Service cost	225	357
Interest cost	1,856	1,956
Benefits paid	(3,486)	(3,588)
Actuarial income	(567)	(6,355)
Accumulated benefit obligation, end of year	30,713	32,685
Current portion of liability for postretirement medical and life benefits	$ (3,241)	$ (3,386)
Long-term portion of liability for postretirement medical and life benefits	(27,472)	(29,299)
Funded status of the plans and liability for postretirement medical and life benefits	$ (30,713)	$ (32,685)

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As of June 30, 2024 and 2023, the liability for postretirement medical and life insurance benefits is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheets.
Amounts not yet reflected in net periodic income for the postretirement medical and life insurance benefit plans, included in the change in net assets without donor restrictions, are as follows:

(in thousands of dollars)	2024	2023
Net actuarial income	$ (2,535)	$ (1,970)
Total	$ (2,535)	$ (1,970)

The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30, 2024 and thereafter:

(in thousands of dollars)	
2025	$ 3,338
2026	3,366
2027	3,360
2028	3,188
2029	3,069
2030-2034	14,095

In determining the accumulated benefit obligation for the postretirement medical and life insurance plans, the Dartmouth Health System used discount rates of 6.10 - 6.60% in 2024, and assumed healthcare cost trend rates of 6.25 – 6.50%, trending down to 5.00% in 2029 and thereafter.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, Cheshire, NLH, APD, MAHHC, and VNH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company.

RRG cedes the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda, and HAC cedes a portion of this risk to a variety of commercial reinsurers. D-H has majority ownership interest in both HAC and RRG. The insurance program provides coverage to the covered institutions, named insureds and their employees on a modified claims-made basis, which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined, based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

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Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2024 and 2023, are summarized as follows:

	2024		
(in thousands of dollars)	HAC	RRG	Total
Assets	$ 100,066	$ 2,628	$ 102,694
Shareholders' equity	13,620	50	13,670

	2023		
(in thousands of dollars)	HAC	RRG	Total
Assets	$ 93,777	$ 2,372	$ 96,149
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

Litigation

The Dartmouth Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. It is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Dartmouth Health System.

Lines of Credit

The Dartmouth Health System has entered into loan agreements with financial institutions, establishing access to revolving lines of credit up to $120,000,000. Interest is variable and determined using the Bloomberg Short-Term Bank Yield Index, the Wall Street Journal Prime Rate, or the Secured Overnight Financing Rate. The loan agreements are due to expire October 3, 2025 and January 31, 2025. The outstanding balances on the lines of credit totaled $41,950,000 and $40,000,000 as of June 30, 2024 and 2023, respectively. Interest expense was approximately $4,367,000 and $1,200,000 for the years ended June 30, 2024 and 2023, respectively, and is included in the Consolidated Statements of Operations and Changes in Net Assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Dartmouth Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated

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based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

Operating expenses of the Dartmouth Health System by functional and natural basis are as follows for the years ended June 30, 2024 and 2023, respectively:

	2024			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating				
Salaries	$ 1,356,800	$ 222,603	$ 2,077	$ 1,581,480
Employee benefits	341,483	49,747	478	391,708
Medical supplies and medications	833,657	7,614	6	841,277
Purchased services and other	361,683	152,130	7,406	521,219
Medicaid enhancement tax	102,727	-	-	102,727
Depreciation and amortization	46,069	43,873	43	89,985
Interest	8,293	32,569	7	40,869
Total operating	$ 3,050,712	$ 508,536	$ 10,017	$ 3,569,265

	Program Services	Management and General	Fundraising	Total
Non-operating				
Employee benefits	$ 31,706	$ 4,200	$ 83	$ 35,989
Interest	-	8,203	-	8,203
Development	-	-	10,203	10,203
Total non-operating	$ 31,706	$ 12,403	$ 10,286	$ 54,395

	2023			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating				
Salaries	$ 1,238,158	$ 183,063	$ 1,870	$ 1,423,091
Employee benefits	293,359	38,778	249	332,386
Medical supplies and medications	722,957	2,517	6	725,480
Purchased services and other	305,192	148,439	5,270	458,901
Medicaid enhancement tax	85,715	-	-	85,715
Depreciation and amortization	45,702	44,707	48	90,457
Interest	8,470	26,037	8	34,515
Total operating	$ 2,699,553	$ 443,541	$ 7,451	$ 3,150,545

	Program Services	Management and General	Fundraising	Total
Non-operating				
Employee benefits	$ 15,606	$ 2,077	$ 8	$ 17,691
Interest	-	3,782	-	3,782
Development	-	-	8,799	8,799
Total non-operating	$ 15,606	$ 5,859	$ 8,807	$ 30,272

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15. Liquidity

The Dartmouth Health System is substantially supported by cash generated from operations. In addition, the Dartmouth Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying Consolidated Balance Sheets may not be available for general expenditure within one year of the balance sheet date.

The Dartmouth Health System's financial assets available at June 30, 2024 and 2023 to meet cash needs for general expenditures within one year of June 30, 2024 and 2023, respectively, are as follows:

(in thousands of dollars)	2024	2023
Cash and cash equivalents	$ 257,903	$ 115,996
Patient accounts receivable	287,317	289,787
Assets limited as to use	1,234,156	1,071,462
Other investments for restricted activities	229,626	182,224
Total financial assets	2,009,002	1,659,469
Less those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	(80,936)	(76,830)
Investments for restricted activities	(229,626)	(182,224)
Bond proceeds held for capital projects	(777)	(17,310)
Other investments with liquidity horizons greater than one year	(159,491)	(141,810)
Total financial assets available within one year	$ 1,538,172	$ 1,241,295

The Dartmouth Health System used cash flow from operations of approximately $147,848,000 and ($164,033,000) for the years ended June 30, 2024 and June 30, 2023, respectively. In addition, the Dartmouth Health System's liquidity management plan includes investing excess daily cash in intermediate or long-term investments based on anticipated liquidity needs. The Dartmouth Health System has available lines of credit of up to $120,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the lines of credit.

16. Lease Commitments

Dartmouth Health determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date, based on the present value of lease payments over the lease term. The Dartmouth Health System uses the implicit rate noted within the contract. If not readily available, the Dartmouth Health System uses an estimated incremental borrowing rate, which is derived using a collateralized borrowing rate, for the same

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currency and term, as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less, rather the Dartmouth Health System recognizes lease expense for these leases on a straight-line basis, over the lease term, within lease and rental expense.

Operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Real estate lease agreements typically have initial terms of 3 to 8 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5 years. The exercise of lease renewal options is at the Dartmouth Health System's sole discretion. When determining the lease term, management includes options to extend or terminate the lease when it is reasonably certain that the Dartmouth Health System will exercise that option.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or rental payments adjusted periodically for inflation. These variable lease payments are recognized in other occupancy costs in the Consolidated Statements of Operations and Changes in Net Assets, but are not included in the right-of-use asset or liability balances in our Consolidated Balance Sheets. Lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

The components of lease expense for the years ended June 30, 2024 and 2023 are as follows:

(in thousands of dollars)	2024	2023
Operating lease cost	$ 8,444	$ 9,590
Variable and short term lease cost (a)	10,866	10,608
Total lease and rental expense	$ 19,310	$ 20,198
Finance lease cost:		
Depreciation of property under finance lease	$ 4,793	$ 3,778
Interest on debt of property under finance lease	1,321	546
Total finance lease cost	$ 6,114	$ 4,324

(a) Includes equipment, month-to-month and leases with a maturity of less than 12 months.

Supplemental cash flow information related to leases for the years ended June 30, 2024 and 2023 are as follows:

(in thousands of dollars)	2024	2023
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	$ 9,450	$ 10,067
Operating cash flows from finance leases	1,376	546
Financing cash flows from finance leases	4,635	3,599
Total	$ 15,461	$ 14,212

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Supplemental balance sheet information related to leases as of June 30, 2024 and 2023 are as follows:

(in thousands of dollars)	2024	2023
Operating Leases		
Right-of-use assets - operating leases	$ 57,999	59,258
Accumulated amortization	(30,834)	(26,731)
Right-of-use assets - operating leases, net	27,165	32,527
Current portion of right-of-use obligations	5,987	7,799
Long-term right-of-use obligations, excluding current portion	25,817	25,386
Total operating lease liabilities	31,804	33,185
Finance Leases		
Right-of-use assets - finance leases	39,965	32,837
Accumulated depreciation	(14,027)	(9,836)
Right-of-use assets - finance leases, net	25,938	23,001
Current portion of right-of-use obligations	4,155	3,535
Long-term right-of-use obligations, excluding current portion	19,990	20,285
Total finance lease liabilities	$ 24,145	23,820
Weighted Average remaining lease term, years		
Operating leases	4.02	7.54
Finance leases	14.96	15.73
Weighted Average discount rate		
Operating leases	3.72%	2.36%
Finance leases	6.60%	3.46%

The Dartmouth Health System obtained $3.2 million and $7.8 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2024.

The Dartmouth Health System obtained $3.6 million and $9.2 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2023.

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Future maturities of lease liabilities as of June 30, 2024 are as follows:

(in thousands of dollars)	Operating Leases	Finance Leases
Year ending June 30:		
2025	$ 6,783	$ 5,404
2026	5,264	4,905
2027	4,118	3,647
2028	3,001	2,646
2029	2,493	1,794
Thereafter	9,332	18,621
Total lease payments	30,991	37,017
Less imputed interest	(2,959)	(9,099)
Total lease obligations	$ 28,032	$ 27,918

17. Subsequent Events

The Dartmouth Health System has assessed the impact of subsequent events through October 31, 2024, the date the audited Consolidated Financial Statements were issued, and has concluded that there were no such events that require adjustment to the audited Consolidated Financial Statements or disclosure in the notes to the audited Consolidated Financial Statements other than as noted below.

On July 31, 2024, Valley Regional Healthcare, Inc. (VRHC) and its subsidiary, Valley Regional Hospital (a critical access hospital located in Claremont, NH) and affiliates (VRH), became subsidiaries of the Dartmouth Health System.

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Consolidating Supplemental Information

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Balance Sheets
June 30, 2024

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	$ 111,792	$ -	$ 54,156	$ 13,327	$ 39,000	$ -	$ 218,275	$ 39,628	$ -	$ 257,903
Patient accounts receivable, net	-	221,992	9,307	9,343	9,922	-	250,564	36,753	-	287,317
Prepaid expenses and other current assets	45,504	233,689	(33)	511	1,470	(78,104)	203,037	17,888	(34,196)	186,729
Total current assets	157,296	455,681	63,430	23,181	50,392	(78,104)	671,876	94,269	(34,196)	731,949
Assets limited as to use	115,784	898,272	16,106	26,862	19,973	(227)	1,076,770	157,386	-	1,234,156
Notes receivable, related party	838,175	11,126	366	-	-	(828,172)	21,495	(366)	(21,129)	-
Other investments for restricted activities	41	136,366	7,004	8,058	3,534	-	155,003	74,623	-	229,626
Property, plant, and equipment, net	-	656,781	27,646	18,120	44,979	-	747,526	173,794	-	921,320
Right-of-use assets, net	140	27,499	14,076	4,572	1,452	-	47,739	5,364	-	53,103
Other assets	7,061	188,452	16,156	5,080	6,988	-	223,737	27,976	-	251,713
Total assets	$ 1,118,497	$ 2,374,177	$ 144,784	$ 85,873	$ 127,318	$ (906,503)	$ 2,944,146	$ 533,046	$ (55,325)	$ 3,421,867
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	$ 17,435	$ -	$ 890	$ 24	$ -	$ -	$ 18,349	$ 4,077	$ -	$ 22,426
Current portion of right-of-use obligations	140	7,533	789	438	220	-	9,120	1,022	-	10,142
Line of credit	-	29,000	-	-	-	-	29,000	12,950	-	41,950
Accounts payable and accrued expenses	51,894	134,987	3,815	7,271	3,694	(78,331)	123,330	49,332	(34,196)	138,466
Accrued compensation and related benefits	-	138,621	4,657	4,374	3,746	-	151,398	17,457	-	168,855
Estimated third-party settlements	-	44,357	12,208	999	17,472	-	75,036	7,632	-	82,668
Total current liabilities	69,469	354,498	22,359	13,106	25,132	(78,331)	406,233	92,470	(34,196)	464,507
Notes payable, related party	-	784,427	-	17,570	26,175	(828,172)	-	21,129	(21,129)	-
Long-term debt, excluding current portion	1,108,238	25,140	21,077	(23)	-	-	1,154,432	45,493	-	1,199,925
Right-of-use obligations, excluding current portion	-	20,754	13,986	4,331	1,266	-	40,337	5,470	-	45,807
Insurance deposits and related liabilities	-	96,918	368	206	262	-	97,754	643	-	98,397
Liability for pension and other postretirement plan benefits, excluding current portion	-	211,454	-	306	-	-	211,760	-	-	211,760
Other liabilities	-	165,236	3,059	-	2,416	-	170,711	28,380	-	199,091
Total liabilities	1,177,707	1,658,427	60,849	35,496	55,251	(906,503)	2,081,227	193,585	(55,325)	2,219,487
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(59,210)	563,096	76,931	40,601	66,958	-	688,376	235,281	40	923,697
Net assets with donor restrictions	-	152,654	7,004	9,776	5,109	-	174,543	104,180	(40)	278,683
Total net assets	(59,210)	715,750	83,935	50,377	72,067	-	862,919	339,461	-	1,202,380
Total liabilities and net assets	$ 1,118,497	$ 2,374,177	$ 144,784	$ 85,873	$ 127,318	$ (906,503)	$ 2,944,146	$ 533,046	$ (55,325)	$ 3,421,867

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Balance Sheets
June 30, 2024

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Southwestern VT Health Care Corp and Subs	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	$ 111,792	$ 1,264	$ 64,114	$ 22,417	$ 13,508	$ 39,000	$ 4,634	$ 1,174	$ -	$ 257,903
Patient accounts receivable, net	-	221,992	9,307	14,344	9,526	9,922	21,303	923	-	287,317
Prepaid expenses and other current assets	45,504	234,013	(210)	6,809	503	1,470	10,172	768	(112,300)	186,729
Total current assets	157,296	457,269	73,211	43,570	23,537	50,392	36,109	2,865	(112,300)	731,949
Assets limited as to use	115,784	930,022	16,106	10,493	28,288	19,973	96,586	17,131	(227)	1,234,156
Notes receivable, related party	838,175	11,126	-	-	-	-	-	-	(849,301)	-
Other investments for restricted activities	41	144,920	7,240	42,535	8,058	3,534	23,203	95	-	229,626
Property, plant, and equipment, net	-	659,456	43,744	71,253	19,423	44,979	77,316	5,149	-	921,320
Right-of-use assets, net	140	27,499	14,104	1,442	4,572	1,452	3,851	43	-	53,103
Other assets	7,061	188,628	8,321	25,624	2,619	6,988	11,999	473	-	251,713
Total assets	$ 1,118,497	$ 2,418,920	$ 162,726	$ 194,917	$ 86,497	$ 127,318	$ 249,064	$ 25,756	$ (961,828)	$ 3,421,867
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	$ 17,435	$ -	$ 890	$ 945	$ 28	$ -	$ 3,050	$ 78	$ -	22,426
Current portion of right-of-use obligations	140	7,533	796	384	438	220	621	10	-	10,142
Line of credit	-	29,000	-	-	-	-	12,950	-	-	41,950
Accounts payable and accrued expenses	51,894	135,488	4,601	24,622	7,425	3,694	22,619	650	(112,527)	138,466
Accrued compensation and related benefits	-	138,621	5,207	6,623	4,377	3,746	9,550	731	-	168,855
Estimated third-party settlements	-	44,357	12,208	6,402	999	17,472	1,230	-	-	82,668
Total current liabilities	69,469	354,999	23,702	38,976	13,267	25,132	50,020	1,469	(112,527)	464,507
Notes payable, related party	-	784,427	-	21,129	17,570	26,175	-	-	(849,301)	-
Long-term debt, excluding current portion	1,108,238	25,140	21,035	19,942	212	-	23,169	2,189	-	1,199,925
Right-of-use obligations, excluding current portion	-	20,754	14,006	1,151	4,331	1,266	4,265	34	-	45,807
Insurance deposits and related liabilities	-	96,918	368	621	206	262	-	22	-	98,397
Liability for pension and other postretirement plan benefits, excluding current portion	-	211,454	-	-	306	-	-	-	-	211,760
Other liabilities	-	165,236	23,921	2,311	-	2,416	5,207	-	-	199,091
Total liabilities	1,177,707	1,658,928	83,032	84,130	35,892	55,251	82,661	3,714	(961,828)	2,219,487
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(59,210)	598,613	72,454	43,703	40,829	66,958	138,836	21,474	40	923,697
Net assets with donor restrictions	-	161,379	7,240	67,084	9,776	5,109	27,567	568	(40)	278,683
Total net assets	(59,210)	759,992	79,694	110,787	50,605	72,067	166,403	22,042	-	1,202,380
Total liabilities and net assets	$ 1,118,497	$ 2,418,920	$ 162,726	$ 194,917	$ 86,497	$ 127,318	$ 249,064	$ 25,756	$ (961,828)	$ 3,421,867

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Balance Sheets
June 30, 2023

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	$ 2,375	$ 202	$ 40,750	$ 11,462	$ 32,082	$ -	$ 86,871	$ 29,125	$ -	$ 115,996
Patient accounts receivable, net	-	241,747	10,868	7,607	11,022	-	271,244	18,543	-	289,787
Prepaid expenses and other current assets	19,552	210,275	2,374	2,009	2,449	(36,789)	199,870	2,619	(18,385)	184,104
Total current assets	21,927	452,224	53,992	21,078	45,553	(36,789)	557,985	50,287	(18,385)	589,887
Assets limited as to use	136,937	832,895	13,089	25,786	17,990	(16,760)	1,009,937	61,525	-	1,071,462
Notes receivable, related party	843,946	14,308	588	-	-	(844,777)	14,065	(588)	(13,477)	-
Other investments for restricted activities	5	126,671	2,632	7,208	3,206	-	139,722	42,502	-	182,224
Property, plant, and equipment, net	-	624,394	27,724	16,260	44,547	-	712,925	98,697	-	811,622
Right-of-use assets, net	344	32,819	14,967	4,897	286	-	53,313	2,215	-	55,528
Other assets	1,943	168,736	13,798	4,688	6,622	-	195,787	(2,454)	-	193,333
Total assets	$ 1,005,102	$ 2,252,047	$ 126,790	$ 79,917	$ 118,204	$ (898,326)	$ 2,683,734	$ 252,184	$ (31,862)	$ 2,904,056
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	$ 13,365	$ -	$ 825	$ 11	$ 21	$ -	$ 14,222	$ 1,014	$ -	$ 15,236
Current portion of right-of-use obligations	204	9,136	759	422	49	-	10,570	764	-	11,334
Line of credit	-	40,000	-	-	-	-	40,000	-	-	40,000
Accounts payable and accrued expenses	23,590	151,473	5,300	8,173	3,975	(53,549)	138,962	26,170	(18,385)	146,747
Accrued compensation and related benefits	-	123,104	3,549	4,491	3,192	-	134,336	6,517	-	140,853
Estimated third-party settlements	-	28,560	12,588	-	18,245	-	59,393	4,967	-	64,360
Total current liabilities	37,159	352,273	23,021	13,097	25,482	(53,549)	397,483	39,432	(18,385)	418,530
Notes payable, related party	-	800,163	-	17,570	27,044	(844,777)	-	13,477	(13,477)	-
Long-term debt, excluding current portion	1,028,666	25,113	21,956	(105)	11	-	1,075,641	23,321	-	1,098,962
Right-of-use obligations, excluding current portion	140	24,333	14,786	4,635	243	-	44,137	1,534	-	45,671
Insurance deposits and related liabilities	-	89,947	322	283	253	-	90,805	544	-	91,349
Liability for pension and other postretirement plan benefits, excluding current portion	-	197,049	-	368	-	-	197,417	8,888	-	206,305
Other liabilities	-	148,553	366	-	2,065	-	150,984	22,934	-	173,918
Total liabilities	1,065,965	1,637,431	60,451	35,848	55,098	(898,326)	1,956,467	110,130	(31,862)	2,034,735
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(60,873)	476,653	63,708	35,455	58,347	-	573,290	85,658	40	658,988
Net assets with donor restrictions	10	137,963	2,631	8,614	4,759	-	153,977	56,396	(40)	210,333
Total net assets	(60,863)	614,616	66,339	44,069	63,106	-	727,267	142,054	-	869,321
Total liabilities and net assets	$ 1,005,102	$ 2,252,047	$ 126,790	$ 79,917	$ 118,204	$ (898,326)	$ 2,683,734	$ 252,184	$ (31,862)	$ 2,904,056

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Balance Sheets
June 30, 2023

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 2,375	$ 1,470	$ 50,139	$ 15,911	$ 11,691	$ 32,082	$ 2,328	$ -	$ 115,996
Patient accounts receivable, net	-	241,747	10,868	17,253	7,799	11,022	1,098	-	289,787
Prepaid expenses and other current assets	19,552	210,708	2,284	1,504	1,992	2,449	789	(55,174)	184,104
Total current assets	21,927	453,925	63,291	34,668	21,482	45,553	4,215	(55,174)	589,887
Assets limited as to use	136,937	860,436	13,089	13,376	27,090	17,990	19,304	(16,760)	1,071,462
Notes receivable, related party	843,946	14,308	-	-	-	-	-	(858,254)	-
Other investments for restricted activities	5	134,091	2,911	34,711	7,209	3,206	91	-	182,224
Property, plant, and equipment, net	-	627,070	44,435	72,289	17,593	44,547	5,688	-	811,622
Right-of-use assets, net	344	32,819	14,967	2,145	4,898	286	69	-	55,528
Other assets	1,943	168,902	6,505	7,130	2,231	6,622	-	-	193,333
Total assets	$ 1,005,102	$ 2,291,551	$ 145,198	$ 164,319	$ 80,503	$ 118,204	$ 29,367	$ (930,188)	$ 2,904,056
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ 13,365	$ -	$ 825	$ 915	$ 36	$ 21	$ 74	$ -	$ 15,236
Current portion of right-of-use obligations	204	9,136	759	735	423	49	28	-	11,334
Line of credit	-	40,000	-	-	-	-	-	-	40,000
Accounts payable and accrued expenses	23,590	152,515	5,990	22,818	8,312	3,975	1,481	(71,934)	146,747
Accrued compensation and related benefits	-	123,104	3,907	5,406	4,564	3,192	680	-	140,853
Estimated third-party settlements	-	28,560	12,588	4,928	-	18,245	39	-	64,360
Total current liabilities	37,159	353,315	24,069	34,802	13,335	25,482	2,302	(71,934)	418,530
Notes payable, related party	-	800,163	-	10,477	17,570	27,044	3,000	(858,254)	-
Long-term debt, excluding current portion	1,028,666	25,113	21,907	20,907	89	11	2,269	-	1,098,962
Right-of-use obligations, excluding current portion	140	24,333	14,786	1,493	4,635	243	41	-	45,671
Insurance deposits and related liabilities	-	89,947	322	500	283	253	44	-	91,349
Liability for pension and other postretirement plan benefits, excluding current portion	-	197,049	-	8,888	368	-	-	-	206,305
Other liabilities	-	148,553	21,800	1,500	-	2,065	-	-	173,918
Total liabilities	1,065,965	1,638,473	82,884	78,567	36,280	55,098	7,656	(930,188)	2,034,735
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(60,873)	507,534	59,404	37,307	35,609	58,347	21,620	40	658,988
Net assets with donor restrictions	10	145,544	2,910	48,445	8,614	4,759	91	(40)	210,333
Total net assets	(60,863)	653,078	62,314	85,752	44,223	63,106	21,711	-	869,321
Total liabilities and net assets	$ 1,005,102	$ 2,291,551	$ 145,198	$ 164,319	$ 80,503	$ 118,204	$ 29,367	$ (930,188)	$ 2,904,056

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2024

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	$ -	$ 2,071,131	$ 108,263	$ 65,362	$ 91,783	$ -	$ 2,336,539	$ 454,775	$ -	$ 2,791,314
Contracted revenue	-	124,354	275	3,592	163	(485)	127,899	132	(107,310)	20,721
Other operating revenue	36,381	686,348	6,084	3,734	6,830	(47,705)	691,672	92,363	(3,049)	780,986
Net assets released from restrictions	-	15,568	130	311	131	-	16,140	1,986	-	18,126
Total operating revenue and other support	36,381	2,897,401	114,752	72,999	98,907	(48,190)	3,172,250	549,256	(110,359)	3,611,147
Operating expenses										
Salaries	-	1,258,760	52,917	30,657	49,683	468	1,392,485	277,941	(88,946)	1,581,480
Employee benefits	-	307,857	14,261	8,935	11,044	1,735	343,832	57,929	(10,053)	391,708
Medications and medical supplies	-	725,220	12,612	4,420	12,888	-	755,140	86,138	(1)	841,277
Purchased services and other	21,355	387,056	15,882	23,191	10,631	(22,732)	435,383	95,870	(10,034)	521,219
Medicaid enhancement and provider tax	-	71,162	4,364	2,331	3,583	-	81,440	21,287	-	102,727
Depreciation and amortization	-	59,643	3,420	2,504	4,745	-	70,312	19,673	-	89,985
Interest	32,181	32,046	779	480	1,133	(29,021)	37,598	3,919	(648)	40,869
Total operating expenses	53,536	2,841,744	104,235	72,518	93,707	(49,550)	3,116,190	562,757	(109,682)	3,569,265
Operating margin (loss)	(17,155)	55,657	10,517	481	5,200	1,360	56,060	(13,501)	(677)	41,882
Non-operating gains (losses)										
Investment gains, net	9,456	88,440	1,834	3,266	2,118	(206)	104,908	20,009	(193)	124,724
Other components of net periodic pension and post retirement benefit income	-	(22,096)	-	-	-	-	(22,096)	(606)	-	(22,702)
Other income (losses), net	(16,563)	(2,085)	8	141	1,029	(1,154)	(18,624)	(4,334)	870	(22,088)
Pension termination settlement charge	-	-	-	-	-	-	-	(13,287)	-	(13,287)
Contribution revenue from acquisition	129,689	-	-	-	-	-	129,689	-	-	129,689
Total non-operating gains, net	122,582	64,259	1,842	3,407	3,147	(1,360)	193,877	1,782	677	196,336
Excess (deficiency) of revenue over expenses	105,427	119,916	12,359	3,888	8,347	-	249,937	(11,719)	-	238,218
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	550	93	239	174	-	1,056	14,094	-	15,150
Change in funded status of pension and other postretirement benefits	-	(929)	-	27	-	-	(902)	12,295	-	11,393
Net assets transferred to (from) affiliates	(103,764)	(33,074)	791	992	90	-	(134,965)	134,965	-	-
Other changes in net assets	-	(20)	(20)	-	-	-	(40)	(12)	-	(52)
Increase in net assets without donor restrictions	$ 1,663	$ 86,443	$ 13,223	$ 5,146	$ 8,611	$ -	$ 115,086	$ 149,623	$ -	$ 264,709

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Dartmouth-Hitchcock Health (d/b/a/Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2024

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Southwestern VT Health Care Corp and Subs	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	$ -	$ 2,071,131	$ 108,263	$ 271,783	$ 65,362	$ 91,783	$ 171,474	$ 11,518	$ -	$ 2,791,314
Contracted revenue	-	124,384	275	102	3,592	163	-	-	(107,795)	20,721
Other operating revenue	36,381	689,357	17,415	28,942	5,681	6,830	45,058	2,076	(50,754)	780,986
Net assets released from restrictions	-	16,310	193	766	311	131	414	1	-	18,126
Total operating revenue and other support	36,381	2,901,182	126,146	301,593	74,946	98,907	216,946	13,595	(158,549)	3,611,147
Operating expenses										
Salaries	-	1,258,760	57,805	147,443	31,528	49,683	115,634	9,105	(88,478)	1,581,480
Employee benefits	-	307,857	15,304	34,941	9,113	11,044	19,894	1,873	(8,318)	391,708
Medications and medical supplies	-	725,220	12,627	54,458	4,427	12,888	31,059	599	(1)	841,277
Purchased services and other	21,355	390,297	19,643	51,328	24,021	10,631	32,983	3,727	(32,766)	521,219
Medicaid enhancement and provider tax	-	71,162	4,364	10,045	2,331	3,583	11,242	-	-	102,727
Depreciation and amortization	-	59,643	5,341	10,103	2,614	4,745	6,999	540	-	89,985
Interest	32,181	32,046	1,066	1,319	480	1,133	2,091	222	(29,669)	40,869
Total operating expenses	53,536	2,844,985	116,150	309,637	74,514	93,707	219,902	16,066	(159,232)	3,569,265
Operating margin (loss)	(17,155)	56,197	9,996	(8,044)	432	5,200	(2,956)	(2,471)	683	41,882
Non-operating gains (losses)										
Investment gains, net	9,456	92,397	2,182	2,971	3,387	2,118	10,474	2,138	(399)	124,724
Other components of net periodic pension and post retirement benefit income	-	(22,096)	-	(587)	(19)	-	-	-	-	(22,702)
Other income (losses), net	(16,563)	(2,085)	8	(908)	162	1,029	(3,454)	7	(284)	(22,088)
Pension termination settlement charge	-	-	-	(13,287)	-	-	-	-	-	(13,287)
Contribution revenue from acquisition	129,689	-	-	-	-	-	-	-	-	129,689
Total non-operating gains (losses), net	122,582	68,216	2,190	(11,811)	3,530	3,147	7,020	2,145	(683)	196,336
Excess (deficiency) of revenue over expenses	105,427	124,413	12,186	(19,855)	3,962	8,347	4,064	(326)	-	238,218
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	665	93	8,896	239	174	5,083	-	-	15,150
Change in funded status of pension and other postretirement benefits	-	(929)	-	12,295	27	-	-	-	-	11,393
Net assets transferred to (from) affiliates	(103,764)	(33,050)	791	5,072	992	90	129,689	180	-	-
Other changes in net assets	-	(20)	(20)	(12)	-	-	-	-	-	(52)
Increase (decrease) in net assets without donor restrictions	$ 1,663	$ 91,079	$ 13,050	$ 6,396	$ 5,220	$ 8,611	$ 138,836	$ (146)	$ -	$ 264,709

Docusign Envelope ID: 49F1B3D0-4269-82A1-82E8-CE5C3603ABDA

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2023

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	$ -	$ 1,888,079	$ 98,605	$ 63,606	$ 87,855	$ -	$ 2,138,145	$ 259,012	$ -	$ 2,397,157
Contracted revenue	3,834	141,562	149	3,657	51	(799)	148,454	336	(64,444)	84,346
Other operating revenue	36,756	578,965	4,264	2,134	6,485	(43,983)	584,621	31,811	(7,557)	608,875
Net assets released from restrictions	-	12,763	100	284	316	-	13,463	1,380	-	14,843
Total operating revenue and other support	40,590	2,621,369	103,118	69,681	94,707	(44,782)	2,884,683	292,539	(72,001)	3,105,221
Operating expenses										
Salaries	-	1,183,341	49,062	28,947	46,198	486	1,308,034	162,896	(47,839)	1,423,091
Employee benefits	-	276,506	9,020	8,278	8,321	1,697	303,822	36,910	(8,346)	332,386
Medications and medical supplies	-	650,157	13,130	4,379	11,852	-	679,518	45,962	-	725,480
Purchased services and other	20,277	366,903	15,821	21,278	11,834	(18,642)	417,471	56,691	(15,261)	458,901
Medicaid enhancement and provider tax	-	65,805	4,426	2,273	3,366	-	75,870	9,845	-	85,715
Depreciation and amortization	1	68,566	3,372	2,311	4,775	-	79,025	11,432	-	90,457
Interest	33,194	28,101	805	479	1,064	(30,386)	33,257	1,544	(286)	34,515
Total operating expenses	53,472	2,639,379	95,636	67,945	87,410	(46,845)	2,896,997	325,280	(71,732)	3,150,545
Operating margin (loss)	(12,882)	(18,010)	7,482	1,736	7,297	2,063	(12,314)	(32,741)	(269)	(45,324)
Non-operating gains (losses)										
Investment gains, net	1,373	48,094	881	915	1,113	(252)	52,124	6,067	(72)	58,119
Other components of net periodic pension and post retirement benefit income	-	(16,269)	-	-	-	-	(16,269)	(1,422)	-	(17,691)
Other income (losses), net	(10,643)	250	-	387	509	(1,811)	(11,308)	2,437	341	(8,530)
Total non-operating gains (losses), net	(9,270)	32,075	881	1,302	1,622	(2,063)	24,547	7,082	269	31,898
Excess (deficiency) of revenue over expenses	(22,152)	14,065	8,363	3,038	8,919	-	12,233	(25,659)	-	(13,426)
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	2,139	56	233	26	-	2,454	775	-	3,229
Change in funded status of pension and other postretirement benefits	-	37,322	-	114	-	-	37,436	(2,535)	-	34,901
Net assets transferred to (from) affiliates	(13,083)	4,881	703	992	428	-	(6,079)	6,079	-	-
Other changes in net assets	-	(9)	(4)	-	-	-	(13)	-	-	(13)
Increase (decrease) in net assets without donor restrictions	$ (35,235)	$ 58,398	$ 9,118	$ 4,377	$ 9,373	$ -	$ 46,031	$ (21,340)	$ -	$ 24,691

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2023

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support									
Net patient service revenue	$ -	$ 1,888,079	$ 98,605	$ 245,887	$ 63,606	$ 87,855	$ 13,125	$ -	$ 2,397,157
Contracted revenue	3,834	141,815	149	84	3,656	51	-	(65,243)	84,346
Other operating revenue	36,756	581,102	14,641	15,548	3,974	6,485	1,909	(51,540)	608,875
Net assets released from restrictions	-	13,358	129	747	293	316	-	-	14,843
Total operating revenue and other support	40,590	2,624,354	113,524	262,266	71,529	94,707	15,034	(116,783)	3,105,221
Operating expenses									
Salaries	-	1,183,341	53,203	144,785	29,820	46,198	13,097	(47,353)	1,423,091
Employee benefits	-	276,506	10,002	33,677	8,435	8,321	2,095	(6,650)	332,386
Medications and medical supplies	-	650,157	13,149	45,073	4,382	11,852	872	(5)	725,480
Purchased services and other	20,277	369,991	19,196	44,961	22,074	11,834	4,471	(33,903)	458,901
Medicaid enhancement and provider tax	-	65,805	4,426	9,844	2,274	3,366	-	-	85,715
Depreciation and amortization	1	68,566	5,203	8,945	2,425	4,775	542	-	90,457
Interest	33,194	28,101	1,115	1,031	480	1,064	201	(30,671)	34,515
Total operating expenses	53,472	2,642,467	106,294	288,316	69,890	87,410	21,278	(118,582)	3,150,545
Operating margin (loss)	(12,882)	(18,113)	7,230	(26,050)	1,639	7,297	(6,244)	1,799	(45,324)
Non-operating gains (losses)									
Investment gains, net	1,373	50,245	1,111	2,389	997	1,113	1,220	(329)	58,119
Other components of net periodic pension and post retirement benefit income	-	(16,269)	-	(1,422)	-	-	-	-	(17,691)
Other income (losses), net	(10,643)	250	-	2,361	403	509	60	(1,470)	(8,530)
Total non-operating gains (losses), net	(9,270)	34,226	1,111	3,328	1,400	1,622	1,280	(1,799)	31,898
Excess (deficiency) of revenue over expenses	(22,152)	16,113	8,341	(22,722)	3,039	8,919	(4,964)	-	(13,426)
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	2,223	56	691	233	26	-	-	3,229
Change in funded status of pension and other postretirement benefits	-	37,322	-	(2,535)	114	-	-	-	34,901
Net assets transferred to (from) affiliates	(13,083)	4,872	703	5,199	992	428	889	-	-
Other changes in net assets	-	(9)	(4)	-	-	-	-	-	(13)
Increase (decrease) in net assets without donor restrictions	$ (35,235)	$ 60,521	$ 9,096	$ (19,367)	$ 4,378	$ 9,373	$ (4,075)	$ -	$ 24,691

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Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Note to Supplemental Consolidating Information
June 30, 2024 and 2023

1. Basis of Presentation

The accompanying supplemental consolidating information includes the Consolidating Balance Sheets and the Consolidating Statements of Operations and Changes in Net Assets Without Donor Restrictions of Dartmouth Health and its subsidiaries. All significant intercompany accounts and transactions between Dartmouth Health and its subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, consistent with the Consolidated Financial Statements. The consolidating information is presented for purposes of additional analysis of the Consolidated Financial Statements and is not required as part of the basic financial statements.

Docusign Envelope ID: 49F1B3D0-4269-82A1-82E8-CE5C3603ABDA

Barbara Farnsworth, MS

[redacted]

Results-Oriented Leader with a Passion for Building Relationships

Collaborative and equity-driven nonprofit leader with a proven record of building trusted relationships with staff, board members, and community partners to drive community impact. Brings over two decades of experience leading organizations focused on public health and health equity. Skilled in mentoring diverse teams to reach their full potential, fostering inclusive, trauma-informed cultures, and guiding strategic growth. Recognized for empathetic leadership, operational excellence, and the ability to develop resources to meet community needs. Extensive experience in public health, nonprofit leadership, partnership development, and community engagement.

Professional Experience

Dartmouth Health – Lebanon, NH
Director, Community Health Partnerships • 2017–Present

- Lead strategic initiatives to improve health equity and access across multiple regions through public-private partnerships, grant-funded programs, and regional coalitions.
- Oversee contracts and staffing for Regional Public Health Networks, community-based COVID-19 initiatives, and emergency preparedness efforts.
- Facilitate multi-stakeholder Community Health Needs Assessment and Improvement Plan processes, aligning data, priorities, and resources for impact.
- Manage department budgeting, RFP development, and performance evaluation for a diverse portfolio of initiatives.

Manager, Community Health Improvement

- Directed public health programs spanning substance misuse prevention, care coordination, and systems integration.
- Built and sustained cross-sector partnerships with local officials, nonprofit leaders, and school districts to drive coordinated initiatives addressing community health barriers
- Oversaw delivery of community health improvement strategies aligned with population health outcomes and state/federal goals.
- Supervised regional planning, program implementation, and grant compliance across Upper Valley and Greater Sullivan County.

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University of New Hampshire – Online
Adjunct Faculty, Population Health & Nonprofit Finance • 2023–Present

- Teach under graduate-level courses in Population Health and Finance for Nonprofits, equipping students with tools to navigate equitable solutions in Public Health and sustainable organizational strategy.
- Contribute to course design and improvement, integrating real-world public health and nonprofit sector challenges.

Subtext Media – White River Junction, VT
Director, Business Development • 2016–2017

- Designed and launched digital marketing solutions tailored to Upper Valley small and medium businesses; led pricing, sales strategy, and delivery.
- Hired, trained, and supported a high-performing sales team focused on relationship-based business development.
- Created new revenue models aligned with community engagement and digital innovation.
- Exceeded advertising revenue projections by 40% within the first twelve months.

Second Growth, Inc. – White River Junction, VT
Executive Director • 2012–2016

- Led full turnaround of youth-serving nonprofit, securing new funding, expanding community partnerships, and launching new programming to address regional needs, including the opioid crisis.
- Cultivated donor relationships and generated new revenue streams, including a 64% increase in training revenue in first year.
- Stabilized organization through strategic budgeting, board cultivation, and operational improvements.
- Collaborated with school districts, state leaders, and nonprofits to design responsive and sustainable services.

HRC (Home Run Connection) – Hartland, VT
Business Development Director • 2002–2004

- Recruited and trained consultants, developed strategic partnerships, and launched a targeted marketing campaign that grew membership revenue by 20%.
- Introduced new service offerings and drove a 25% increase in overall revenue in the first year.

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RCC Atlantic – Colchester, VT
Marketing Director • 2000–2002

- Directed all advertising and public relations efforts for regional wireless company; managed a $4M budget and eight department leads.
- Led multi-channel marketing strategies to exceed customer acquisition and revenue targets.
  Project Manager • 1998–2000
- Spearheaded product development to reach younger consumer markets; coordinated cross-functional teams and timelines.
  Company Trainer • 1996–1998
- Trained more than 200 employees in business processes, product knowledge, and customer service, increasing team performance and retention.

Education

M.S., Human Services – Springfield College, St. Johnsbury, VT (2013)
B.S., Management – Granite State College, Lebanon, NH (1999)

Community & Board Leadership

- **Trustee** Good Neighbor Health Clinic (2017–Present)
  Chair, Personnel Committee; Vice Chair, Board of Trustees, Chair, Nominating Committee
- **Board Chair**, Hartford Community Coalition (2013–Present)
  Chair, Personnel Committee: Member Finance Committee

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DERYN AYRES, MPH, ACPS, CHW

[redacted] [redacted]

EDUCATION

Bachelor of Science in Business Administration, University of New Hampshire 2018
Peter T. Paul College of Business and Economics- Concentration in Management
Minors in Health Management and Policy, and Public Health

Masters of Public Health, Southern New Hampshire University 2022

EXPERIENCE

Dartmouth Hitchcock Medical Center *Senior Population Health Partnership Coordinator* Present

- Promotes evidence-based approaches to programs, policies, and services to ensure accurate and effective prevention initiatives are being used towards youth substance misuse and mental health prevention initiatives.
- Works with local coalitions, community partners, and other prevention staff to collaborate on initiatives that execute the goals of the substance misuse prevention annual workplan.
- Conducts stakeholder interviews and focus groups to ensure that substance misuse prevention is an ongoing conversation within the community, and that we are adequately assessing the specific needs of the community.
- Continuously works on increasing knowledge about prevention education, professional development skills, and relationship building skills to ensure the improvement of my expertise in the public health field.
- Facilitates and organizes a variety of public health trainings throughout different sectors within the community.
- Utilizes numerous different reporting platforms used to keep track and analyze data that help support and improve initiatives facilitated throughout the community.

American Cancer Society *Senior Development Manager* July 2018- June 2021

- Executed a portfolio of community-based events, with accountability for significant income targets, as well as event-related mission and advocacy activities.
- Managed programs and initiatives within communities to improve overall population health, provide cancer prevention education, and coached volunteers to take action towards their communities' health.
- Built relationships with internal and external stakeholders to assure mutually beneficial partnerships to increase philanthropy, event participation, community engagement, and exposure.
- Worked with community partners to implement public health initiatives, and connect them to the mission.

Lamprey Healthcare Program Assistant October 2016- July 2018

- Planned health education programs and trainings in support of Southern NH AHEC activities.
- Coordinated post conference support activities including evaluations, certificates, and continuing education.
- Provided programming support to the Seacoast Public Health Network on substance misuse, prevention, and treatment initiatives.
- Refreshed the accreditation process to be more effective and reliable, while meeting accreditation requirements.
- Assisted in organizing, editing, and submitting a state funded grant about climate change.

American Lung Association Administrative Intern October 2016- May 2018

- Acted as a liaison with businesses across New England to promote and recruit for events.
- Engaged in event promotion activities and developed a donor base for the organization.
- Conducted event planning activities with the development team, and managed donation asks to companies.

CERTIFICATIONS

- Became an Advanced Certified Prevention Specialist in 2025 and a Community Health Worker in 2024.
- Became Yellowbelt Certified in Continuous Improvement in 2022, and Greenbelt Certified in 2025.
- Certified to teach Adult Mental Health First Aid, Youth Mental Health First Aid, NAMI's Connect Suicide Prevention training, Botvin Life Skills training, A.I.D. Mental Health, and the It's Real Trainings.
- Presented at the CADCA National Leadership Forum Prevention Poster Fair in 2024, 2025, and 2026.

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Staff Development Specialist January 2016-September 2016
United Helpers. Ogdensburg, NY

- Planned, directed, monitored, and implemented all staff development programs for the agency in accordance with federal and state regulations as well as agency goals and mission.
- Provided education and support for direct support and other professionals to safely provide support services to program members.

Graduate Assistant for the Department of Public Administration 2014-2015
Binghamton University Vestal, NY

- Co-created a Board Development Protocol for the Broome County Arts Council Board of Directors.
- Developed case studies related to "hot topics" in Public Administration and compiled research.

Prevention Educator 2010- 2012
Steuben Council on Addictions Bath, NY

- Provided the public with relevant substance abuse information through community events, advertising, and publicity.
- Visited schools and adult community groups to help participants build knowledge and skills for substance abuse prevention.
- Presented evidence-based and custom workshops on topics including: Life Skills, Bullying Prevention, Self-esteem, etc.
- Actively participated in community task forces interacting with various stakeholders.

Volunteer Work:

Public Health Council of the Upper Valley, Board Member (January 2024-Present)
NACCHO, Behavioral Health Workgroup Member (July 2023-July 2025)

Certifications:

Adult Mental Health First Aid Instructor (2023-Present)
Certified Prevention Specialist (August 2022-Present)
Youth Mental Health First Aid Instructor (2021-Present)
Connect Suicide Prevention Trainer (2021-Present)

Education:

Master of Public Administration | *Binghamton University* | Binghamton, NY | May 2015
Master of Social Work | *Binghamton University* | Binghamton, NY | May 2015
Bachelor of Science in Psychology | *Mansfield University* | Mansfield, PA | December 2010

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Jane Bradley

[redacted]

EDUCATION

University of New England, Online
Masters of Social Work - September 2025 - Present

Saint Michael's College, Colchester, VT
B.A. in Sociology, Public Health & Health Equity - May 2023
GPA: 3.86

RELEVANT EXPERIENCE

Population Health Coordinator/Youth Engagement Coordinator - Dartmouth Health/Greater Sullivan County Public Health Network - Lebanon, NH
Oct 2025- Present
- Advancing community health initiatives focused on youth well-being, suicide prevention, and substance use prevention
- Lead Getting To Y program in Upper Valley schools, encouraging students to create healthier communities
- Teach and implement vaping prevention and harm reduction in Upper Valley schools through community events, trainings and supportive resources
- Liaison between schools and community organizations to implement, and evaluate programs that promote healthier communities and improve outcomes for young people

Greenhouse Manager - Black Forest Nursery, NH
Aug 2024 - Oct 2025
- Supervise day-to-day greenhouse operations including staff, scheduling, inventory, and customer engagement
- Provide friendly and informed service, manage orders, and manage plant health
- Maintain internal systems to streamline operations and improve customer satisfaction

Ski Instructor (Private & Group)
Keystone Resort, CO Winter 24/25
Sugarbush Resort, VT Winter 23/24
- Delivered customized instruction for children and adults, including private client management
- Fostered strong client relationships through clear communication and progress tracking

Training Associate - NHADACA (NH Alcohol & Drug Abuse Counselors Association) - Concord, NH
Jun 2023 - Oct 2023
- Supported daily professional development trainings
- Managed all communications with trainers and trainees
- Communicated with participants and speakers to ensure smooth registration and attendance
- Coordinated logistics for statewide behavioral health trainings and summits
- Supported CRM transition (NeonCRM) and maintained clear communication records

Student Wellness Ambassador - Saint Michael's College Aug 2022 - May 2023
- Developed health-focused Instagram campaigns; planned and staffed campus-wide events
- Collaborated with college health board to advocate for student needs

VOLUNTEER EXPERIENCE

Orientation Board Member, Saint Michael's College - 2021-2022
- Trained new orientation leaders and supported onboarding for first-year students

NBS (National Brotherhood of Snowsports), Keystone, CO - 2025
- Guided members on resort for the NBS Annual Conference, attended conference as a Keystone Ski and Ride School representative

Gritty Habits Brand Ambassador - July 2023- Present
- Served as ambassador for women founded outdoor brand, posted adventure content monthly to build brand image

SKILLS & CERTIFICATIONS

- Programming
- Organization
- Youth Group Facilitation
- Prevention
- Social Media Management

- PSIA Level I
- CPR Certified
- Peace Corps Certified
- International Tutor Training Program Certified

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Sara Schleef
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Education

University at Albany, State University of New York May 2024
Bachelor of Science in Emergency Preparedness, Homeland Security, and Cybersecurity
Concentration in Emergency Preparedness, Minor in Leadership, GPA 4.0

Relevant Experience

Public Health Emergency Preparedness Coordinator, Dartmouth Health Feb 2025-Present

- Develop and maintain regional emergency plans and mass prophylaxis plans
- Facilitate and lead school-based flu vaccination clinics in over 25 local schools
- Teach AHA CPR, Stop the Bleed, Overdose Prevention, and Youth Mental Health First Aid classes to professional and local community audiences
- Strengthen partnerships between healthcare, municipal, education, public service, volunteer, and law enforcement organizations

Occupational Health Technician, Medor Inc Sep 2024-Jan 2025

- Provide emergency medical care in an industrial setting medical clinic
- Manage ongoing workers' compensation cases and OSHA recordkeeping
- Facilitate the offering of onsite health and wellness benefits to employees

Health Director, NYS Department of Environmental Conservation May 2024-Sep 2024

- Review guidelines and ensure facility compliance with NYS Department of Health regulations
- Maintain detailed records of injuries and accidents in accordance with NYS DOH requirements
- Provide remote setting emergency medical care and support as an EMT-B, being on-call 24/7
- Guide a team of 15 staff members through rapidly changing circumstances and unexpected emergencies, ensuring continuous, high-quality performance of job duties

Emergency Medical Technician, Five Quad Volunteer Ambulance Service Aug 2022-May 2024

- Provide Basic Life Support (BLS) medical care to patients within the scope of an EMT-B
- Effectively communicate and collaborate with internal and multidisciplinary partners
- Instruct new members in scene management, BLS medical skills, and safe equipment use
- Recognize areas of lower performance in the membership and design trainings to address them

Disaster Preparedness Program Representative Intern, NYS Division of Homeland Security and Emergency Services, Office of Emergency Management, Planning Jan 2023-May 2023

- Revise and review Emergency Action Plans for all dams in New York State
- Create emergency planning documents with a team for extreme heat events and dam failures
- Evaluate Superfund Amendments and Reauthorization Act Tier II hazardous materials reports

Other Work Experience

Deck Supervisor, Goldfish Swim School Dec 2020- May 2024

- Lead a team of 10-15 staff members, resolving issues and maintaining performance standards
- Supervise large groups of guests and staff to ensure safety and compliance with facility policies
- Conduct daily emergency trainings to assess and maintain the competency of lifeguards
- Competently train new team members in several positions

Emergency Management Certifications

FEMA IS-00005.a: *An Introduction to Hazardous Materials*
FEMA ICS-100: *Introduction to Incident Command System*
FEMA ICS-200: *Basic Incident Command for Initial Response*
FEMA ICS-300: *Intermediate ISC for Expanding Incidents*
FEMA IS-00235.c: *Emergency Planning*
FEMA IS-00700.b: *An Introduction to the National Incident Management System*
FEMA IS-00800.d: *National Response Framework*
FEMA IS-01300: *Introduction to Continuity of Operations*
FEMA IS-02000: *National Preparedness Goal and System*
FEMA IS-02900.a: *National Disaster Recovery Framework*
AWR-147: *Rail Car Incident Response*
AWR-160: *Weapons of Mass Destruction/Terrorism Awareness for Emergency Responders*

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Andrea Smith

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Employment:

Senior Community Health Partnership Coordinator March 2020- Present
Dartmouth Hitchcock Medical Center Lebanon, NH

- Co-coordinates the operations and activities of the regional coalition.
- Drives the development of community partnerships comprised of an array of health care, municipal, education, community service, business, and law enforcement members.
- Ensures project related assessment of community needs and assets as assigned.
- Coordinates with guidance from senior staff, assessment, capacity development, action planning, implementation, and evaluation of projects by community stakeholders and organizations.
- Supports the implementation of indicators to track progress of regional strategic wellness plans toward goals.
- Provides support and technical assistance to community partners to achieve the goals and objectives for which their organizations are responsible.
- Assists with and independently conducts evaluation to track progress and improve the quality of future work.

Navigator/Corporate Services Liaison November 2018- March 2020
United Helpers Canton, NY

- Served as initial point of contact for community members for a healthcare nonprofit that serves more than 2,000 people per day and assisted with navigating the more than 20 services the agency provides.
- Provided customer relations in dealing with patients, families, physicians, fellow department employees, other departments, referral resources, service agencies and others.
- Planned, coordinated, and executed day-to-day activities specific to marketing, advertising, outreach, and education of the United Helpers continuum of services.
- Represented and coordinated representation for the United Helpers Organization at various health fairs, expositions, functions and other community events.

Quality Assurance Assistant September 2016-November 2018
United Helpers Ogdensburg, NY

- Assisted Quality Assurance Coordinator in implementing the agency's overall quality improvement program through auditing and staff trainings.
- Assisted agency with obtaining national Council on Quality and Leadership accreditation.
- Functioned as the agency's primary investigator for internal investigations, reportable incidents, and notable occurrences for incidents involving people with Intellectual Disabilities.
- Trained all new staff on the New York State Office for People with Developmental Disabilities regulations regarding reporting and preventing abuse.

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Taralyn Bielaski

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EDUCATION

Daemen College
Amherst, NY
Master of Public Health, May 2017

Daemen College
Amherst, NY
Health Care Studies/Complementary and Alternative Health Care Practices
Bachelor of Science, January 2010

WORK EXPERIENCE

Senior Population Health Coordinator, Dartmouth Health
August 2024- Present

- Support system wide food and nutrition access initiatives: shelf stable food bags, Farmacy garden, FoodRx
- Support perinatal food and nutrition access initiatives: home delivered nutritionally tailored meals, home delivered healthy groceries, frozen nutritionally tailored meals available in clinic, farm shares
- Secured funding to add a pollinator garden to the Farmacy garden, a produce garden onsite at DHMC that is managed by Willing Hands, a partner who distributes the produce harvested to the community.
- Continue to grow an internal system-wide food access group: DH Food Champions
    - Meet quarterly to discuss food access initiatives across the system.
- Drives the development of one or more community partnerships comprised of an array of health care, municipal, education, community service, business, and law enforcement members
- Ensures project related assessment of community needs and assets as assigned
- Coordinates with guidance from senior staff, assessment, capacity development, action planning, implementation, and evaluation of projects by community stakeholders and organizations
- Supports the implementation of indicators to track progress of regional strategic wellness plans toward goals.
- Provides support and technical assistance to community partners to achieve the goals and objectives for which their organization are responsible
- Assists with and independently conducts evaluation to track progress and improve the quality of future work
- Worked on a project to automate a WIC referral system
- CoChair, Upper Valley Food Security Network
- Voting member of the RCC, Region 4

Community Health Partnership Coordinator, Dartmouth Health
January 2022- August 2024

- Support system wide food and nutrition access initiatives: shelf stable food bags, Farmacy garden, FoodRx
- Support perinatal food and nutrition access initiatives: home delivered nutritionally tailored meals, home delivered healthy groceries, frozen nutritionally tailored meals available in clinic, farm shares
- Secured funding to add a pollinator garden to the Farmacy garden, a produce garden onsite at DHMC that is managed by Willing Hands, a partner who distributes the produce harvested to the community.
- Assisted the implementation of the fresh food pantry imbedded in Dartmouth Cancer Center. Continued support for one year
- Developed and implemented an internal system-wide food access group: DH Food Champions
    - Meet quarterly to discuss food access initiatives across the system.
- Drives the development of one or more community partnerships comprised of an array of health care, municipal, education, community service, business, and law enforcement members
- Ensures project related assessment of community needs and assets as assigned
- Coordinates with guidance from senior staff, assessment, capacity development, action planning, implementation, and evaluation of projects by community stakeholders and organizations
- Supports the implementation of indicators to track progress of regional strategic wellness plans toward goals.
- Provides support and technical assistance to community partners to achieve the goals and objectives for which their organization are responsible
- Assists with and independently conducts evaluation to track progress and improve the quality of future work

Greater Sullivan County Public Health Advisory Council Coordinator, New London Hospital/Dartmouth Health
January 2021- Present
*This role is a subcontracted role from Dartmouth Health until January 2022

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- Increase capacity in Greater Sullivan County in accordance with the public health priorities set forth in Community Health Improvement Pan for the Greater Sullivan County Public Health Network
- COVID-19 Vaccination Distribution
    - Assist the Emergency Preparedness Coordinator in scheduling and facilitating community clinics
    - Understand the Vaccine Administration Management System (VAMS)
    - Understand the Vaccine & Immunization Network Interface (VINI)
    - Creation and distribution of marketing materials for community pop-up clinics
    - Vaccinator Assistant role at many clinics
    - Technical support at all Greater Sullivan County Clinics
    - Assist the Upper Valley Public Health Network when needed
- Sustain a regional Public Health Advisory Council (PHAC)
- Coordinate and facilitate bi-monthly meeting with community partners to disseminate current public health information, ensuring meeting minutes are available to public upon request
- Coordinate and facilitate bi-monthly meetings with the leadership team
- Disseminate public health information to community partners via different channels, electronic newsletter, direct email, social media
- Maintain the work plan set by the State of New Hampshire and Dartmouth Health Team

Greater Sullivan Strong Lead, New London Hospital/Dartmouth Health
Lead: January 2021- March 2022
*This role is a subcontracted role from Dartmouth-Health as part of the GSCPHN work

- Coordinate and maintain Greater Sullivan Strong, the Emergency Response Coalition for Greater Sullivan County
- Coordinate and facilitate the Funding Steering Committee for the COVID-19 Community Relief Fund
- Disseminate public health information, specifically regarding the COVID-19 virus to the Greater Sullivan County community
- Liaison between the Greater Sullivan County Public Health Network and the Greater Sullivan County communities and partner organizations; representing NLH at community meetings, public forums and events as needed
- Finance Committee Chair: January 2021
- Coordinate and facilitate the Funding Steering Committee for the COVID-19 Community Relief Fund
- Communicate with partners the COVID-19 Community Relief Fund, including availability of funds
- Request & secure additional funds to support the COVID-19 Community Relief Fund

Finance Committee Chair: January 2021- Present

- Facilitate funding steering committee meetings
- Facilitate funds distribution upon approval of request

Communications Chair: April 2021- Present

- Develop and maintain the Greater Sullivan Strong website: www.GreaterSullivanStrong.org

Coalition Member: April 2021- Present

- Assist with the Maintaining Older Adult subcommittee
- Assist with the Food Access subcommittee

Wellness & Population Health Coordinator, New London Hospital
October 2019- January 2022

- Develop and implement the pilot year of a food access program, the Mobile Farm Stand
- Prevent T2 Diabetes Prevention Program Lifestyle Coach and program coordinator
- Assist in the development, implementation and coordination of internal and external Wellness and Population Health initiatives.
- Responsible for the administration of the Employee beBetter Wellness Portal
- Responsible for the higi Health Station marketing, utilization reporting and event planning
- Responsible for tracking and reporting on Advance Care Planning
- Develops, distributes and posts internal marketing materials for employee wellness programming
- Works in collaboration with the marketing and community relations department to develop marketing materials and advertise for external events and programming
- Coordinates and manages community-based wellness and health programming in conjunction with both internal and external presenters and community partners
- Assists with community event planning and coordination such as expos, conferences and fundraisers
- Assists individuals in connecting with the appropriate resources and health programming
- Assists in monitoring and reporting on metrics related to the Community Health Implementation Plan
- Assists in data collection for the annual Community Benefits report and Community Health Needs Assessment
- Assists in the development of the Community Health Improvement Plant for NLH
- Liaison between the hospital and the Lake Sunapee Region communities; representing NLH at community meetings, public forums and events as needed

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- Sit on the Dartmouth Health Health Wellness Committee
  - o Assist with the system wide virtual wellness week for 2021

Smoking Cessation Health Educator, Concord Hospital
October 2018- March 2020

- Serves as a member of the team with the overall intent to stay current with community tobacco cessation needs.
- Supports members of the community with smoking cessation efforts using current evidence-based methods: American Lung Association Freedom From Smoking Program.
- Facilitates smoking cessation classes in the Concord, NH region.

Staff Assistant, Concord Hospital, Center for Health Promotion
October 2018- October 2019

- Responsible for all aspects of Center for Health Promotion front desk activities and basic office maintenance to include: greeting clients and visitors both in person and on the phone, class scheduling, registrations, fee collections, room set-up, supply inventory and ordering, data maintenance and educator contracts.
- Serve as the department expert in programs and registration.
- Provide support for the educators: prepare materials, prepare classrooms, develop marketing materials for the classes

Patient Care Coordinator, The Family Health Center, Concord Hospital
April 2018- October 2018

- The primary access point for patients.
- Responsible for a variety of clerical and data management functions in support of: patient registration, referral coordination, phone management.
- Served as the PCC representative for the FHC Communication Committee.

PUBLICATIONS

Allen, S., **Bielaski, T.**, Canavan, C. Exploring a food is medicine pilot program to improve dietary quality among rural perinatal patients. (July 2025, BMC Nutrition, DOI 10.1186/s40795-025-01134-x).

Allen, S.E., Goodman, D., **Bielaski, T**., Perez, S., Canavan, C., Saunders, C.H., Dev, A. Provider and staff perspectives on the implementation of social determinants of health screening and referral during routine prenatal care. (Women's Health Issues, February 2025, https://doi.org/10.1016/j.whi.2025.01.007).

PROFESSIONAL PRESENTATIONS

Bielaski, T., Allen, S., Goodman, D., Robie, K., Ngugi, B., Canavan, C. Combatting nutrition insecurity among rural perinatal patients through tailored food support. Poster presented at the American Public Health Association conference, Minneapolis, MN (October 2024); Health Equity Summit, Burlington, VT (October 2024); New England Rural Health Association Conference, Killington, VT (November 2024); SIREN conference in San Diego, CA (February 2025).

Taralyn Bielaski, MPH, Sophia Allen, MPH, Kathleen Robie, LNA, Beatrice Ngugi, MSW, Krista Duval, CPC, Meagan Adams, Daisy Goodman, CNM DNP-MPH CARN-AP, Chelsey R Canavan MSPH. Combatting Food and Nutrition Insecurity Among Rural Perinatal Patients Through Tailored Food Support. University of Vermont Health Equity Summit, 2024.

Chelsey R Canavan MSPH, **Taralyn Bielaski MPH**, Food is Medicine Programs at Dartmouth Health. New England Rural Health Association Fall Conference, 2023.

Catherine M Reed MSW, LICSW, Chelsey R Canavan MSPH, **Taralyn Bielaski MPH,** Elizabeth B McGrath DNP, APRN, AGACNP-BC, AOCNP, ACHPN. On-Site Rural Cancer Center Fresh Food Pantry Pilot Underscores Depth of Need. Northern New England Clinical Oncology Society Annual Meeting, 2022.

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Employment:

Senior Community Health Partnership Coordinator March 2020- Present
Dartmouth Hitchcock Medical Center Lebanon, NH

- Co-coordinates the operations and activities of the regional coalition.
- Drives the development of community partnerships comprised of an array of health care, municipal, education, community service, business, and law enforcement members.
- Ensures project related assessment of community needs and assets as assigned.
- Coordinates with guidance from senior staff, assessment, capacity development, action planning, implementation, and evaluation of projects by community stakeholders and organizations.
- Supports the implementation of indicators to track progress of regional strategic wellness plans toward goals.
- Provides support and technical assistance to community partners to achieve the goals and objectives for which their organizations are responsible.
- Assists with and independently conducts evaluation to track progress and improve the quality of future work.

Navigator/Corporate Services Liaison November 2018- March 2020
United Helpers Canton, NY

- Served as initial point of contact for community members for a healthcare nonprofit that serves more than 2,000 people per day and assisted with navigating the more than 20 services the agency provides.
- Provided customer relations in dealing with patients, families, physicians, fellow department employees, other departments, referral resources, service agencies and others.
- Planned, coordinated, and executed day-to-day activities specific to marketing, advertising, outreach, and education of the United Helpers continuum of services.
- Represented and coordinated representation for the United Helpers Organization at various health fairs, expositions, functions and other community events.

Quality Assurance Assistant September 2016-November 2018
United Helpers Ogdensburg, NY

- Assisted Quality Assurance Coordinator in implementing the agency's overall quality improvement program through auditing and staff trainings.
- Assisted agency with obtaining national Council on Quality and Leadership accreditation.
- Functioned as the agency's primary investigator for internal investigations, reportable incidents, and notable occurrences for incidents involving people with Intellectual Disabilities.
- Trained all new staff on the New York State Office for People with Developmental Disabilities regulations regarding reporting and preventing abuse.

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Staff Development Specialist January 2016-September 2016
United Helpers. Ogdensburg, NY

- Planned, directed, monitored, and implemented all staff development programs for the agency in accordance with federal and state regulations as well as agency goals and mission.
- Provided education and support for direct support and other professionals to safely provide support services to program members.

Graduate Assistant for the Department of Public Administration 2014-2015
Binghamton University Vestal, NY

- Co-created a Board Development Protocol for the Broome County Arts Council Board of Directors.
- Developed case studies related to "hot topics" in Public Administration and compiled research.

Prevention Educator 2010- 2012
Steuben Council on Addictions Bath, NY

- Provided the public with relevant substance abuse information through community events, advertising, and publicity.
- Visited schools and adult community groups to help participants build knowledge and skills for substance abuse prevention.
- Presented evidence-based and custom workshops on topics including: Life Skills, Bullying Prevention, Self-esteem, etc.
- Actively participated in community task forces interacting with various stakeholders.

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Public Health Council of the Upper Valley, Board Member (January 2024-Present)
NACCHO, Behavioral Health Workgroup Member (July 2023-July 2025)

Certifications:

Adult Mental Health First Aid Instructor (2023-Present)
Certified Prevention Specialist (August 2022-Present)
Youth Mental Health First Aid Instructor (2021-Present)
Connect Suicide Prevention Trainer (2021-Present)

Education:

Master of Public Administration | *Binghamton University* | Binghamton, NY | May 2015
Master of Social Work | *Binghamton University* | Binghamton, NY | May 2015
Bachelor of Science in Psychology | *Mansfield University* | Mansfield, PA | December 2010

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EDUCATION

Bachelor of Science in Business Administration, University of New Hampshire 2018
Peter T. Paul College of Business and Economics- Concentration in Management
Minors in Health Management and Policy, and Public Health

Masters of Public Health, Southern New Hampshire University 2022

EXPERIENCE

Dartmouth Hitchcock Medical Center *Senior Population Health Partnership Coordinator* Present

- Promotes evidence-based approaches to programs, policies, and services to ensure accurate and effective prevention initiatives are being used towards youth substance misuse and mental health prevention initiatives.
- Works with local coalitions, community partners, and other prevention staff to collaborate on initiatives that execute the goals of the substance misuse prevention annual workplan.
- Conducts stakeholder interviews and focus groups to ensure that substance misuse prevention is an ongoing conversation within the community, and that we are adequately assessing the specific needs of the community.
- Continuously works on increasing knowledge about prevention education, professional development skills, and relationship building skills to ensure the improvement of my expertise in the public health field.
- Facilitates and organizes a variety of public health trainings throughout different sectors within the community.
- Utilizes numerous different reporting platforms used to keep track and analyze data that help support and improve initiatives facilitated throughout the community.

American Cancer Society *Senior Development Manager* July 2018- June 2021

- Executed a portfolio of community-based events, with accountability for significant income targets, as well as event-related mission and advocacy activities.
- Managed programs and initiatives within communities to improve overall population health, provide cancer prevention education, and coached volunteers to take action towards their communities' health.
- Built relationships with internal and external stakeholders to assure mutually beneficial partnerships to increase philanthropy, event participation, community engagement, and exposure.
- Worked with community partners to implement public health initiatives, and connect them to the mission.

Lamprey Healthcare Program Assistant October 2016- July 2018

- Planned health education programs and trainings in support of Southern NH AHEC activities.
- Coordinated post conference support activities including evaluations, certificates, and continuing education.
- Provided programming support to the Seacoast Public Health Network on substance misuse, prevention, and treatment initiatives.
- Refreshed the accreditation process to be more effective and reliable, while meeting accreditation requirements.
- Assisted in organizing, editing, and submitting a state funded grant about climate change.

American Lung Association Administrative Intern October 2016- May 2018

- Acted as a liaison with businesses across New England to promote and recruit for events.
- Engaged in event promotion activities and developed a donor base for the organization.
- Conducted event planning activities with the development team, and managed donation asks to companies.

CERTIFICATIONS

- Became an Advanced Certified Prevention Specialist in 2025 and a Community Health Worker in 2024.
- Became Yellowbelt Certified in Continuous Improvement in 2022, and Greenbelt Certified in 2025.
- Certified to teach Adult Mental Health First Aid, Youth Mental Health First Aid, NAMI's Connect Suicide Prevention training, Botvin Life Skills training, A.I.D. Mental Health, and the It's Real Trainings.
- Presented at the CADCA National Leadership Forum Prevention Poster Fair in 2024, 2025, and 2026.

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Results-Oriented Leader with a Passion for Building Relationships

Collaborative and equity-driven nonprofit leader with a proven record of building trusted relationships with staff, board members, and community partners to drive community impact. Brings over two decades of experience leading organizations focused on public health and health equity. Skilled in mentoring diverse teams to reach their full potential, fostering inclusive, trauma-informed cultures, and guiding strategic growth. Recognized for empathetic leadership, operational excellence, and the ability to develop resources to meet community needs. Extensive experience in public health, nonprofit leadership, partnership development, and community engagement.

Professional Experience

Dartmouth Health – Lebanon, NH
Director, Community Health Partnerships • 2017–Present

- Lead strategic initiatives to improve health equity and access across multiple regions through public-private partnerships, grant-funded programs, and regional coalitions.
- Oversee contracts and staffing for Regional Public Health Networks, community-based COVID-19 initiatives, and emergency preparedness efforts.
- Facilitate multi-stakeholder Community Health Needs Assessment and Improvement Plan processes, aligning data, priorities, and resources for impact.
- Manage department budgeting, RFP development, and performance evaluation for a diverse portfolio of initiatives.

Manager, Community Health Improvement

- Directed public health programs spanning substance misuse prevention, care coordination, and systems integration.
- Built and sustained cross-sector partnerships with local officials, nonprofit leaders, and school districts to drive coordinated initiatives addressing community health barriers
- Oversaw delivery of community health improvement strategies aligned with population health outcomes and state/federal goals.
- Supervised regional planning, program implementation, and grant compliance across Upper Valley and Greater Sullivan County.

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University of New Hampshire – Online
Adjunct Faculty, Population Health & Nonprofit Finance • 2023–Present

- Teach under graduate-level courses in Population Health and Finance for Nonprofits, equipping students with tools to navigate equitable solutions in Public Health and sustainable organizational strategy.
- Contribute to course design and improvement, integrating real-world public health and nonprofit sector challenges.

Subtext Media – White River Junction, VT
Director, Business Development • 2016–2017

- Designed and launched digital marketing solutions tailored to Upper Valley small and medium businesses; led pricing, sales strategy, and delivery.
- Hired, trained, and supported a high-performing sales team focused on relationship-based business development.
- Created new revenue models aligned with community engagement and digital innovation.
- Exceeded advertising revenue projections by 40% within the first twelve months.

Second Growth, Inc. – White River Junction, VT
Executive Director • 2012–2016

- Led full turnaround of youth-serving nonprofit, securing new funding, expanding community partnerships, and launching new programming to address regional needs, including the opioid crisis.
- Cultivated donor relationships and generated new revenue streams, including a 64% increase in training revenue in first year.
- Stabilized organization through strategic budgeting, board cultivation, and operational improvements.
- Collaborated with school districts, state leaders, and nonprofits to design responsive and sustainable services.

HRC (Home Run Connection) – Hartland, VT
Business Development Director • 2002–2004

- Recruited and trained consultants, developed strategic partnerships, and launched a targeted marketing campaign that grew membership revenue by 20%.
- Introduced new service offerings and drove a 25% increase in overall revenue in the first year.

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RCC Atlantic – Colchester, VT
Marketing Director • 2000–2002

- Directed all advertising and public relations efforts for regional wireless company; managed a $4M budget and eight department leads.
- Led multi-channel marketing strategies to exceed customer acquisition and revenue targets.
  Project Manager • 1998–2000
- Spearheaded product development to reach younger consumer markets; coordinated cross-functional teams and timelines.
  Company Trainer • 1996–1998
- Trained more than 200 employees in business processes, product knowledge, and customer service, increasing team performance and retention.

Education

M.S., Human Services – Springfield College, St. Johnsbury, VT (2013)
B.S., Management – Granite State College, Lebanon, NH (1999)

Community & Board Leadership

- **Trustee** Good Neighbor Health Clinic (2017–Present)
  Chair, Personnel Committee; Vice Chair, Board of Trustees, Chair, Nominating Committee
- **Board Chair**, Hartford Community Coalition (2013–Present)
  Chair, Personnel Committee: Member Finance Committee

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PROFESSIONAL EXPERIENCE

Executive Director
March 2010 to present

Public Health Council of the Upper Valley (PHC), Lebanon, New Hampshire. Responsible for overall management and strategic development for the largest and broadest coalition of advocates on public and population health issues in the greater Upper Valley region. The PHC is a dynamic organization with the flexibility to forge solutions that respond to the needs of its grassroot members with backing from governmental, philanthropic, and health care institutions. As one of the State of New Hampshire's 13 regional health networks, the PHC also serves 22 communities in Vermont. In 2016, Ms. Ely led the rebranding of what had been, since 2001, the Mascoma Valley Health Initiative to highlight the expanding role the PHC is addressing regional public health concerns. Ms. Ely's role includes recruitment and retention of partners; development and implementation of a Community Health Improvement Plan; regular communication among all partners; assessing new opportunities; working with partners to ensure measurement of outcomes; supporting PHC workgroups; and linking to other community efforts.

Program Consultant
October 2009 to February 2012

Sullivan County 2nd Chance Juvenile Mentoring Initiative, New Hampshire. As a part-time consultant working an average of 8 hours weekly, provide program coordination. Duties include: developing Memoranda of Understanding with key contractors, facilitating the collaboration of contractors and other partners; provide fiscal management and budget monitoring; and ensure required reporting to OJJDP.

Chief, Bureau of Prevention Services
July 2004 to March 2007

State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, Concord, NH. Responsible for overall daily administration of the Bureau of Prevention Services. Bureau Sections include Alcohol, Tobacco, and other Drug Prevention; Chronic Disease and Cancer Control; Nutrition and Health Promotion (WIC); and Radiological Health. Duties included: supervising programs and operational staff and monitoring for quality assurance; coordinating interdepartmental initiatives that impact populations served by the Division to achieve improved health status in all areas; overseeing the management of grants and contracts, and financial operations of Bureau budgets; assuring compliance with state and federal regulations and policies; guiding the development of public information campaigns and presenting information to the media; and acting on behalf of the Director of the Division of Public Health Services when working with internal and external groups.

Prevention Administrator
October 2000 to June 2004

State of New Hampshire, Department of Health and Human Services, Division of Alcohol and Drug Abuse Prevention and Recovery, Concord, NH. Responsible for the development and implementation of alcohol and other drug abuse prevention policies and practices to improve statewide availability of high quality, effective programs. Duties included supervision of prevention staff; promoting the development of community-based prevention coalitions and activities; staffing the Prevention Task Force of the Governor's Commission on Alcohol and Other Drug Prevention, Intervention, and Treatment; directing workforce development efforts such as training and prevention certification; collaborating with other state and federal agencies; and preparing reports evaluating alcohol and other drug prevention initiatives.

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Program Coordinator
December 1998 to October 2000

NH Teen Institute, Inc., Concord, NH. Managed the NH State Incentive Program, a three-year federal grant awarded to the NH Division of Alcohol and Drug Abuse Prevention and Recovery in 1998. Responsible for all aspects of grant management; specific responsibilities included staffing Advisory Board and Committees; participating in development of a statewide strategic plan for alcohol and other drug abuse prevention; developing and managing a community grants program; monitoring compliance of grant recipients; providing and coordinating technical assistance to grant recipients; and preparing reports. The grant required close collaboration with Division staff, colleagues in the Department of Health and Human Services and other state agencies, and community-based providers and advocates throughout the State.

Program Coordinator
September 1997 to November 1998

Home Healthcare, Hospice and Community Services, Keene, NH. Launched, under a one-year contract, volunteer-based transportation networks in three rural communities. Established community planning groups, hosted public meetings to assess needs and resources; developed promotional materials and media contacts; directed volunteer driver recruitment; and ensured program sustainability.

Consultant
February to March 1998

Grantwriter, New Hampshire Bureau of Substance Abuse Services, Concord, NH. Primary author for the NH State Incentive Program grant proposal submitted to Center for Substance Abuse Prevention. The NH State Incentive Grant provided more than $6 million over three years to establish comprehensive planning and implementation of effective prevention programs. Hired in December 1998 to coordinate grant.

Research Associate
May 1995 to February 1997

Dartmouth Medical School, Department of Community and Family Medicine, Hanover, NH. Coordinated the Pediatric Office-Based Alcohol Intervention Research Project. Assisted with recruitment, training, and support of pediatricians and office staff as they recruited 3,500 families.

Health Promotion Advisor
August 1994 to May 1995

State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, Bureau of Health Promotion, Concord, NH. Coordinated the development, implementation, and evaluation of the statewide tobacco prevention and control program.

EDUCATION

School of Public Health, University of North Carolina, Chapel Hill, NC, 1994, Master of Public Health in Health Behavior and Health Education.

University of Virginia, Charlottesville, VA, 1988, Bachelor of Arts in English Literature.

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[redacted] - Certifications and Trainings
Upper Valley Public Health Emergency Preparedness Coordinator

Title of training/certification
Organization issuing training/certification

- Instructor - Youth Mental Health First Aid
  National Council for Mental Wellbeing

- Public Information Officer Basics
  FEMA

- Instructor - Basic Life Support (BLS)
  American Heart Association

- Rail Car Incident Response for Crude, Ethanol, and Other Flammable Liquids
  All Hazards Training Center University of Findlay

- Introduction to Incident Command System (IS-100)
  FEMA

- ICS for Single Resources and Initial Action Incident (IS-200)
  FEMA

- Bystanders to Upstanders
  Rensselaer County Medical Reserve Corps

- Leadership and Influence (IS-240)
  FEMA

- An Introduction to the National Incident Management System (IS-700)
  FEMA

- Excel Essential Training (Office 365/Microsoft 365)
  LinkedIn

- Skills for Inclusive Conversations
  LinkedIn

- Business Etiquette: Phone, Email, and Text
  LinkedIn

- Understanding Logistics
  LinkedIn

- Developing Cross-Cultural Intelligence
  LinkedIn

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- Effective Communication (IS-242)
  FEMA

- Orientation to FEMA Logistics (IS-27)
  FEMA

- Conscious Leadership (LEAD) Certificate
  UAlbany Center for Leadership and Service

- Save a Life Suicide Prevention Training
  Center for Behavioral Health Promotion and Applied Research and SUNY Albany Counseling and Psychological Services

- Designing a Presentation
  LinkedIn

- Public Information Officer Awareness (IS-29)
  FEMA

- Health Sector Emergency Preparedness
  Center for Domestic Preparedness

- All Hazards Planning for Animal, Agricultural, and Food Related Disasters (MGT 448)
  Rural Domestic Preparedness Consortium (RDPC)

- Homemade Explosives Awareness and Precursor Awareness
  Center for Domestic Preparedness

- Public Information Basics (L0105)
  FEMA

- Basic Life Support (BLS)
  American Heart Association

- Rail Car Incident Response for Crude, Ethanol, and Other Flammable Liquids
  All Hazards Training Center University of Findlay

- Youth Mental Health First Aid
  National Council for Mental Wellbeing

- Culturally and Linguistically Appropriate Services (CLAS) Training for PHEP Coordinators
  NH Department of Health and Human Services (DHHS)

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RELEVANT PROFESSIONAL EXPERIENCE

Dartmouth Health, Community and Population Health August 2023 – Present
Public Health Emergency Preparedness Coordinator, Upper Valley Region New Hampshire

- Build and maintain relationships with various community and regional partners
- Planned and managed dozens of COVID-19 and Influenza vaccination clinics, ensuring efficient, safe, and equitable community access
- Disseminate timely and accurate communications to partners
- Provide clear written and verbal reports to supervisor and state-level leadership
- Serve as Medical Reserve Corps Unit Leader for the one of only two bi-state units in the nation, collaborating closely with Vermont counterparts to coordinate volunteers, programming, and resources
- Developed and deliver personal emergency preparedness trainings, reaching diverse community groups and improving household readiness
- Earned certification as a Youth Mental Health First Aid Instructor, and working toward completion of AHA BLS instructor certification as well as Stop the Bleed instructor certification
- Partner with local fire departments to strengthen emergency shelter plans, bringing in local and regional organizations such as the American Red Cross and Special Needs Support Center to ensure comprehensive planning and strong partnerships
- Co-led project to catalog emergency supplies and transition our inventory into the IMATS system, improving logistics, accountability, and readiness while reducing waste
- Participate in extensive professional development including: attending conferences, POD trainings, FEMA coursework including PIO Basics, All-Hazards Planning for animal, agricultural, and food-related disasters, shelter operations (shelter fundamentals and shelter manager), Stop the Bleed, Culturally and linguistically appropriate services (CLAS), Rail Car Incident Response for Crude, Ethanol, and other Flammable Liquids, and access and functional needs trainings

Albany College of Pharmacy and Health Sciences December 2021 – July 2023
Experiential Education Office Coordinator, Albany, NY

- Provide administrative services and improve operational efficiency by streamlining processes
- Oversee voucher process for external partners and serve as point of contact for general inquiries as well as learning management system questions

SUNY Albany, College of Emergency Preparedness, Homeland Security & Cybersecurity June 2019 – December 2021
Training Coordinator, Albany, NY

- Convened and collaborated with over 40 external partners to offer 77 separate training opportunities over the course of one semester
- Developed evaluation benchmarks and leveraged strong project management strategies to ensure continuity and timely achievement of programmatic goals
- Oversaw the strategic direction and day-to-day operations of a training program for approximately 500 undergraduates
- Partnered with local American Red Cross chapter to develop and implement a volunteering program engaging students in Disaster Action Team and community preparedness opportunities
- Supervised undergraduate student assistants, interns, and graduate assistants
- Managed annual training program budget

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VOLUNTEER EXPERIENCE

Consortium for Humanitarian Service and Education
"Hope" Field Training Exercises (LINK)

- The HOPE Exercise is an immersive, full-simulation multi-day full-scale field training that brings together 40-50 college students in emergency management, nursing, and related programs to learn and practice hands-on skills including; search and rescue (rural, urban, and SWFT water), incident command systems, leadership and followership, radio communications, emergency operations centers, triage, mass casualty incident response, etc.
- Annually, there are typically 3 of these full-scale exercises occurring in different geographic regions; NY hope, Missouri Hope, and Florida Hope
- The exercise is staffed by a group 30+ subject matter experts, the majority of whom volunteer their time to participate in shaping the next generation of professionals in this field
- Held a variety of roles across several exercises. Some of these roles include: Deputy Operations Chief on the exercise leadership team and Incident Command Post Lane Liaison (2025), Incident Command Post Lane Planner (2022), Incident Command Post Lane Controller/Evaluator (CE) and Continuity Officer (2017, 2019), Team CE (2019 x2), Deputy Team CE (2018), and student/participant (2017)

American Red Cross of Northeastern New York

- Volunteered for efforts such as standardization of sheltering trailers, tabling at community engagement events, response to Disaster Action Team calls. Completed a sheltering deployment in 2021 following Hurricane Ida.

EDUCATION

University at Albany, State University of New York May 2019
Bachelor of Arts in Emergency Preparedness, Homeland Security and Cybersecurity
Ben-Gurion University of the Negev January 2018 - July 2018
Study Abroad and Intensive Hebrew Language Program in Beer Sheva, Israel

ADDITIONAL EXPERIENCE

Dartmouth-Hitchcock Medical Center January 2025 – Present
Hospital Operations Support Assistant (HOSA), Per Diem, Lebanon NH

- Serve in both the Emergency Department and Central Sterile Reprocessing per diem (evenings or weekends, while maintaining my fulltime role at the same organization), supporting smooth patient service coordination and ensuring timely equipment delivery
- Assist ED staff by triaging patient requests via call bells and room checks, restocking critical supplies, and providing compassionate non-clinical support to patients
- Efficiently distribute high volumes of sterilized instruments and equipment to the appropriate specialty workstations, ensuring accurate and speedy supply flow and preventing departmental delays

NYS Division of Homeland Security and Emergency Services, Office of Counterterrorism June 2017– August 2017
Undergraduate Intern, Albany, NY

- Collected and submitted extensive information for a New York State cybersecurity initiative, including cold-call outreach to towns across the state
- Created a spreadsheet system for tracking phone call outreach related to the aforementioned cybersecurity initiative
- Engaged in red-teaming field missions relating to suspicious activity, security and vulnerability assessments

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EDUCATION

University of New England, Online
Masters of Social Work - September 2025 - Present

Saint Michael's College, Colchester, VT
B.A. in Sociology, Public Health & Health Equity - May 2023
GPA: 3.86

RELEVANT EXPERIENCE

Population Health Coordinator/Youth Engagement Coordinator - Dartmouth Health/Greater Sullivan County Public Health Network - Lebanon, NH
Oct 2025- Present
- Advancing community health initiatives focused on youth well-being, suicide prevention, and substance use prevention
- Lead Getting To Y program in Upper Valley schools, encouraging students to create healthier communities
- Teach and implement vaping prevention and harm reduction in Upper Valley schools through community events, trainings and supportive resources
- Liaison between schools and community organizations to implement, and evaluate programs that promote healthier communities and improve outcomes for young people

Greenhouse Manager - Black Forest Nursery, NH
Aug 2024 - Oct 2025
- Supervise day-to-day greenhouse operations including staff, scheduling, inventory, and customer engagement
- Provide friendly and informed service, manage orders, and manage plant health
- Maintain internal systems to streamline operations and improve customer satisfaction

Ski Instructor (Private & Group)
Keystone Resort, CO Winter 24/25
Sugarbush Resort, VT Winter 23/24
- Delivered customized instruction for children and adults, including private client management
- Fostered strong client relationships through clear communication and progress tracking

Training Associate - NHADACA (NH Alcohol & Drug Abuse Counselors Association) - Concord, NH
Jun 2023 - Oct 2023
- Supported daily professional development trainings
- Managed all communications with trainers and trainees
- Communicated with participants and speakers to ensure smooth registration and attendance
- Coordinated logistics for statewide behavioral health trainings and summits
- Supported CRM transition (NeonCRM) and maintained clear communication records

Student Wellness Ambassador - Saint Michael's College Aug 2022 - May 2023
- Developed health-focused Instagram campaigns; planned and staffed campus-wide events
- Collaborated with college health board to advocate for student needs

VOLUNTEER EXPERIENCE

Orientation Board Member, Saint Michael's College - 2021-2022
- Trained new orientation leaders and supported onboarding for first-year students

NBS (National Brotherhood of Snowsports), Keystone, CO - 2025
- Guided members on resort for the NBS Annual Conference, attended conference as a Keystone Ski and Ride School representative

Gritty Habits Brand Ambassador - July 2023- Present
- Served as ambassador for women founded outdoor brand, posted adventure content monthly to build brand image

SKILLS & CERTIFICATIONS

- Programming
- Organization
- Youth Group Facilitation
- Prevention
- Social Media Management

- PSIA Level I
- CPR Certified
- Peace Corps Certified
- International Tutor Training Program Certified

FORM NUMBER P-37 (version 2/23/2023)

Subject: Regional Public Health Networks (RFA-2027-DPH-01-REGIO-10)

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 Partnership for Public Health		1.4 Contractor Address 11 Academy Square Laconia, NH 03246	
1.5 Contractor Phone Number 603-528-2145	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2028	1.8 Price Limitation $518,820
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: Tamera Carmichael 2AFAC13B91B2423... Date: 5/13/2026		1.12 Name and Title of Contractor Signatory Tamera Carmichael CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB63F0704C7... Date: 5/18/2026		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: DocuSigned by: Robyn Guarino 748734844941480...		On: 5/19/2026	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials Initial TC
Date 5/13/2026

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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.

Initial

Contractor Initials TC

Date 5/13/2026

Docusign Envelope ID: 505B0DD0-051A-87ED-8221-76BE43ACE3A5

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 Initial TC

Date 5/13/2026

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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.

Contractor Initials Initial TC
Date 5/13/2026

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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 four (4) 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 9, Termination, Subparagraph 9.2., is amended as follows:

9.2. Termination Procedure

9.2.1. In the event of the termination pursuant to Subparagraph 9.1., the Contractor shall immediately stop all work hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. The State will pay for cost of all Services and Deliverables for which Acceptance has been given by the State, provided through the date of termination but will not be liable for any costs for incomplete Services or winding down the Contract activities. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

9.2.2. Upon termination of the Contract, the State, in addition to any other rights provided in the Contract, may require Contractor to deliver to the State any property, including without limitation, Software and Written Deliverables, for such part of the Contract as has been terminated. After receipt of a notice

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of termination, and except as otherwise directed by the State, Contractor shall:

a. Stop work under the Contract on the date, and to the extent specified, in the notice;

b. Promptly, but in no event longer than ten (10) days after termination, terminate its orders and subcontracts related to the work which has been terminated, and settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of the State to the extent required, which approval or ratification shall be final for the purpose of this Section;

c. Take such action as the State directs, or as necessary to preserve and protect the property related to the Contract which is in the possession of Contractor and in which the State has an interest;

d. Take no action to intentionally erase or destroy any State Data, which includes State Data held by the Contractor's subcontractors;

e. Transfer title to the State and deliver in the manner, at the times, and to the extent directed by the State, any property which is required to be furnished to the State and which has been accepted or requested by the State;

f. Work with the State to develop a Services and Data Transition Plan per the "Contract End-of-Life Transition" requirements within this Contract; and

g. Provide written Certification to the State that Contractor has surrendered to the State all said property.

9.2.3. If the Contract has expired, or terminated prior to the Completion Date, for any reason, the Contractor must provide, for a period up to ninety (90) days after the expiration or termination, all transition services requested by the State, at no additional cost, to allow for the expired or terminated portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees ("Transition Services").

9.2.4. This covenant in paragraph 9 shall survive the termination of this Contract.

1.5. Paragraph 10, Property Ownership/Disclosure, Subparagraphs 10.2., through 10.8., is amended as follows:

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. The data must be returned to the State in a manner and format agreeable to the State.

10.3. Disclosure of data, information and other records shall be governed by NH RSA chapter 91- A and/or other applicable law, and Exhibit E - DHHS Information Security Requirements. Disclosure requires prior written approval of the State.

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10.4. In performing its obligations under this Agreement, Contractor may gain access to Confidential Information of the State. Confidential Information is defined in Exhibit E - DHHS Information Security Requirements.

10.5. Subject to applicable federal or State laws and regulations, Confidential Information shall not include information which:

10.5.1. Shall have otherwise become publicly available other than as a result of disclosure by the receiving Party in breach hereof;

10.5.2. Was disclosed to the receiving Party on a non-confidential basis from a source other than the disclosing Party, which the receiving Party believes is not prohibited from disclosing such information as a result of an obligation in favor of the disclosing Party; or

10.5.3. Is disclosed with the written consent of the disclosing Party.

10.6. A receiving Party also may disclose the disclosing Party's Confidential Information to the extent required by law or an order of a court of competent jurisdiction. Any disclosure of the Confidential Information shall require the prior written approval of the State. Contractor shall immediately notify the State if any request, subpoena or other legal process is served upon Contractor regarding the Confidential Information, and Contractor shall cooperate with the State in any effort the State undertakes to contest the request, subpoena or other legal process, at no additional cost to the State.

10.7. Contractor Confidential Information. Contractor shall clearly identify in writing all information it claims to be confidential or proprietary upon providing such information to the State. For the purposes of complying with its legal obligations, the State is under no obligation to accept the Contractor's designation of material as confidential. Contractor acknowledges that the State is subject to State and federal laws governing disclosure of information including, but not limited to, RSA Chapter 91-A. In the event the State receives a request for the information identified by Contractor as confidential, the State shall notify Contractor and specify the date the State will be releasing the requested information. At the request of the State, Contractor shall cooperate and assist the State with the collection and review of Contractor's information, at no additional expense to the State. Any effort to prohibit or enjoin the release of the information shall be Contractor's sole responsibility and at Contractor's sole expense. If Contractor fails to obtain a court order enjoining the disclosure, the State shall release the information on the date specified in the State's notice to Contractor, without any liability to the State.

10.8. This covenant in paragraph 10 shall survive the termination of this Contract.

1.6. Paragraph 12, Assignment/Delegation/Subcontracts, Subparagraph 12.1., is amended as follows:

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. In the event that the State does not consent to the assignment the State shall have the option to

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immediately terminate the Agreement without liability to or further compensation owed to Contractor, its successors or assigns.

1.7. 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 must 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 must manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor must annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance. Failure to enter into Business Associate Agreements with its subcontractors that create or receive protected health information on the behalf of the State through this Contract, and failure to comply with the implementation specifications for such agreements is a direct HIPAA violation by the Contractor.

1.8. The following Paragraphs are added and made part of the P37:

27. Force Majeure

27.1. Neither Contractor nor the State shall be responsible for delays or failures in performance resulting from events beyond the control of such Party and without fault or negligence of such Party. Such events shall include, but not be limited to, acts of God, strikes, lock outs, riots, and acts of War, epidemics, acts of Government, fire, power failures, nuclear accidents, earthquakes, and unusually severe weather.

27.2. Except in the event of the foregoing, Force Majeure events shall not include the Contractor's inability to hire or provide personnel needed for the Contractor's performance under the Contract.

28. Requirements for Web Content and Mobile Application Accessibility.

28.1. Under Title II of the Americans with Disabilities Act, the State is required to provide equal access to all of its services, programs, and activities that are provided or made available to the public (whether directly or through contractual, licensing, or other arrangements) via the web and mobile applications. Accordingly, all web content and mobile applications developed, delivered, or otherwise furnished by Contractor pursuant to the terms and conditions of this Agreement shall comply with all applicable accessibility requirements under 28 C.F.R. § 35.200 and the technical standards for web content and mobile application accessibility specified in version 2.1., of the Web Content Accessibility Guidelines at Level AA conformance.

28.2. Contractor acknowledges and agrees that the State may require Contractor's compliance with the web content and mobile application accessibility standards

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set forth in Paragraph 28.1., to be determined by a third-party selected by the State in its sole and discretion.

29. Exhibits/Attachments

The Exhibits and Attachments referred to in and attached to the Contract are incorporated by reference as if fully included in the text of the Contract.

30. Non-Exclusive Contract

The State reserves the right, at its discretion, to retain other vendors to provide any of the Services or Deliverables identified under this Agreement. Contractor shall make best efforts to coordinate work with all other State vendors performing Services which relate to the work or Deliverables set forth in the Agreement. The State intends to use, whenever possible, existing Software and hardware contracts to acquire supporting Software and hardware.

31. Prohibited Technologies

a. No equipment or services listed on the State of New Hampshire's Prohibited Technologies List may be used, as required by in Executive Order 2022-09; and

b. No equipment or services on the FCC Covered List may be used as required by The Secure and Trusted Communications Networks Act of 2019, Pub. L. No. 116-124, 133 Stat. 158 (2020) (codified as amended at 47 U.S.C. §§ 1601–1609).

32. Order Of Precedence

In the event of conflict or ambiguity among any of the text within this agreement, the following Order of Precedence shall govern:

In the event of conflict or ambiguity among any of the text within the awarded Agreement, the following Order of Precedence shall govern:

i. State of New Hampshire, Department of Health and Human Services Contract Agreement.

ii. State of New Hampshire, Department of Health and Human Services RFP.

iii. Vendor Proposal Response.

iv. Additional Contractor Provided Documents, if applicable.

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Scope of Services

1. Statement of Work

1.1. The Contractor must serve as a lead organization to oversee a Regional Public Health Network (RPHN) and ensure the delivery of public and behavioral health services within the Winnepesaukee region. The Contractor must provide a broad range of public health services for the following Department programs:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care (CoC) Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Public Health Advisory Council (PHAC).

1.1.5. Public Health Emergency Preparedness, including:

1.1.5.1. Community Preparedness;

1.1.5.2. Regional Stakeholder Engagement;

1.1.5.3. Regional Community Engagement;

1.1.5.4. Response Readiness;

1.1.5.5. Training and Exercises;

1.1.5.6. Response Capacity; and

1.1.5.7. Volunteer Management.

1.2. **Substance Misuse Prevention**. The Contractor must provide the following services:

1.2.1. Leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-informed primary prevention approaches, programs, policies, and services in collaboration with the Department's Bureau of Drug and Alcohol Services (BDAS), including:

1.2.1.1. Implementation of the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework which includes assessment, capacity development, planning, implementation, and evaluation.

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1.2.1.2. Ensuring focus on collaboration with other prevention statewide funded programs, including but not limited to: Juvenile Justice Network, Getting to Y- NH, NH Harm Reduction Coalition, Multi-tiered System of Support-Behavioral Health, Student Assistance Network, and Young Adult Strategies.

1.2.1.3. Utilizing a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. The Contractor must ensure regional data driven primary prevention approaches are consistent with the Center for Substance Abuse Prevention (CSAP) categories, but do not need to include all CSAP categories.

1.2.1.4. Supporting and advancing the implementation of evidenced-informed approaches, programs, policies, and services within the region served through community engagement and mobilization.

1.2.1.5. Advancement, promotion, and implementation of substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.1.6. Compliance with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.1.7. Ensuring substance misuse prevention is addressed at PHAC meetings, and with a bi-directional exchange of

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information, to advance efforts of substance misuse prevention initiatives.

1.2.1.8. Assisting, as directed by the Department's BDAS, with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.3. Substance Misuse Prevention Coordination and CoC Facilitation. The Contractor must:

1.3.1. Consider and apply the SPF and Assets and Gaps Analysis, and in collaboration with the Department's BDAS, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year Strategic Plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.3.2. Develop a bi- annual Work Plan for Department approval that guides actions and includes outcome-based performance measures and alignment with the three (3) year Strategic Plan. Based on changing and emerging local conditions, the Contractor must adapt Work Plans as necessary with approval by the Department.

1.3.3. Report progress on the Work Plan and three (3) year Strategic Plan including outcomes via a secure depository system approved or directed by the Department.

1.3.4. Report activity data accurately into a system designated or approved by the Department on a monthly basis.

1.3.5. Maintain a substance misuse leadership team consisting of regional representatives with special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.3.6. Produce and disseminate an Annual Report that demonstrates successes, challenges, outcomes from the previous year and projected deliverables for the following year, as directed and approved by BDAS.

1.3.7. Participate in RPHN Substance Misuse meetings as directed by

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BDAS.

1.4. Continuum of Care

1.4.1. The Contractor must facilitate implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), in collaboration with the Department's BDAS, ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.4.2. The Contractor must provide leadership and support for activities that assist the Department's BDAS in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor must:

1.4.2.1. Engage regional partners in conducting a regional asset and gap analysis, and ongoing update of regional assets and gaps. The Contractor must ensure regional partners include:

1.4.2.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.4.2.1.2. Primary health care providers.

1.4.2.1.3. Behavioral health care providers.

1.4.2.1.4. Other interested and/or affected parties approved by the Department.

1.4.2.2. Facilitate and/or provide support for initiatives that result in:

1.4.2.2.1. Increased awareness of and access to services.

1.4.2.2.2. Increased communication and collaboration among providers.

1.4.2.2.3. Increased capacity and delivery of services.

1.4.2.3. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.4.2.4. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorways.

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1.4.2.5. Collaborate with the Contractor's partnering stakeholders/organizations to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.4.2.5.1. Health service providers.

1.4.2.5.2. Public and charter schools and institutes of higher education.

1.4.2.5.3. Police and fire stations.

1.4.2.5.4. Municipal government buildings.

1.4.2.5.5. Businesses in every community of the region.

1.4.2.5.6. Other organizations, as directed by the Department.

1.4.2.6. Disseminate and distribute overdose prevention education resources, Naloxone, testing strips and Naloxone kits to reach high-need, high-risk populations within the region served.

1.4.2.7. Engage regional stakeholders to assist with information dissemination.

1.5. The Contractor must provide Substance Misuse Prevention and CoC technical assistance and training, as requested, in formats specified by the Department, including but not limited to, the following:

1.5.1. Attendance at community of practice meetings and/or activities.

1.5.2. Working with designated BDAS technical assistance and data and/or evaluation contractors to develop metrics and measures to evaluate outcomes and use aggregate data and tools to demonstrate outcomes.

1.5.3. Attendance at all regularly scheduled Department RPHN substance misuse meetings.

1.5.4. Attendance at additional meetings, conference calls, and webinars as required by the Department.

1.5.5. Ensuring the Substance Misuse Prevention Coordination (SMPC) lead staff are credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium

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(IC&RC), and the New Hampshire Prevention Certification Board.

1.5.6. Ensuring SMPC lead staff attend required trainings, including Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.5.7. Ensuring CoC facilitation lead staff are familiar with the SPF and RROSC systems development within NH.

1.6. **Overdose Prevention Response.** The Contractor must:

1.6.1. Conduct an initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN, at the direction of the Department, for the project period.

1.6.2. Conduct a needs assessment to inform response efforts that include:

1.6.2.1. Gathering regional and local level data related to alcohol and other drug overdoses.

1.6.2.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.6.2.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include:

1.6.2.3.1. Doorways.

1.6.2.3.2. Recovery care organizations.

1.6.2.3.3. Treatment providers.

1.6.2.3.4. Law enforcement.

1.6.2.3.5. Hospitals.

1.6.2.3.6. Other organizations, as directed by the Department.

1.6.3. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care and distribute and disseminate resources.

1.6.4. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

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1.6.5. Participate in other training courses and meetings, as requested by the Department.

1.7. **Public Health Advisory Council**. The Contractor must:

1.7.1. Coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction for public health activities within the region served.

1.7.2. Maintain a set of operating guidelines or by-laws for the PHAC.

1.7.3. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team to complete the following:

1.7.3.1. Approve regional health priorities and implement high-level deliverables and strategies.

1.7.3.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.7.3.3. Form and/or identify already existing committees and workgroups to address specific strategies and public health topics.

1.7.3.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.7.3.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.7.3.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.7.4. Ensure the PHAC leadership team meets at least quarterly to complete the following:

1.7.4.1. Draft and share of meeting minutes are available to the public upon request.

1.7.4.2. Ensure all members of the PHAC sign a conflict- of-interest statement, as provided by the Department.

1.7.4.3. Coordinate with the Department to collect, analyze, and disseminate data related to the health status of the

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region, educate network partners about on-line and other sources of data, and participate in community health assessments.

1.7.4.4. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complementary and shared public health outcomes.

1.7.4.5. Review the regional CHIP and SHIP annually and develop action plans for the services in this RFA, as advised by the PHAC.

1.7.4.6. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.7.4.7. Publish an Annual Report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.7.4.8. Advance the work of RPHNs by conducting educational and training programs annually to RPHN partners and others.

1.7.4.9. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.7.4.10. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.8. The Contractor must provide PHAC technical assistance and training, as requested, in formats specified by the Department. This includes, but is not limited to:

1.8.1. Attendance at semi-annual meetings of PHAC leadership

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convened by Department's Division of Public Health and/or BDAS.

1.8.2. Completion of a PHAC technical assistance needs assessment in a format approved by the Department.

1.9. **Public Health Emergency Preparedness.** The Contractor must provide the following services:

Community Preparedness

1.9.1. The Contractor must provide leadership and coordination to improve regional public health emergency response plans and ensure partner organizations have the capacity to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor must:

1.9.1.1. Submit an annual Work Plan by July 30th in Year 1 of the Agreement, and thereafter, submit an annual a 12-month Work Plan by June 1st utilizing a Department-provided template addressing regional preparedness priorities that are aligned with the Scope of Services in this Agreement and reflect the Center for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

1.9.1.2. Attend and participate in all statewide and regional meetings as directed by the Department, including:

1.9.1.2.1. Public Health Emergency Preparedness (PHEP)/Volunteer Management meetings held every two (2) months and led by the Department.

1.9.1.2.2. Monthly Regional Public Health Network (RPHN)/State Coordination Calls led by the Department.

1.9.1.2.3. Quarterly Hospital Emergency Management Coordination (HEMC)/RPHN meetings led by the Granite State Healthcare Coalition and the Department.

1.9.1.3. Facilitate other meetings as directed by the Department.

1.9.1.4. Participate in the following projects, as directed by the Department:

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1.9.1.4.1. The annual RPHN PHEP site visit with the RPHN Administrator to assess contract and programmatic compliance, including:

1.9.1.4.1.1. Compliance with contract requirements, including planning, training, exercise, response readiness, volunteer management, financial reporting, and reporting on Work Plan activities.

1.9.1.4.1.2. Implementation of preparedness activities outlined in the regional Work Plan.

1.9.1.4.1.3. Tracking and reporting on progress for any corrective actions identified during the visit indicating which corrective actions have been resolved.

1.9.1.5. Participate in a biennial site visit with the Department's Strategic National Stockpile (SNS) coordinator and RPHN program administrator to assess capacity and readiness, which includes:

1.9.1.5.1. Completing the Department-provided evaluation workbook.

1.9.1.5.2. Attending the SNS site visit to review the workbook, verify its components, and discuss findings.

1.9.1.5.3. Identifying at least one (1) area for improvement within the program area, by the end of each biennial SNS site visit,

1.9.1.5.4. Developing and submitting an improvement plan within 30 days of the SNS site visit including a timeline for completion.

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1.9.1.5.5. Incorporating corrective actions identified in the SNS Improvement Plan into regional priorities and plans.

1.9.1.5.6. Reporting on progress on corrective actions at three (3), six (6), nine (9), and twelve (12) month intervals indicating which corrective actions have been resolved.

1.9.1.5.7. Participation in at least 90% of Department-led Regional Public Health Emergency Annex (RPHEA) template project meetings to support the development of new and revision of current RPHEA template components.

1.9.1.5.8. Reviewing and updating the RPHEA Base Plan every two (2) years, making sure to incorporate partner feedback.

1.9.1.5.9. Submitting the updated RPHEA Base Plan to the Department's SharePoint site by April 1st every two (2) years for review and feedback.

1.9.1.5.10. Incorporating feedback into the final RPHEA Base Plan and uploading it to the Department's SharePoint site by June 30 of each contract year.

1.9.1.6. In collaboration with regional partners and designated workgroups, conduct an annual review and update of the RPHEA Annexes and Attachments, including the Critical Contact Sheet, Facility Activation Attachments, and other RPHEA components prioritized by the Department. This process must include the following actions:

1.9.1.6.1. Submitting updated Annexes and Attachments to the Department's SharePoint site for review and feedback.

1.9.1.6.2. Incorporating feedback into the RPHEA Annexes and Attachments and uploading the final versions to the Department's SharePoint site each contract year.

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1.9.2. The Contractor must disseminate the Department-approved updated RPHEA plan to all identified regional partners and conduct at least two (2) training or education sessions to ensure that a minimum of 80% of partners demonstrate awareness of their roles and responsibilities outlined in the RPHEA, as assessed through a post-training evaluation, by June 30th of each contract year.

1.9.3. The Contractor must participate in the development of the Statewide Jurisdictional Risk Assessment (JRA), as directed by the Department, ensuring regional risks are identified and incorporated into the State JRA report, which includes:

1.9.3.1. Attending scheduled JRA sessions.

1.9.3.2. Providing regional input during JRA sessions.

1.9.3.3. Within three (3) business days of receiving the Department's request, distributing surveys to partners to gather input for the JRA, ensuring at least 75% of identified regional partner organizations respond

1.9.4. The Contractor must participate in the development of the Statewide Integrated Preparedness Plan (IPP) by attending the IPP workshop and providing regional input.

1.9.5. The Contractor must hold regional workshops to gather partner input on public health and health care priorities, including:

1.9.5.1. Using the Department-provided template, annually updating the regional IPP, ensuring it includes a four (4)-year calendar that addresses all PHEP elements including Preparedness (P), Skills/Training/Exercises (S/T/Ex), and Equipment and Technology (E/T).

1.9.5.2. Submitting the finalized regional IPP to the Department by May 1st annually for review and approval.

1.9.5.3. Uploading the final regional IPP to the Department's SharePoint site by June 1st annually.

1.9.6. The Contractor must maintain active access to and operational capability in all required systems designated or approved by the Department, ensuring readiness through regular monthly or quarterly logins and completion of associated reporting requirements.

1.9.7. The Contractor must promote training opportunities at least twice

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annually for applicable systems designated or approved by the Department and related modules to community organizations, partners, and volunteers. Training announcements must be distributed to all identified partners and volunteer groups, as appropriate, by June 30th of each contract year.

1.9.8. The Contractor must ensure all account information is up to date and inform the Department about any personnel or access changes as soon as possible, but no later than three (3) business days.

Regional Partner Engagement

1.9.9. The Contractor must identify, engage, integrate, strengthen, and sustain community partnerships to improve public health preparedness, community resilience, and the capacity of partnering organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. This includes, at a minimum, the following activities:

1.9.9.1. Ensuring the PHEP Planning Committee has multidisciplinary partner representation, including at least one (1) representative from each of the following sectors within the RPHN catchment area:

1.9.9.1.1. Long-Term Care Facilities (LTCFs).

1.9.9.1.2. Home Health Agencies.

1.9.9.1.3. Behavioral Health Providers (must include a representative from a Community Mental Health Center).

1.9.9.1.4. Urgent Care Centers (at least one representative from each chain).

1.9.9.1.5. Pharmacy Chains.

1.9.9.1.6. Independent Pharmacies.

1.9.9.1.7. Correctional Facilities (where applicable).

1.9.9.1.8. A school district or school superintendent.

1.9.9.1.9. Local fire department official.

1.9.9.1.10. Emergency Medical Services (EMS), including volunteer, fire-based, private, and municipality-based services.

1.9.9.1.11. Law Enforcement officials.

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1.9.9.1.12. Representation from each organization/partner in the following sectors:

1.9.9.1.12.1. Hospitals.

1.9.9.1.12.2. Local Emergency Management Agencies or officials.

1.9.9.1.12.3. Homeland Security and Emergency Management (HSEM) Community Stakeholder Liaisons serving the RPHN catchment area.

1.9.9.1.12.4. Local Health Officers.

1.9.9.2. Convening Regional PHEP Planning Committee meetings at least every other month, with participating from the sectors outlined in Section 1.9.9.1.

1.9.9.3. Consulting additional regional partners (e.g., faith-based organizations, key business partners, civic groups) to inform plan development.

1.9.9.4. Maintaining an up-to-date contact list by sector, as outlined in Section 1.8.7.1.

1.9.9.5. Discussing workforce challenges and gaps related to volunteer management and incorporate partner feedback into volunteer training.

1.9.10. The Contractor must disseminate all Health Alert Network (HAN) messages to eligible local partners within one (1) business day for non-emergency messages and within two (2) hours for urgent messages, for each contract year. This includes:

1.9.10.1. Promoting enrollment into the HAN system to eligible regional partners. Eligible HAN partners include, but are not limited to:

1.9.10.1.1. State and local health officers,

1.9.10.1.2. Hospitals and healthcare facilities,

1.9.10.1.3. Emergency medical services (EMS),

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1.9.10.1.4. Local public health and safety officials,

1.9.10.1.5. Clinical providers,

1.9.10.1.6. Emergency management agencies, and

1.9.10.1.7. Other public health, healthcare, and emergency response organizations identified by the Department as critical to public health preparedness and response.

Regional Community Engagement

1.9.11. The Contractor must complete the following Regional Community Engagement activities:

1.9.11.1. By June 30th of each contract year, coordinate at least eight (8) community preparedness training courses on the following topics:

1.9.11.1.1. Family, individual, and pet preparedness sessions (minimum of two (2) per year).

1.9.11.1.2. “Stop the Bleed” training (minimum of four (4) per year).

1.9.11.1.3. CPR/First Aid (minimum of two (2) per year).

1.9.11.2. For each Community Preparedness training, the Contractor must:

1.9.11.2.1. Coordinate training logistics including securing training venue, coordinating trainers, developing and disseminating promotional materials, and managing training registration.

1.9.11.2.2. Develop training content, if applicable.

1.9.11.2.3. Ensure training materials are prepared and available during the preparedness training. Any existing materials should be used with minor adjustments allowed to tailor content for specific audiences.

1.9.11.2.4. Collect and submit post-training evaluation documentation in a format approved by the Department.

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1.9.11.2.5. Participate in the Department's annual community preparedness awareness activities, including:

1.9.11.2.5.1. Sharing all of the Department's social media and community preparedness press releases.

1.9.11.2.5.2. Attending at least one (1) regional emergency preparedness awareness event annually to promote individual, family, or pet preparedness, either in coordination with the Department or at an independently identified event that meets the same goal, using Department-provided or Department-approved materials.

1.9.11.2.5.3. Promoting NH Alerts enrollment via partner channels and social media at least twice per year, using methods such as email campaigns, newsletters, RPHN presentations, and meetings.

Response Readiness

1.9.12. The Contractor must maintain the capability to respond to all-hazard emergencies with public health and healthcare impacts by directly managing small-scale response activities, defined as activities that can be managed and resolved using available local or regional resources, and participating in Department-led larger scale responses. All hazard emergencies may include, but are not limited to:

1.9.12.1. Biological Incidents: Accidental or natural outbreaks of high-consequence diseases, or the intentional release

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of pathogens (e.g., bacteria, viruses, or toxins) that may cause widespread illness, disability, or death in humans or animals.

1.9.12.2. Natural Hazards: Hurricanes, floods, earthquakes, wildfires, severe storms, tornadoes, winter weather events, and other natural disasters that disrupt community health and healthcare services.

1.9.12.3. Technological and Infrastructure Hazards: Dam or levee failures, chemical or radiological spills or releases, nuclear accidents, and other technological or infrastructure failures that threaten public health and safety.

1.9.12.4. Human-Caused Incidents: Intentional acts such as terrorism, mass violence, or other deliberate disruptions.

Training and Exercises

1.9.13. The Contractor must ensure participation in all Department-led open and closed Points of Dispensing (POD) planning activities, as requested. This includes meetings, trainings, workshops, and exercises for each contract year. PODs include:

1.9.13.1. Open PODs: Public locations such as schools, community centers, municipal buildings, public clinics, etc.

1.9.13.2. Closed PODs: Targeted sites not open to the public that offer Medical Countermeasures (MCMs), such as long-term Care facilities, businesses, and police/fire departments, and that dispense medication or MCMs to a specific population (e.g., residents or employees).

1.9.14. The Contractor must participate in statewide full-scale exercises testing medical surge and/or POD response plans as requested by the Department. This includes:

1.9.14.1. Coordinating with the Department on emergency scenarios and the scope of the exercise.

1.9.14.2. Serving as the regional exercise lead, establishing and guiding a planning team to coordinate local and regional

participation, and overseeing the successful design, conduct, and evaluation of the exercise.

1.9.14.3. Participating in exercises, such as open POD activities or volunteer management coordination at medical surge locations.

1.9.14.4. Participating in after-action meetings and providing regional feedback.

1.9.15. The Contractor must conduct a minimum of one (1) regional partner POD training and one (1) regional POD exercise per contract year, following the Homeland Security Exercise and Evaluation Program (HSEEP) framework, which includes:

1.9.15.1. Developing an annual POD training and exercise calendar and distributing it to all regional partners.

1.9.15.2. Managing exercise design and implementation in accordance with the HSEEP framework.

1.9.15.3. Managing training and exercise logistics, including securing space if held in person.

1.9.15.4. Inviting all open and closed POD partners to participate in at least one (1) training or exercise annually and ensuring that at least 75% of both open and closed POD partners attend.

1.9.15.5. Sending invitations and save-the-dates at least 60 days in advance, with regular reminders to maximize partner participation.

1.9.15.6. Managing and tracking registrations and participation.

1.9.15.7. Developing and submitting a corrective action plan to the Department to improve engagement if the 75% participation threshold in Section 1.9.15.4. is not met, to be delivered to the Department within fifteen (15) business days.

1.9.15.8. Implementation of the corrective action plan must be within 30 business days of Department approval unless additional time is approved by the Department in writing.

1.9.16. The Contractor must conduct post-training and post-exercise evaluations using Department-provided templates (e.g., surveys, hotwash/debriefing sessions), which includes:

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1.9.16.1. Participating in other Department-led exercises (discussion-based, functional, or full-scale).

1.9.16.2. Completing all required after-action processes within 60 calendar days of each RPHN-led regional exercise.

1.9.16.3. Conducting a debriefing session immediately following the event.

1.9.16.4. Holding at least one (1) after-action meeting with stakeholders for every exercise conducted.

1.9.17. The Contractor must develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within sixty (60) business days of the exercise. The report must summarize objectives, strengths, areas for improvement, and corrective actions, and be used to track progress and apply lessons learned to future planning, training, and exercises.

Response Capacity

1.9.18. The Contractor must ensure readiness and capacity for PHEP and small-scale response events, including the following:

1.9.18.1. Operation of small-scale PODS;

1.9.18.2. Support for large-scale public health operations, such as PODs and other types of public health clinics;

1.9.18.3. Support for medical countermeasure distribution to home-based populations;

1.9.18.4. Disaster sheltering operations; and

1.9.18.5. Surge capacity through Neighborhood Emergency Health Center (NEHC), Alternate Health System (AHS), and Family Assistance Center (FAC)/Family Reunification Centers (FRC).

1.9.19. The Contractor must plan for and maintain small-scale response capability, including the ability to independently operate an open POD serving up to 250 people per day for three (3) consecutive days within 72 hours of notice, as directed by the Department and per Department guidance. PODs must be located in areas accessible to at-risk populations and people with disabilities. This includes:

1.9.19.1. Identifying and maintaining agreements with Open POD facilities.

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1.9.19.2. Maintaining Open POD operational plans and agreements.

1.9.19.3. Updating Open POD facility point-of-contact lists annually.

1.9.19.4. Operating under the medical direction (if applicable) of the Department or its designated medical contractor.

1.9.19.5. Making copies of standing orders, emergency protocols, and Vaccine Adverse Event Reporting System (VAERS) instructions available at all clinics.

1.9.19.6. Independently managing all operational aspects, including site set up and logistics, staffing and role assignments, client flow and operations, implementation of medical guidance and standing orders, communication with the Medical Director or designee, inventory management, responder safety and health, communications and information management, throughput and efficiency, and demobilization and recovery, as outlined in the RPHEA.

1.9.20. The Contractor must recruit, train, and retain qualified medical and non-medical volunteers to support clinic operations. Qualified medical staff must have the following credentials:

1.9.20.1. Clinical license or copy from the NH online license verification showing the license type, expiration, and status (e.g. RNs, APRNs, FNP-Cs, MDs, DOs).

1.9.20.2. Current Basic Life Support (BLS) certification.

1.9.21. The Contractor must procure necessary supplies to conduct vaccine clinics, including but not limited to emergency management medications, equipment, and needles.

1.9.22. The Contractor must complete the required clinic operational reports within thirty (30) business days of the event, including the final throughput report and final inventory usage report.

1.9.23. The Contractor must report any adverse events or incidents:

1.9.23.1. Within two (2) business days for unusual events not related to individual safety

1.9.23.2. As soon as possible, but within 24 hours, for events impacting individual safety, including adverse reactions, medication

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errors, patient consent errors, or any other life safety event compromising care or safety.

1.9.24. Within sixty (60) business days after an incident closes, the Contractor must complete all required after-action processes, including:

1.9.24.1. Conducting a debriefing immediately following the event.

1.9.24.2. Holding at least one (1) after-action meeting with stakeholders.

1.9.24.3. Developing and submitting an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.25. The Contractor must ensure proper vaccine storage, handling, and management, and must:

1.9.25.1. Submit a signed Vaccine/Immunoglobulin (IG)/Pharmaceutical Management Agreement to New Hampshire Immunization Program (NHIP) annually, ensuring all listed requirements are met by providers administering vaccines, IG, or other NHIP-supplied pharmaceuticals.

1.9.25.2. Submit a signed Vaccination Provider Agreement to NHIP annually.

1.9.25.3. Ensure the PHEP Coordinator completes the NHIP vaccination training annually.

1.9.25.4. Retain a copy of PHEP Coordinator training certificates on file.

1.9.25.5. Use NHIP training materials or other Department-approved materials to train POD staff on vaccine administration, ordering, storage, and handling.

1.9.25.6. Retain a copy of all training materials on site for reference during PODs.

1.9.25.7. Ensure vaccine is stored at the manufacturer's recommended temperatures at all times while in the Contractor's custody.

1.9.25.8. Record temperatures twice daily, AM and PM, during normal business hours for the primary refrigerator, and hourly when the vaccine is stored outside the primary refrigerator.

1.9.25.9. Maintain an emergency backup plan in case of primary refrigerator failure.

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1.9.25.10. Use temperature data logger for all vaccine monitoring, including while stored in the primary refrigerator and during any time outside of it.

1.9.25.11. Complete the following for the vaccine supply:

1.9.25.11.1. Account for every dose of vaccine.

1.9.25.11.2. Submit a monthly temperature log for the vaccine storage refrigerator.

1.9.25.11.3. In the event of a vaccine temperature excursion (i.e., when stored vaccine experiences temperatures outside the manufacturer's recommended range), the Contractor must:

1.9.25.11.3.1. Immediately quarantine the vaccine in an appropriate temperature-controlled setting, separate it from other vaccine, and label it "DO NOT USE."

1.9.25.11.3.2. Contact the manufacturer immediately to explain the duration and temperature details of the event to determine if the vaccine is still viable.

1.9.25.11.3.3. Notify NHIP immediately after contacting the manufacturer.

1.9.25.11.3.4. Submit a Cold Chain Incident Report and Data Logger Report to NHIP within 24 hours of the temperature excursion.

1.9.25.12. Ensure consent for vaccination, medication administration, infectious disease testing, and participation in New Hampshire Immunization Information System (NHIIS). The Contractor must:

1.9.25.12.1. Use the consent processes provided by medical direction, approved by the Department, to obtain consent from parents/legal guardians of individuals under age 18, and for individuals over the age of 18 who have a legal guardian.

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1.9.25.12.2. Distribute, obtain, verify, and store written or electronic consent forms prior to vaccine administration, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations.

1.9.25.12.3. Ensure a signed consent form is obtained before any vaccine, medication, or infectious disease outbreak testing is administered.

1.9.25.12.4. Maintain a written or electronic record of consent via a secure depository system approved or directed by the Department.

1.9.25.12.5. Maintain vaccine administration records for all individuals vaccinated, in compliance with HIPAA and other state and federal regulations.

1.9.25.12.6. Ensure individuals are notified that they may elect not to participate in vaccinations, NHIIS, treatment, and/or testing at any time.

1.9.25.12.7. Provide each patient, or the patients' parent/legal guardian, if applicable, the opportunity to opt-in or opt-out of NHIIS in accordance with RSA 141-C:20-f, II-a.

1.9.25.12.8. Obtain explicit consent before sending any personal information to NHIIS.

1.9.25.12.9. Only enter vaccine administration records for individuals who have opted in and provided explicit consent.

1.9.25.12.10. Maintain all completed opt-in consent forms, in either paper or electronic format.

1.9.25.12.11. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a Vaccine Information Sheet (VIS) to the patient, legal guardian, or parent on the day of vaccination.

1.9.25.13. The Contractor must perform the following tasks within 24 hours of completing each clinic:

1.9.25.13.1. Update the NHIIS with vaccines administered and wasted, as outlined in Section 1.9.25.12

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and in accordance with RSA 141-C:20-f, II-a. This includes:

1.9.25.13.1.1. Ensuring doses entered match the clinical documentation.

1.9.25.13.1.2. Submitting the hourly vaccine temperature log for the period the vaccine was stored outside of the primary refrigerator.

1.9.25.13.1.3. Submitting totals to NHIP outside of the vaccine ordering system, including:

1.9.25.13.1.3.1. Individuals vaccinated, by age group and vaccineformulation/ lot number.

1.9.25.13.1.3.2. Vaccines wasted, by formulation/lot number.

1.9.26. The Contractor must develop and maintain capacity to vaccinate and/or dispense medication to at least 50% of identified home-based populations who do not have access through alternate means, within Department- established timelines, which includes:

1.9.26.1. Developing and annually updating a home health agency contact list.

1.9.26.2. Developing operational procedures and protocols for home-based vaccination/medication dispensing in accordance with the Department's medical direction. These procedures and protocols must, at a minimum, address:

1.9.26.2.1. Criteria for defining "home-based populations" (e.g., homebound individuals, individuals with disabilities, or those lacking transportation).

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1.9.26.2.2. Methods for identifying eligible individuals (e.g., home health agency referrals, local registries, social service partners).

1.9.26.2.3. Establishing and maintaining, including annual review and update of, Memorandums of Understanding (MOUs) with home health agencies, visiting nurse services, and other community-based organizations.

1.9.26.2.4. Defining roles and responsibilities for RPHN, volunteers, and partner agency staff.

1.9.26.2.5. Resource planning, including cold chain management, PPE, and communication tools.

1.9.26.2.6. How teams are activated, assigned, and tracked.

1.9.26.2.7. Client communication, including notification of eligibility, appointment scheduling, and consent procedures.

1.9.26.2.8. Delivery, transport, storage, and administration of MCMs in home settings, including infection control practices.

1.9.26.2.9. Documentation of doses administered, inventory used, and client follow-up in Department-approved systems.

1.9.26.2.10. Responder safety procedures, including PPE use, exposure control, and staff check-ins.

1.9.26.2.11. Real-time communication protocols between dispensing teams, Medical Director/clinical oversight, and the Department.

1.9.26.2.12. Access considerations for individuals with limited English proficiency, low literacy, or hearing/vision impairments.

1.9.26.2.13. Verification of client identity and eligibility.

1.9.26.2.14. Medication/vaccine safety protocols, including proper handling and adverse event response procedures.

1.9.26.2.15. Security of medical supplies during transport and dispensing.

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1.9.26.2.16. Annual review and update of home-based dispensing operational procedures and protocols.

1.9.26.2.17. Pre-deployment review of procedures and protocols to ensure alignment with incident-specific response needs.

1.9.26.2.18. Volunteer training on home-based vaccination/medication dispensing procedures and protocols.

1.9.26.2.19. Maintenance of trained volunteer rosters.

1.9.26.2.20. Maintenance of Department-required resources in accordance with specified baseline inventory levels for successful operation, including:

1.9.26.2.20.1. Medical resources (e.g., vaccine administration supplies, basic first aid equipment);

1.9.26.2.20.2. Cold chain and storage equipment (e.g., vaccine refrigerators, data loggers);

1.9.26.2.20.3. Technology and documentation equipment (e.g., laptops, printers);

1.9.26.2.20.4. Transportation and logistics (e.g., secured containers to store documents or medical supplies);

1.9.26.2.20.5. Personal protective equipment (PPE);

1.9.26.2.20.6. Safety and security (e.g., identification badges);

1.9.26.2.20.7. Client support and education materials; and

1.9.26.2.20.8. Administrative and operational resources.

1.9.26.2.21. Conducting at least one (1) annual drill or exercise to test operational readiness.

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1.9.26.2.22. Within sixty (60) days after the exercise or incident, completing all required after-action processes, including conducting a hotwash/debriefing immediately following the event, at least one (1) after-action meeting with stakeholders, and submission of an After-Action Report/Improvement Plan (AAR/IP) to the Department.

1.9.26.2.23. Participating in any Department-led After-Action Meetings (AAMs) to provide regional input.

1.9.27. The Contractor must assist the Department in collecting public feedback on public health initiatives during emergency response, as requested, to inform response activities by:

1.9.27.1. Disseminating Department-developed feedback forms during and after major incidents, as requested.

1.9.27.2. Compiling and submitting completed surveys to the Department.

1.9.27.3. Developing and submitting a summary report within thirty (30) business days of the survey closing date, documenting recommendations or corrective actions based on feedback.

1.9.28. The Contractor must, for each contract year, establish and maintain Closed Point of Dispensing (POD) agreements with at least 75% of healthcare entities, 75% of educational institutions, and other organizations within the catchment area that are capable of independently receiving and administering medical countermeasures. To achieve this, the Contractor must implement the following activities to identify, engage, and formalize agreements with eligible organizations, including:

1.9.28.1. Hospitals and health systems;

1.9.28.2. Long-Term Care and Residential Facilities (e.g., nursing homes, assisted living facilities, and group homes);

1.9.28.3. Outpatient and ambulatory clinics (e.g., community health centers, FQHCs, primary care practices, dialysis centers, specialty clinics with established patient populations);

1.9.28.4. Pharmacies (independent and chain pharmacies with established dispensing infrastructure); and

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1.9.28.5. Home health agencies able to provide in-home dispensing for homebound clients.

1.9.29. The Contractor must carry out the following tasks to support the establishment and maintenance of these Closed POD agreements:

1.9.29.1. Recruit and onboard organizations for Closed POD operation to reach target deliverables.

1.9.29.2. Ensure all Closed POD agreements and contact lists are reviewed and updated annually, including verification of each organization's continued ability to administer countermeasures.

1.9.29.3. Track participation in Closed POD enrollments and provide the Department with an annual list of all participating organizations.

1.9.29.4. Upload new and updated Closed POD agreements to the Department's SharePoint site.

1.9.29.5. Provide the Department with a list of all organizations in the catchment area eligible to serve as Closed PODs but without a signed agreement due to lack of current capability or capacity .

1.9.29.6. For each contract year, establish and maintain Closed POD agreements with all of first responder organizations (local police, fire, and EMS) in the catchment area, which includes:

1.9.29.6.1. Maintaining a list of all first responder agencies in the catchment area.

1.9.29.6.2. Recruiting and onboarding first responder organizations to meet the target goal.

1.9.29.6.3. Contacting uncovered agencies annually to revisit participation.

1.9.29.6.4. Providing the Department with an annual list of participating and non-participating first responder agencies.

1.9.29.6.5. Uploading new and updated Closed POD agreements to the Department's SharePoint site.

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1.9.29.7. Facilitate delivery of medical countermeasures to all of Closed POD sites, including direct federal shipments when applicable, ensuring receipt and timely reporting to the Department, which includes:

1.9.29.7.1. Tracking countermeasure shipments within the region.

1.9.29.7.2. Confirming receipt of shipment with the Closed POD lead within 24 hours.

1.9.29.7.3. Documenting and resolving shipment discrepancies.

1.9.29.7.4. Submitting a report to the Department that includes a distribution summary, receipt verification, and inventory and supply tracking.

1.9.30. The Contractor must maintain at least one (1) emergency response trailer at inventory levels approved by the Department, keeping trailers in a state of operational readiness so that municipal organizations may access them within 24 hours of request. To meet this requirement, the Contractor must:

1.9.30.1. Inspect trailers quarterly for damage and perform preventative maintenance as needed, or at a minimum annually, to reduce deployment delays, as funding allows.

1.9.30.2. Stock trailers with pre-approved medical surge or disaster sheltering equipment and supplies; regularly check for expiration or wear and replenish items after each use to maintain required inventory levels, as funding allows.

1.9.30.3. Keep an updated inventory list inside each trailer.

1.9.30.4. Verify mutual aid agreements and MOUs with partners to ensure towing vehicles and drivers are available.

1.9.30.5. Coordinate annual trailer deployment to practice hitching, transporting, and demobilizing trailers.

1.9.30.6. Maintain trailer readiness logs documenting inspections, repairs, and supply restocking.

1.9.30.7. Provide safety equipment (e.g., fire extinguishers, wheel chocks, reflective vests, cones) in each trailer, as funding allows.

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1.9.30.8. Provide insurance to cover the cost of replacing the trailer and supplies, if necessary.

Sheltering

1.9.31. The Contractor must maintain capacity to deploy trained volunteers to community or state-based disaster shelters within 24 hours of Department or local municipality requests by:

1.9.31.1. Maintaining a roster of volunteers trained in shelter operations.

1.9.31.2. Providing annual shelter training for volunteers.

1.9.31.3. Coordinating with local emergency management for staffing requests.

1.9.31.4. Ensuring all assigned volunteers complete just-in-time training (JITT) at the beginning of each shift, as requested by the Department or partner agency.

1.9.31.5. Tracking and documenting volunteer deployments.

1.9.31.6. Conducting a hotwash/debriefing with all volunteers after each shift.

1.9.31.7. Participating in AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.31.8. Participating in any Department led After-Action Meetings to provide regional input.

Family Assistance Center (FAC)/Family Reunification Center (FRC)

1.9.32. The Contractor must maintain capacity to deploy volunteers to Family Assistance Centers (FAC) and Family Reunification Centers (FRC) to fill pre-identified positions within 24 hours of request by maintaining updated volunteer rosters and ensuring role-specific training, which requires:

1.9.32.1. Maintaining a roster of volunteers trained in FAC/FRC positions and operations.

1.9.32.2. Providing annual FAC/FRC training for volunteers.

1.9.32.3. Coordinating with local emergency management for staffing requests.

1.9.32.4. Tracking and documenting volunteer deployments.

1.9.32.5. Using Department-provided templates, ensuring all assigned FAC/FRC volunteers complete JITT prior to shift start.

1.9.32.6. Liaising with the FAC/FRC Manager and/or Incident Commander during operations.

1.9.32.7. Participating in the AAR/IP process for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.32.8. Conducting debriefings with volunteers after each shift.

1.9.32.9. Participating in any department led After-Action Meetings (AAM) to provide regional input.

1.9.32.10. Participating in at least 50% of regional and state-level FAC/FRC planning activities annually as requested and 75% of annual FAC/FRC training and exercises.

Neighborhood Emergency Health Center (NEHC)

1.9.33. The Contractor must maintain capacity to deploy and schedule volunteers to Neighborhood Emergency Health Center (NEHC) sites each contract year to fill pre-identified positions within 24 hours of request by:

1.9.33.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.33.2. Maintaining a roster of volunteers trained in NEHC positions and operations.

1.9.33.3. Providing annual NEHC training for volunteers.

1.9.33.4. Coordinating with local emergency management for staffing requests.

1.9.33.5. Tracking and documenting volunteer deployments.

1.9.33.6. Using Department-provided templates to ensure JITT is completed for all assigned NEHC volunteers prior to shift start.

1.9.33.7. Liaising with the NEHC Manager and/or Incident Commander during operations.

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1.9.33.8. Conducting a hotwash with volunteers after each shift.

1.9.33.9. Participating in an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions, as requested by the Department.

1.9.33.10. Participating in any Department led After-Action Meetings to provide regional input.

Alternate Health System (AHS)

1.9.34. The Contractor must maintain capacity to deploy and schedule trained volunteers to Alternate Health System (AHS) sites to augment clinical and non-clinical staffing within 24 hours of Department request by:

1.9.34.1. Ensuring all assigned volunteers complete JITT prior to the start of their shift.

1.9.34.2. Maintaining a roster of clinical and non-clinical volunteers trained in AHS operations.

1.9.34.3. Providing annual AHS training for volunteers.

1.9.34.4. Coordinating with local and state partners for staffing requests.

1.9.34.5. Tracking and documenting volunteer deployments.

1.9.34.6. Using Department-provided templates to ensure JITT is completed for all assigned AHS volunteers prior to shift start.

1.9.34.7. Liaising with the AHS Incident Commander during operations.

1.9.34.8. Conducting a hotwash with volunteers after each shift.

1.9.34.9. Participating in the development of an AAR/IP for each deployment, documenting deployment objectives, strengths, areas for improvement, and corrective actions.

1.9.34.10. Participating in any Department led After-Action Meetings to provide regional input.

Inventory Management

1.9.35. The Contractor must, by June 30th of each contract year, update and upload a complete annual inventory of all regional assets into the

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Administration for Strategic Preparedness & Response (ASPR's) current inventory management system, as directed by the Department, and update inventory records within five (5) business days of any supply usage, redistribution, or replenishment. To support this requirement, the Contractor must:

1.9.35.1. Monitor, document, and report all regional inventory distribution rates as directed by the Department, to guide purchasing decisions and future preparedness planning.

1.9.35.2. Assess supply levels to ensure Department-required inventories are maintained for PODs, medical surge activities, mass casualty incident (MCI), and disaster sheltering operations, and document results in ASPR's current inventory management system.

1.9.35.3. Compare inventory against required supply list.

1.9.35.4. Reorder supplies from the pre-approved inventory list developed by the Department with Contractor input to ensure regional needs are addressed.

1.9.35.5. Maintain documentation of approvals and purchase records for submission in quarterly financial and logistics reports.

1.9.35.6. By June 30th of each contract year, review and update agreements with all trailer and cache host agencies, ensuring that all of agreements clearly define agency roles and responsibilities, and maintain updated contact information in regional records and the Department's SharePoint system.

1.9.35.7. Once each quarter, test all specialized equipment (e.g., generators, radios, cooling units, refrigerators) to verify operational readiness, document results in equipment logs, and report any deficiencies within two (2) business days, with a written corrective actions report submitted to the Department within fifteen (15) business days.

1.9.35.8. Review current inventory and par levels before drafting purchase requests to confirm actual need.

1.9.35.9. Confirm that all requested items are on the Department's approved inventory list and align with applicable funding

guidance. If an item is required but not listed, obtain Department approval prior to purchase to ensure compliance with grant requirements and funding limitations.

1.9.35.10. Document price quotes from three (3) Contractors for items over $250 to ensure cost-effectiveness.

1.9.35.11. Draft purchase requests with justification and submit to the Department for approval.

1.9.35.12. Retain written or email purchase approval records.

Volunteer Recruitment and Retention

1.9.36. The Contractor must maintain the capability to manage and deploy volunteers for small-scale incidents and provide support to the State during medium and large-scale public health emergencies. The Contractor must provide the following volunteer management services:

1.9.36.1. For each contract year, hold a minimum of twelve (12) volunteer engagement activities (one per month), which may include meetings, trainings, exercises, or response activities. Ensure at least 75% of active Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers attend 50% of engagement opportunities, and document outcomes within two (2) weeks of each session.

1.9.36.2. Maintain updated rosters of MRC and, if applicable, CERT volunteers.

1.9.36.3. Develop and publish an annual volunteer engagement calendar by July 30th each year, ensuring a variety of engagement activities to maintain volunteer interest.

1.9.36.4. Track volunteer participation in engagement activities.

1.9.36.5. Document outcomes based on pre- and post- knowledge evaluations and training feedback.

1.9.37. The Contractor must ensure all of active MRC and CERT (if applicable) volunteers are registered and credentialed in the Department-provided volunteer management system, by June 30th of each contract year, with quarterly audits conducted to verify accuracy and completeness of records. To meet this requirement, the Contractor must complete the following activities:

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1.9.37.1. Provide instruction or a brief orientation to volunteers on how to use the system.

1.9.37.2. Support the registration of new volunteers, ensuring they are registered in the system within fourteen (14) business days of orientation and that their accounts are complete.

1.9.37.3. Provide technical assistance for access and other system-related issues.

1.9.37.4. Conduct a baseline audit of all current volunteers to identify missing or incomplete accounts.

1.9.37.5. Send quarterly reminders to volunteers to review and update their profiles (e.g., contact info, licenses, certifications).

1.9.37.6. Before each exercise or real-world event, verify that assigned volunteers are fully registered and credentialed in the system.

1.9.37.7. Review records quarterly to ensure accuracy, completeness, and credential validity.

1.9.37.8. Verify that all active volunteers maintain all position-required credentials (e.g., clinical licenses, CPR certification), document compliance in the system, and follow-up with volunteers within 30 days of any expired or missing credentials.

1.9.37.9. Track and report progress toward the 100% registration and credentialing goal.

1.9.38. The Contractor must, by June 30th of each contract year, implement recruitment activities to expand the active MRC and CERT (if applicable) volunteer teams. To support this effort, the Contractor must complete the following activities:

1.9.38.1. Annually assess the type, quantity, and skillsets required of volunteers to meet program requirements.

1.9.38.2. Engage with the region's first responders (police, fire, emergency medical services) to augment workforces during an emergency.

1.9.38.3. Develop volunteer recruitment materials, with Department approval.

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1.9.38.4. Partner with local organizations to distribute recruitment materials.

1.9.38.5. Track recruitment using volunteer sign-up forms and entries in the volunteer management system.

1.9.38.6. Provide quarterly reports highlighting progress toward recruitment and retention deliverables.

1.9.38.7. Within the first 12 months, increase volunteer numbers by at least 25% compared to the current baseline.

1.9.38.8. In each subsequent contract year, increase the volunteer roster(s) by 5%.

1.9.38.9. Maintain a volunteer attrition rate of no more than 2.5% annually and report barriers to meeting this requirement to the Department.

1.9.38.10. Prioritize recruitment of clinical and healthcare-experienced individuals by conducting quarterly outreach events at healthcare facilities and schools, and community events.

1.9.39. The Contractor must offer to conduct exit surveys or interviews with all departing volunteers and:

1.9.39.1. Compile and analyze results on a quarterly basis and submit a summary report to the Department that includes identified trends and recommendations for program improvement.

1.9.39.2. Send the Department-provided exit survey to volunteers within five (5) business days of their departure.

1.9.39.3. Conduct follow-up phone interviews if no survey response is received.

1.9.39.4. Compile findings and submit a quarterly report to the Department, including the following key areas:

1.9.39.4.1. Number of volunteers who have resigned;

1.9.39.4.2. Reasons for leaving, highlighting positive and negative trends and recurring issues; and

1.9.39.4.3. Actionable recommendations for program improvement.

1.9.40. The Contractor must ensure that all volunteer applicants meet

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Department eligibility criteria and that required background checks are completed at the time of application and renewed a minimum of every three (3) years thereafter.

1.9.41. The Contractor must complete the following activities to ensure readiness of PHEP Volunteers for deployment upon a public health emergency event:

1.9.41.1. Maintain a current roster of volunteers trained in POD operations.

1.9.41.2. Activate volunteers upon request from the Department.

1.9.41.3. Complete JITT for volunteers as requested by the Department using Department-provided training materials.

1.9.41.4. Track and report volunteer hours.

1.9.42. The Contractor must deliver a Department-approved volunteer orientation program to all of new volunteers within two (2) months of onboarding that covers the PHEP program overview, volunteer utilization, training/exercise requirements, credentialing, participation standards, deployment processes, and organizational structure, including the following:

1.9.42.1.1. Host orientation sessions.

1.9.42.1.2. Maintain attendance and completion records.

1.9.42.1.3. Follow-up with volunteers who miss orientation deadlines.

1.9.42.1.4. Review and update orientation content annually to reflect program changes.

1.9.42.1.5. Maintain documentation of completion in the Department's volunteer management system (NH Responds).

1.9.42.1.6. Include the number of volunteers who completed orientation in the quarterly report.

1.9.43. The Contractor must conduct quarterly volunteer notification drills with 75% response rate for each contract year, including:

1.9.43.1. Sending notification messages via email, text message, or phone.

1.9.43.2. Recording response rates and address barriers to communication within 30 business days of identification.

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1.9.43.3. After each volunteer drill, notifying the Department if fewer than 50% of volunteers respond, and submitting a corrective action summary within 30 business days outlining identified barriers and strategies to improve volunteer responsiveness.

1.9.44. The Contractor must, from November through May of each contract year, facilitate participation of regional volunteers in the Department-led annual training series by promoting all training opportunities to all active volunteers. To achieve this requirement, the Contractor must:

1.9.44.1. Distribute the training calendar to all volunteers.

1.9.44.2. Issue training announcements and provide regular reminders to encourage participation.

1.9.45. The Contractor must, by June 30th of each contract year, provide volunteers with access to training for each of the following topics: Incident Command System (ICS) courses, inventory management, FAC, FRC, disaster sheltering, NEHC, open PODs, Responder Safety and Health, and other training topics as identified by the Department. To meet this requirement, the Contractor must:

1.9.45.1. Develop and publish a regional volunteer training schedule.

1.9.45.2. Recruit qualified instructors.

1.9.45.3. Manage registration and accurately record attendance.

1.9.45.4. Conduct post-training evaluations and compile results.

1.9.45.5. Maintain training records and submit quarterly participation summaries to the Department.

1.9.46. The Contractor must, by June 30, 2028, and every two (2) years thereafter, as requested by the Department, participate in Volunteer Training Needs Assessment (TNA), to include:

1.9.46.1. Providing formal feedback on survey content.

1.9.46.2. Promoting and encouraging participation in the state-led Volunteer Training Needs Assessment (TNA).

1.9.46.3. Reviewing survey results and updating the regional IPP and volunteer training calendar accordingly.

1.9.46.4. Publishing the updated IPP and volunteer training calendar to address identified gaps.

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1.9.47. The Contractor must require all volunteers activated to attend, Just-in-Time Training (JITT), in collaboration with the Department, prior to deployment, for every emergency response, ensuring all assigned volunteers complete the training, which includes:

1.9.47.1. Preparing JITT modules for PODs, disaster shelters, FAC/FRC, NEHC, and AHS using Department-provided templates.

1.9.47.2. Providing JITT immediately prior to deployment.

1.9.47.3. Tracking volunteer completion of JITT training.

1.9.47.4. Updating JITT training as needed and communicating changes promptly to all volunteers.

1.9.48. The Contractor must, by June 30th of each contract year, conduct at least one (1) annual volunteer exercise (drill, discussion-based, functional, or full-scale) in addition to call-down drill and POD exercise requirements, focusing on disaster sheltering, FAC/FRC operations, or medical surge responses, ensuring participation from at least 75% of active volunteers. To ensure accountability and continuous improvement, the Contractor must complete the following actions after each exercise:

1.9.48.1. Within 60 business days of each exercise, complete all the following required after-action processes:

1.9.48.1.1. Conduct a debriefing immediately following the exercise.

1.9.48.1.2. Hold at least one (1) after-action meeting with volunteers and stakeholders for each exercise conducted.

1.9.48.1.3. Develop and submit an After-Action Report/Improvement Plan (AAR/IP) to the Department within 90 business days of the exercise, documenting objectives, strengths, areas for improvement, and corrective actions.

1.9.48.1.4. Track corrective actions and verify implementation of improvements.

1.9.48.1.5. Incorporate lessons learned into future training and exercises.

Volunteer Health, Safety, and Resilience

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1.9.49. The Contractor must, by June 30th of each contract year and in coordination with the Department, implement and maintain a standardized process to track and monitor the health and safety of all volunteers before, during, and after deployments, to include:

1.9.49.1. Distributing a pre-deployment health checklist and require volunteers to complete it prior to deployment.

1.9.49.2. Requiring volunteers to provide proof of required vaccinations prior to deployment, when applicable.

1.9.49.3. Delivering incident-specific safety briefings and reminders at volunteer check-in.

1.9.49.4. Conducting wellness check-ins at regular intervals during operations.

1.9.49.5. Tracking hours worked to prevent fatigue and enforce rest breaks during active work hours.

1.9.49.6. Developing standards and procedures to ensure adequate time off between deployment shifts.

1.9.49.7. Documenting any incidents, injuries, or exposures immediately upon occurrence and reporting them to the Department.

1.9.49.8. Developing plans and protocols for managing occupational health exposures and injuries as directed by the Department and aligned with the Department's medical direction program.

1.9.49.9. Collecting post-deployment health surveys and solicit feedback on health and safety concerns to inform future responses.

1.9.49.10. Maintaining health and safety records related to deployments for all deployed volunteers in the Department-provided system.

1.9.49.11. Submitting summary reports with de-identified data to the Department within thirty (30) calendar days of each deployment.

1.9.49.12. Tracking trends in health and safety issues and recommend opportunities for program improvement.

1.9.49.13. Offering annual training on responder health and safety, including stress management, resilience, and self-care practices.

1.9.49.14. Ensuring compliance with all Department-issued health and safety guidance during public health incidents and emergencies by distributing updated guidance to volunteers within 24 hours of receipt and incorporating requirements into pre-deployment briefings.

1.9.49.15. Increasing volunteer awareness and access to mental health and resiliency resources, including community programs, behavioral health services, critical incident stress management, peer support, and the 9-8-8 crisis line, by distributing resource information annually and after every deployment through at least two (2) distinct communication channels (e.g., email, trainings, newsletters).

1.9.50. The Contractor must attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.9.51. The Contractor must attend a minimum of two (2) trainings per year offered by Department's training programs on topics relevant to this scope of work.

1.9.52. The Contractor must provide PHEP with a technical assistance needs assessment report in a format approved in advance by the Department, and update this report on an ongoing basis to ensure it reflects current needs and priorities.

Public Health Emergency Preparedness Reporting

1.9.53. The Contractor must complete quarterly and annual reports that include progress toward meeting the program services outlined in this Agreement including activities identified in the Department-approved annual Work Plan, including but not limited to:

1.9.53.1. Response plan updates, including:

1.9.53.1.1. Indicating completion of biennial RPHEA Base Plan update and uploading the plan to the Department's SharePoint site by required deadlines (annual reporting requirement).

1.9.53.1.2. Indicating completion of annual RPHEA Annexes and Attachments updates (i.e. Critical Contact Sheets, etc.) and uploading the updated documents to the Department's SharePoint site (annual reporting requirement).

1.9.53.2. Delivery of training sessions for partners, volunteers, and the public, to include:

1.9.53.2.1. Number and topic of training sessions delivered quarterly (quarterly reporting requirement).

1.9.53.2.2. The number of people trained by type (partner, volunteers, and public), quarterly (quarterly reporting requirement).

1.9.53.2.3. Training sessions rating summaries based on post-training evaluations, quarterly (quarterly reporting requirement).

1.9.53.3. Coordination and delivery of required exercises, including:

1.9.53.3.1. Number and types of exercises conducted quarterly (quarterly reporting requirement).

1.9.53.3.2. Submit After-Action Reports and Improvement Plans (AAR/IPs) utilizing Federal Emergency Management Agency's (FEMA) template, written as a result of an exercise or real-world event, to the Department within 60 calendar days of the event.

1.9.53.3.3. Number of improvement items identified and closed within three (3), six (6), nine (9), and twelve (12) months (annual reporting requirement).

1.9.53.4. Regional partner engagement.

1.9.53.5. Document outcomes of PHEP Committee meetings held at least every two (2) months (annual reporting requirement).

1.9.53.6. Identify which sectors have been invited to participate but do not participate, including providing details if targeted sector participation is not achieved, and document what corrective action items are implemented (annual reporting requirement).

Response Capacity Reporting Requirements

1.9.54. For Closed POD agreements, the Contractor must provide an annual list of participating and non-participating entities, organized by target sectors (healthcare entities, educational institutions, first responder agencies, and other organizations). The list must also document each entity's eligibility to

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serve as a Closed POD and indicate whether the entity currently has the capacity and capability to do so (annual reporting requirement).

1.9.54.1. An annual inventory of all regional assets, including reporting on supply distribution rates (annual reporting requirement).

1.9.54.2. Equipment deficiencies and corrective actions open and closed within three (3), six (6), nine (9), and twelve (12) months, as needed (quarterly reporting requirement).

1.9.54.3. Trailer agreements renewals are to be uploaded by June 30th of each contract year to the Department's SharePoint site (annual reporting requirement).

Volunteer Management Reporting Requirements

1.9.55. The Contractor must prepare an annual volunteer recruitment and retention report that clearly indicates whether recruitment targets have been met (annual reporting requirement), to include:

1.9.55.1. Identification and summary of volunteer recruitment activities conducted by the RPHN.

1.9.55.2. Identification and summary of volunteer retention activities conducted by the RPHN.

1.9.55.3. Total number and percentages of volunteers recruited, retained, and separated.

1.9.55.4. Corrective action plan developed by the Contractor if 25% recruitment (and 5% every year thereafter) is not achieved.

1.9.55.5. Skills set analysis to identify strengths and gaps in volunteer capacity based on response requirements.

1.9.55.6. Strategies implemented to improve retention and engagement.

1.9.55.7. Records of volunteer attrition, including reason for separation (e.g., relocation, loss of interest, credential lapses).

1.9.55.8. Percent of volunteers who are deployment ready (annual reporting requirement), including:

1.9.55.8.1. The percentage of volunteers registered and credentialed in NH Responds.

1.9.55.8.2. The percentage of volunteers who have completed background checks and other onboarding steps (e.g. orientation).

1.9.55.8.3. The percentage of volunteers with verified licenses.

1.9.55.8.4. The percentage of volunteers who have completed training requirements for shelter, POD, AHS, NEHC, FAC/FRC operations.

Responder Safety and Health Reporting Requirements

1.9.56. The Contractor must:

1.9.56.1. Prepare and submit an annual summary of responder safety and health monitoring activities.

1.9.56.2. Report promptly on any incidents, exposures, or injuries that occur during responses, drills, or exercises, as needed.

1.9.57. The Contractor may be required to provide other data and metrics to the Department in a format specified by the Department.

1.9.58. The Contractor must submit all reports electronically through a secure depository system approved or directed by the Department by the established deadlines within this Agreement.

2. Background Checks

2.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:

2.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;

2.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

2.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

2.2. Confidential Data

2.2.1. 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.

2.2.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with

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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.

2.3. Privacy Impact Assessment

2.3.1. 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:

2.3.1.1. How PII is gathered and stored;

2.3.1.2. Who will have access to PII;

2.3.1.3. How PII will be used in the system;

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

2.3.1.5. Privacy practices.

2.3.2. 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.

2.4. Department Owned Devices, Systems and Network Usage

2.4.1. Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfilment of this Agreement, must:

2.4.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures and guidelines, and complete applicable trainings as required;

2.4.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden

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including, but not limited, to personal or other private and non-Department use, and that at no time must they access or attempt to access information without having the express authority of the Department to do so;

2.4.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

2.4.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

2.4.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;

2.4.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;

2.4.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "Department-funded email systems."

2.4.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and

2.4.1.9. Agree when utilizing the Department's email system:

To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".

2.4.1.9.1. Include in the signature lines information identifying the End User as a non-Department workforce member; and

2.4.1.9.2. Ensure the following confidentiality notice is embedded underneath the signature line:

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CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

2.4.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

2.4.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

2.4.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

2.4.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

2.4.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

2.4.1.12. Contractor agrees to notify the Department a minimum of three (3) business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees to

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notify the Department's Information Security Office or designee immediately.

2.5. Contract End-of-Life Transition Services

2.5.1. General Requirements

2.5.1.1. 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 Department must provide the DTP template to the Contractor.

2.5.1.2. 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.

2.5.1.3. If a system, portal, 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.

2.5.1.4. The internal planning of the Transition Services by the Contractor and its End Users must be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Agreement.

2.5.1.5. 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.

2.5.1.6. 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.

2.5.2. Completion of Transition Services

2.5.2.1. Each service or transition phase must 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.

2.5.2.2. 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.

2.5.3. Disagreement over Transition Services Results

2.5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department must notify the Contractor, in writing, stating the reason for the lack of

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satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties must discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department must be entitled to initiate actions in accordance with the Agreement.

2.6. Website and Social Media

2.6.1. The Contractor must provide a website approved by the Department to disseminate RPHN program information and public health resources to the public and agency partners, which includes information on the PHAC, Community Health Improvement Plan (CHIP), Substance Misuse Prevention Coordinator(SMPC), CoC facilitation, and PHEP programs.

2.6.2. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

2.6.3. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

2.7. State of New Hampshire's Website Copyright

2.7.1. All right, title and interest in the State WWW site, including copyright to all data and information, must remain with the State of New Hampshire. The State of New Hampshire must also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information must, where applicable, display the State of New Hampshire's copyright.

3. Exhibits Incorporated

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3.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

3.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.

3.3. 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 F, Business Associate Agreement, which has been executed by the parties.

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

4.2.1. The Contractor must submit:

4.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

4.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors); and

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

4.3. Credits and Copyright Ownership

4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "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."

4.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

4.3.3. 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.

4.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

4.4. Operation of Facilities: Compliance with Laws and Regulations

4.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire

Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

5. Records

5.1. The Contractor must keep records that include, but are not limited to:

5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to 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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

5.1.4. Medical records on each patient/recipient of services.

5.2. 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.

5.3. 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.

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Payment Terms

1. This Agreement is funded by:
   1.1. 84% Federal funds, including:
      1.1.1. Preventative Health Block Grant, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.991, FAIN # NB01OT009381, and
      1.1.2. Public Health Emergency Preparedness, as awarded on TBD, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.069, FAIN # NU90TU000009, and
      1.1.3. Substance Use Prevention, Treatment, and Recovery Block Grant,
      as awarded on January 28, 2026, by the US Department of Health and Human Services, ALN # 93.959, FAIN # B08TI088484,and
      1.1.4. Strengthening NH Public Health Infrastructure, Workforce, and Data Systems, as awarded on 11/29/2022, by the Centers for Disease Control, Department of Health and Human Services, ALN # 93.967; FAIN # NE11OE000077.
   1.2. 16% 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 Agreement as NON-R&D, in accordance with 2 CFR §200.332.
   2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual paid allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-2.
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 of allowable costs, labeled by budgeted line item with each invoice that may include, but are not limited

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to, timesheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

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 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 only upon receipt and approval of the submitted invoice and required supporting documentation.

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.

7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

8.1.3. Condition C - The Contractor is a public company and required by Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to 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.

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8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. 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.

8.5. 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 shall 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.

9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

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Exhibit C-1, Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	*Partnership for Public Health, Inc.*
Budget Request for:(Pull-down)	Winnipesaukee
Budget Period(Pull-down):	SFY 2027 (7/1/26-6/30/2027)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$17,333	$59,505	$0	$6,170	$71,130
2. Fringe Benefits	$2,773	$5,421	$0	$374	$12,892
3. Consultants	$839	$2,293	$0	$321	$2,289
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	$0	$0
5.(a) Supplies - Educational	$500	$300	$2,500	$100	$3,481
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$300	$500	$0	$100	$4,406
7. Software	$75	$242	$0	$34	$334
8. (a) Other - Marketing/Communications	$750	$400	$750	$78	$1,661
8. (b) Other - Education and Training	$500	$100	$602	$0	$2,708
8. (c) Other - Other (Office Supplies)	$299	$1,000	$0	$23	$2,073
Other (Advertising)	$0	$0	$0	$0	$0
Other (Current Expenses)	$1,261	$2,102	$0	$865	$4,107
Other (Occupancy)	$1,457	$3,572	$0	$631	$6,423
Other ( )	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$26,087	$75,435	$3,852	$8,696	$111,504
Total Indirect Costs	$3,913	$11,315	$578	$1,304	$16,726
Subtotals	**$30,000**	**$86,750**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$259,410**

Contractor Initials Initial

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Exhibit C-2, Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	*Partnership for Public Health, Inc.*
Budget Request for:(Pull-down)	Winnipesaukee
Budget Period(Pull-down):	SFY 2028 (7/1/27-6/30/2028)
Average Indirect Cost Rate (if applicable)	15%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Substance Misuse	Volunteer Management	Continuum of Care Facilitation
1. Salary & Wages	$17,333	$59,505	$0	$6,170	$71,130
2. Fringe Benefits	$2,773	$5,421	$0	$374	$12,892
3. Consultants	$839	$2,293	$0	$321	$2,289
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	$0	$0
5.(a) Supplies - Educational	$500	$300	$2,500	$100	$3,481
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
6. Travel	$300	$500	$0	$100	$4,406
7. Software	$75	$242	$0	$34	$334
8. (a) Other - Marketing/Communications	$750	$400	$750	$78	$1,661
8. (b) Other - Education and Training	$500	$100	$602	$0	$2,708
8. (c) Other - Other (Office Supplies)	$299	$1,000	$0	$23	$2,073
Other (Advertising)	$0	$0	$0	$0	$0
Other (Current Expenses)	$1,261	$2,102	$0	$865	$4,107
Other (Occupancy)	$1,457	$3,572	$0	$631	$6,423
Other (Recruitment)	$0	$0	$0	$0	$0
Other ( )	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0
Total Direct Costs	$26,087	$75,435	$3,852	$8,696	$111,504
Total Indirect Costs	$3,913	$11,315	$578	$1,304	$16,726
Subtotals	**$30,000**	**$86,750**	**$4,430**	**$10,000**	**$128,230**
				TOTAL	**$259,410**

Contractor Initials Initial

Date 5/15/2026

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New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub- contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

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

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1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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

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

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SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see https://omb.report/icr/201009-0348-022/doc/20388401

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context.

6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) https://www.ecfr.gov/current/title-22/chapter-V/part-513.

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9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).

14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

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

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SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

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SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

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FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: D46WFKRS8NR5

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

   _____NO _____X_____YES

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

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

   _____NO _____X_____YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Partnership for Public Health, Inc.

5/13/2026
_____
Date:

Signed by:
Tamera Carmichael
2AFAC13B91B2423...
_____
Name: Tamera Carmichael
Title: CEO

Initial
TC

New Hampshire Department of Health and Human Services

Exhibit E

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 Initial

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.

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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.

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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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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.).

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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

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/doit/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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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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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

Docusign Envelope ID: 316B70B5-E3A7-89AF-8187-BCD32A898415

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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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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

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 in

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 used,

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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	Partnership for Public Health, Inc.
The State	Name of the Contractor
DocuSigned by: Iain Watt B778BB83F9704C7...	Signed by: Tamera Carmichael 2AFAC13B91B2423...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Tamera Carmichael
Name of Authorized Representative	Name of Authorized Representative
Director - DPH	CEO
Title of Authorized Representative	Title of Authorized Representative
5/29/2026	5/29/2026
Date	Date

Initial TC

Contractor Initials

Date 5/29/2026

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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 PARTNERSHIP FOR PUBLIC HEALTH, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 21, 2005. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **534847**
Certificate Number: **0007663959**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of January A.D. 2026.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Margaret Franckhauser, 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 Partnership for Public Health, 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 October 22, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Tamera Carmichael, CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Partnership for Public Health, 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: 5/13/2021

Margaret Franckhauser

Signature of Elected Officer

Name: Margaret Franckhauser

Title: Board President

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/13/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Eleanor Spinazzola	
E & S Insurance Services LLC	PHONE (A/C, No, Ext): (603) 293-2791	FAX (A/C, No): (603) 293-7188
21 Meadowbrook Lane	E-MAIL ADDRESS: Eleanor@esinsurance.net	
P O Box 7425	INSURER(S) AFFORDING COVERAGE	NAIC #
Gilford NH 03247-7425	INSURER A : Great American Insurance Group	GAIG
INSURED	INSURER B : Sequoia Insurance Company	22985
Partnership for Public Health, Inc.	INSURER C :	
11 Academy Square	INSURER D :	
	INSURER E :	
Laconia NH 03246	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 2026 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			MAC 5601104 02	03/10/2026	03/10/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Professional Liability-	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						~~COMBINED~~ SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			UMB 5601105 02	03/10/2026	03/10/2027	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		QWS1503103	01/01/2026	01/01/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of NH Department of Health & Human Sesrvices
129 Pleasant Street
Concord NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Fairley Kennedy

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NONPROFIT COVER SHEET

A. Entity Name: Partnership for Public Health, Inc.

B. Entity's Contact Information:

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

Name / Phone / Email: Tracey Pratt 603-528-2145 tpratt@pphnh.org

Person responsible for Accuracy and Completeness of information provided:
Name: Tamera Carmichael Title: CEO
Signature: _____

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Margaret Franckhauser (President)	Retired ARNP, JSI, local community member
Jessica Morton (Vice-President)	DHHS, Bureau of Prevention and Wellness
Lori Nash (Treasurer)	Granite VNA
Mark Waldner (Secretary)	Attorney, Cleveland, Waters, and Bass P. A.
Gwen Whitney-Gill	Concord Hospital Health System
Tim Joubert	Laconia Fire Department
Alicia Jipson	Belmont Town Administrator
Ken Sawyer	Franklin Savings Bank
Gina McGuire	Retired Registered Nurse, Bod Squad Owner

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

Name	Role	Annual Salary	Amount Paid From This Contract
Tamera Carmichael	CEO	$125290.00	$6,280.00
Courtney DeVost	COO	$104998.00	$5,250.00
Emma Petersen	Public Health Programs Administrator	$62,400.00	$6,240.00
Jonathan Lile-Sexton	Director of Communication	$60,008.00	$6001.00
Heather Stanley	PHEP Manager	$54,080.00	$54,080.00
Josua Ritson	Prevention Manager	$53,040.00	$53,040.00
Tessa Donahue	Community Engagement Coordinator	$43,680.00	$21,840.00

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

E. Check one of the following:

[X] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

34993	Partnership for Education Advancement Inc.	499 Park Avenue, Floor 27	New York	NY	10022	X	5/15/2025
16343	Partnership for Public Health, Inc.	11 Academy Square	Laconia	NH	03246	G	5/15/2026

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FINANCIAL DISCLOSURES

G. Check one the following:

[X] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**

[ ] The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**

[ ] ***If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization's most recently completed fiscal year:

1. INCOME STATEMENT

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

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2. BALANCE SHEET

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

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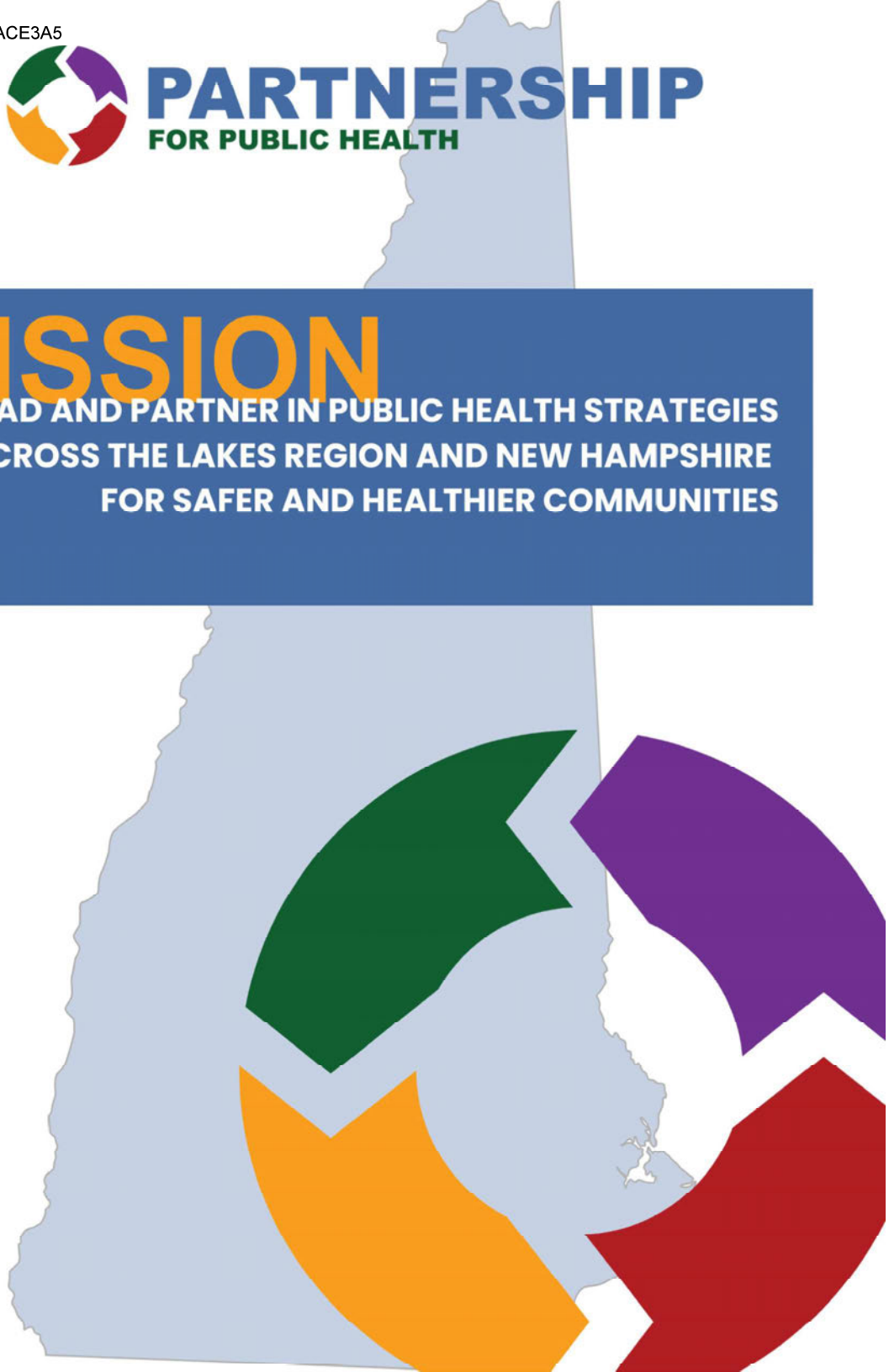
PARTNERSHIP
FOR PUBLIC HEALTH

MISSION

TO LEAD AND PARTNER IN PUBLIC HEALTH STRATEGIES ACROSS THE LAKES REGION AND NEW HAMPSHIRE FOR SAFER AND HEALTHIER COMMUNITIES



Partnership for Public Health, Inc. and Affiliate
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)

Consolidated Financial Statements

With Schedule of Expenditures of Federal Awards

June 30, 2024 and 2023

and

Independent Auditor's Report

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Schedule of Findings and Questioned Costs

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(FORMERLY KNOWN AS *LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.*)
FINANCIAL STATEMENTS
June 30, 2024 and 2023

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VACHON CLUKAY & COMPANY PC

CERTIFIED PUBLIC ACCOUNTANTS
608 Chestnut Street • Manchester, New Hampshire 03104
(603) 622-7070 • Fax: (603) 622-1452 • www.vachonclukay.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Partnership for Public Health, Inc. and Affiliate
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Partnership for Public Health, Inc. (a nonprofit organization) and Affiliate, which comprise the consolidated statements of financial position as of June 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 consolidated financial statements.

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of Partnership for Public Health, Inc. and Affiliate as of June 30, 2024 and 2023, and the changes in their net assets and their 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 audits 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. 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 Partnership for Public Health, Inc. and Affiliate and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. 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 Partnership for Public Health, Inc. and Affiliate's ability to continue as a going concern within one year after the date that the consolidated 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 generally accepted auditing standards 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 generally accepted auditing standards 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 consolidated 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 Partnership for Public Health Inc. and Affiliate'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 Partnership for Public Health, Inc. and Affiliate'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 audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating statements and 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,* are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 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, including 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 auditing standards generally accepted in the United States of America. In our opinion, the consolidating statements and schedule of expenditures of federal awards are 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 August 18, 2025, on our consideration of Partnership for Public Health, Inc. and Affiliate'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 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 Partnership for Public Health, Inc. and Affiliate'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 Partnership for Public Health, Inc. and Affiliate's internal control over financial reporting and compliance.

Vachon Clukay & Company PC

Manchester, New Hampshire
August 18, 2025

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Consolidated Statements of Financial Position
June 30, 2024 and 2023

	2024	2023
ASSETS		
CURRENT ASSETS:		
Cash	$ 349,505	$ 299,709
Cash, restricted	237,466	342,365
Accounts receivable	23,506	14,382
Grants and contracts receivable	624,714	424,762
Prepaid expenses	9,783	14,248
TOTAL CURRENT ASSETS	1,244,974	1,095,466
PROPERTY AND EQUIPMENT:		
Buildings	687,466	-
Leasehold improvements	4,561	4,561
Furniture and equipment	23,010	23,010
	715,037	27,571
Less accumulated depreciation	(30,922)	(20,623)
PROPERTY AND EQUIPMENT, NET	684,115	6,948
OTHER NONCURRENT ASSETS:		
Investments	100,390	445,875
Deposit	2,981	8,481
TOTAL OTHER NONCURRENT ASSETS	103,371	454,356
TOTAL ASSETS	$ 2,032,460	$ 1,556,770
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	$ 64,830	$ 30,628
Accrued payroll	15,421	25,104
Accrued compensated absences	32,769	39,087
Accrued other expenses	24,773	25,104
Refundable advances from grantors	10,008	46,563
Current portion of mortgage note payable	8,951	-
Fiduciary funds	-	2,120
TOTAL CURRENT LIABILITIES	156,752	166,073
NONCURRENT LIABILITIES:		
Mortgage note payable, less current portion	527,712	-
TOTAL NONCURRENT LIABILITIES	527,712	-
TOTAL LIABILITIES	684,464	166,073
NET ASSETS:		
Without donor restrictions:		
Undesignated	1,111,018	1,041,056
With donor restrictions:		
Purpose restrictions	236,978	349,641
TOTAL NET ASSETS	1,347,996	1,390,697
TOTAL LIABILITIES AND NET ASSETS	$ 2,032,460	$ 1,556,770

See notes to consolidated financial statements

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Consolidated Statements of Activities
For the Years Ended June 30, 2024 and 2023

	2024	2023
CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS		
SUPPORT AND REVENUE:		
Contributions	$ 158,260	$ 332,761
In-kind support	39,912	42,125
Government funds	1,549,503	1,162,874
Program service fees - agent	92,180	78,640
Miscellaneous income	44,302	9,360
Interest income	23,621	6,501
Employee Retention Credit	-	452,436
Net assets released from donor restrictions	158,624	198,438
TOTAL SUPPORT AND REVENUE WITHOUT DONOR RESTRICTIONS	2,066,402	2,283,135
EXPENSES:		
Program services	1,726,605	1,599,799
Management and general	269,835	261,954
TOTAL EXPENSES	1,996,440	1,861,753
INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS	69,962	421,382
CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS		
Contributions	45,936	23,356
Government funds	-	350,000
Miscellaneous income	25	-
Net assets released from donor restrictions	(158,624)	(198,438)
INCREASE (DECREASE) IN NET ASSETS WITH DONOR RESTRICTIONS	(112,663)	174,918
CHANGE IN NET ASSETS	(42,701)	596,300
NET ASSETS, JULY 1	1,390,697	794,397
NET ASSETS, JUNE 30	$ 1,347,996	$ 1,390,697

See notes to consolidated financial statements

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Consolidated Statement of Functional Expenses
For the Year Ended June 30, 2024

	Program Services	Management and General	Total Expenses
SALARIES AND RELATED EXPENSES:			
Salaries	$ 954,694	$ 60,162	$ 1,014,856
Employee benefits	74,884	13,617	88,501
Payroll taxes	59,485	16,355	75,840
	1,089,063	90,134	1,179,197
OTHER EXPENSES:			
Contract services	78,369	58,136	136,505
Contract and grant subcontractors	225,894	14,475	240,369
Insurance	15,416	815	16,231
Occupancy	107,053	18,951	126,004
Operations	29,105	4,823	33,928
Supplies	132,922	37,960	170,882
Travel and meetings	37,419	5,710	43,129
Miscellaneous	11,364	12,610	23,974
Depreciation	-	10,299	10,299
Interest expense	-	15,922	15,922
Total Expenses	$ 1,726,605	$ 269,835	$ 1,996,440

PARTNERSHIP FOR PUBLIC HEALTH, INC.
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Statement of Functional Expenses
For the Year Ended June 30, 2023

	Program Services	Management and General	Total Expenses
SALARIES AND RELATED EXPENSES:			
Salaries	$ 883,328	$ 93,660	$ 976,988
Employee benefits	84,143	19,389	103,532
Payroll taxes	60,008	14,592	74,600
	1,027,479	127,641	1,155,120
OTHER EXPENSES:			
Contract services	57,759	57,977	115,736
Contract and grant subcontractors	153,767	19,767	173,534
Insurance	12,510	-	12,510
Occupancy	79,173	21,802	100,975
Operations	30,412	12,321	42,733
Supplies	169,559	12,675	182,234
Travel and meetings	58,562	5,354	63,916
Miscellaneous	10,578	2,621	13,199
Depreciation	-	1,796	1,796
Total Expenses	$ 1,599,799	$ 261,954	$ 1,861,753

See notes to consolidated financial statements

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Consolidated Statements of Cash Flows
For the Years Ended June 30, 2024 and 2023

	2024	2023
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ (42,701)	$ 596,300
Adjustments to Reconcile Change in Net Assets to Net Cash Provided (Used) by Operating Activities:		
Depreciation	10,299	1,796
Change in assets and liabilities:		
Accounts receivable	(23,506)	(1,685)
Grants and contracts receivable	(185,570)	(82,252)
Prepaid expenses	4,465	(895)
Deposit	5,500	(5,500)
Accounts payable	34,202	(10,289)
Accrued payroll	(7,150)	(33,783)
Accrued compensated absences	(6,318)	10,516
Accrued other expenses	(331)	(2,622)
Refundable advances from grantors	(36,555)	19,713
Fiduciary funds	(2,120)	-
Net Cash Provided (Used) by Operating Activities	(249,785)	491,299
CASH FLOWS FROM INVESTING ACTIVITIES		
Redemption of investments	360,879	-
Purchases of investments	(15,394)	(368,459)
Purchases of property and equipment	(687,466)	(8,500)
Net Cash Used for Investing Activities	(341,981)	(376,959)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from mortgage payable	540,000	-
Payment of mortgage payable	(3,337)	-
Net Cash Provided for Financing Activities	536,663	-
NET INCREASE (DECREASE) IN CASH AND EQUIVALENTS	(55,103)	114,340
CASH AND EQUIVALENTS, July 1	642,074	527,734
CASH AND EQUIVALENTS, June 30	$ 586,971	$ 642,074
Supplemental Disclosures of Cash Flow Information:		
Cash paid for interest	$ 15,922	$ -

See notes to consolidated financial statements

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
For the Years Ended June 30, 2024 and 2023

NOTE 1—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Nature of Activities

Partnership for Public Health, Inc., formerly known as Lakes Region Partnership for Public Health, Inc., (the Entity) was organized on May 21, 2005 to improve the health and well-being of the Lakes Region through inter-organizational collaboration and community and public health improvement activities. The Entity serves to connect and lead a village of partners who educate, empower, and collaborate on health and wellness initiatives to make our communities healthier, stronger, and safer.

Affiliate

In January 2024, the Entity established Partnership Properties, Inc. (the Affiliate), a non-profit corporation, for the purpose of acquiring a building located in Laconia, New Hampshire. The Affiliate holds title to the property and collects income from the rental of the building.

Consolidated Financial Statements

The consolidated financial statements include the accounts and activities of the Entity and its Affiliate. The entities are directed by the same board of directors and management. All inter-entity balances and activities have been eliminated for the consolidated financial statement preparation.

Accounting Policies

The accounting policies of the Partnership for Public Health, Inc. and Affiliate conform to accounting principles generally accepted in the United States of America as applicable to nonprofit entities except as indicated hereafter. The following is a summary of significant accounting policies.

Basis of Accounting

The consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis of Presentation

The consolidated financial statements have been prepared in accordance with the reporting pronouncements pertaining to Not-for-Profit Entities included within the FASB Accounting Standards Codification. The Entity is required to report information regarding its financial position and activities according to the following net asset classifications:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor or certain grantor restrictions. These net assets may be used at the discretion of management and the Entity's Board of Directors.

Net Assets With Donor Restrictions – Net assets subject to donor or certain grantor imposed restrictions. Some donor imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Recognition of Contributions and Donor Restrictions

Contributions are recognized when the donor makes a promise to give to the Entity that is, in substance, unconditional. The Entity reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and other cash accounts with a maturity of 90 days or less. For purposes of the statements of cash flows, cash and cash equivalents consist of the following:

	2024	2023
As presented on the Statements of Financial Position -		
Cash	$ 349,505	$ 299,709
Cash, restricted	237,466	342,365
	$ 586,971	$ 642,074

Restricted Cash

Restricted cash consists of advanced funding received from the State of New Hampshire for the Integrated Delivery Network (IDN), donor restricted contributions, and fiduciary funds held.

Accounts Receivable

Accounts receivable consists primarily of noninterest-bearing amounts due for services and programs. The allowance for credit losses is based on historical experience, and assessment of economic conditions, and a review of subsequent collections. Accounts receivable are written off when deemed uncollectable. Management has determined that no allowance is necessary.

Grants and Contracts Receivable

Grants and contracts receivable, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Amounts recorded as grants and contracts receivable represent cost-reimbursable contracts and grants, which the incurrence of allowable qualifying expenses and/or the performance of certain requirements

have been met or performed. The allowance for uncollectible grants and contracts receivable is based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Management has determined that no allowance is necessary.

Property and Equipment

Property and equipment are recorded at cost for purchased items and at fair value for donated items as of the date of donation. The Entity's policy is to capitalize expenditures for equipment and major improvements and to charge to operations currently for expenditures which do not extend the lives of related assets in the period incurred. Depreciation is computed using the straight-line method at rates intended to amortize the cost of related assets over their estimated useful lives as follows:

	Years
Buildings	40
Leasehold improvements	10-15
Furniture and equipment	5-15

Investments

Investments, which consist solely of certificates of deposit with terms of 12 to 13 months, are carried at amortized cost which approximates fair value at June 30, 2024 and 2023. Net investment return/(loss) is reported in the statements of activities and consists of interest income.

Accrued Earned Time

Employees of the Entity working full-time, and part-time employees working at least 20 hours per week, are entitled to paid time off (PTO). PTO is earned from the first day of work. A maximum of 160 hours can be earned based on years of service while 80 hours can be carried over and accumulated to the next year. Accumulated PTO is payable upon termination of employment with proper notice. The Entity accrues accumulated PTO wages accordingly and reports the compensated absences liability on the statements of financial position.

Leases

The Entity leases office space from a related party under common control, Partnership Properties, Inc. (Affiliate) The determination of whether an arrangement is a lease is made at the lease's inception. Under ASC 842, a contract is (or contains) a lease if it conveys the right to control the use of an identified asset for a period of time in exchange for consideration. Control is defined under the standard as having both the right to obtain substantially all of the economic benefits from use of the asset and the right to direct the use of the asset. Management only reassesses its determination if the terms and conditions of the contract are changed.

Operating leases are included in operating lease right-of-use (ROU) assets and an operating lease liability on the consolidating statement of financial position and are eliminated for the consolidated statements of financial position for Partnership of Public Health, Inc. and Affiliate.

ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments. Operating lease ROU assets and liabilities are recognized at the lease commencement date based on the present value of the future minimum lease payments over the lease term. The operating lease did not provide an implicit interest rate; therefore, the Entity has elected to use its incremental borrowing rate based on the information available at the lease commencement date in determining the present value of the lease payments. Lease expense for operating lease payments is recognized on a straight-line basis over the lease term.

The Entity has elected the package of practical expedients permitted under the transition guidance within the standard, which among other things, allows it to carry forward the historical lease classification. The Entity has elected the short-term lease recognition exemption for all leases that qualify. Consequently, for leases that quality, the Entity will not recognize right-of-use assets or lease liabilities on the statement of financial position.

Revenue and Revenue Recognition

The Entity recognizes contributions, donations, and miscellaneous revenue when cash is received. Conditional promises to give, that is, those with a measurable performance or other barrier and a right of return, are not recognized until the conditions on which they depend have been met.

A portion of the Entity's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized when the Entity has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the consolidated statements of financial position. The Entity received cost-reimbursable grants of $10,008 and $46,563 that have not been recognized at June 30, 2024 and 2023, respectively, because qualifying expenditures have not yet been incurred.

The Entity recognizes revenue from program service fees (agent fees) when the related goods or services are provided.

Recognition of Contributed Nonfinancial Assets

Contributed nonfinancial assets include donated professional services, donated facilities, supplies and equipment which are recorded at the respective fair values of the goods or services received (Note 12).

The Entity receives significant volunteer time and efforts. The value of these volunteer efforts, while critical to the success of its mission, is not reflected in the consolidated financial statements since it does not meet the criteria necessary for recognition according to generally accepted accounting principles.

Credit Losses

The Entity uses the allowance method for accounting for credit losses. The allowance for uncollectable receivables is based on historical experience, an assessment of economic conditions, and a review of subsequent collections. No allowance for credit losses has been recorded as of June 30, 2024 and 2023, because management of the Entity believes that all outstanding receivables are fully collectible.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Advertising Costs

Advertising costs are expensed as incurred and are reported in the consolidated statement of activities and statement of functional expenses. For the years ended June 30, 2024 and 2023, advertising expense was $107,349 and $95,779, respectively.

Functional Allocation of Expenses

The costs of program and supporting services activities have been summarized on a functional basis in the consolidated statements of activities. The consolidated statements of functional expenses present the natural classification detail of expenses by function.

The consolidated financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Accordingly, certain indirect costs have been allocated among the programs and supporting services benefited, based primarily on percentage allocations calculated based on hours worked (time and effort). The expenses that are allocated include salaries, payroll taxes, employee benefits, office supplies, fundraising, operations, and insurance, which are all allocated on the basis of time and effort, as noted previously. In addition, there are some indirect costs which are allocated based on square footage or as a percentage of total expenses.

Fair Value of Financial Instruments

Cash and cash equivalents, investments, accounts receivable, grants and contracts receivable, accounts payable and accrued expenses are carried in the financial statements at amounts which approximate fair value due to the inherently short-term nature of the transactions. The fair values determined for financial instruments are estimates, which for certain accounts may differ significantly from the amounts that could be realized upon immediate liquidation.

Income Taxes

The Entity and its Affiliate are exempt from Federal income taxes under Section 501(c)(3) and Section 501(c)(2), respectively, of the Internal Revenue Code and is also exempt from State of New Hampshire income taxes and, therefore, have made no provision for Federal or State income taxes. In addition, the Entity and its Affiliate have been determined by the Internal Revenue Service not to be a "Private Foundation" within the meaning of Section 509(a) of the Code. The Entity and its Affiliate are annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Entity is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose.

FASB Accounting Standards Codification Topic 740 entitled *Accounting for Income Taxes* requires the Entity and its Affiliate to report uncertain tax positions for financial reporting purposes. The Entity and its Affiliate had no uncertain tax positions as of June 30, 2024, and accordingly, do not have any unrecognized tax benefits that need to be recognized or disclosed in the consolidated financial statements.

Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying consolidated financial statements in order to maintain consistency between periods presented. The reclassifications had no impact on net assets, as previously reported.

NOTE 2—ADOPTION OF ACCOUNTING STANDARDS

In June 2016, the FASB issued ASU 2016-13, *Financial Instruments – Credit Losses* (Topic 326). The objective of Topic 326 is to provide useful information for decision making, by considering expected credit losses on financial instruments. It required financial assets which are measured on an amortized cost basis to be presented at the net amount expected to be collected. The adoption did not have a material impact on the Entity's consolidated statements of financial positions, activities, functional expenses, or statements of cash flows.

NOTE 3—LIQUIDITY AND AVAILABILITY

The Entity regularly monitors the availability of resources required to meet its operating needs and other contractual commitments. Cash reserves in excess of daily operational needs are invested in certificates of deposit to maximize investment return while maintaining safety and liquidity. In the event the need arises to utilize funds from certificates of deposit prior to maturity for liquidity purposes, such withdrawals could be made from the financial institution, subject to early withdrawal penalty.

The following table reflects the Entity's financial assets as of June 30, 2024 and 2023, reduced by amounts that are not available to meet general expenditures within one year of the statement of financial position date because of donor and other restrictions or internal board designations. Financial assets available for general expenditure, reduced by donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

	2024	2023
Cash	$ 349,505	$ 299,709
Cash, restricted	237,466	342,365
Accounts receivable	23,506	14,382
Grants and contracts receivable	624,714	424,762
Total Financial Assets	1,235,191	1,081,218
Less:		
Net assets with donor restrictions	(236,978)	(349,641)
Financial Assets Available to Meet Cash Needs for General Expenditures Within One Year	$ 998,213	$ 731,577

In the event of an unanticipated liquidity need, the Entity also could draw upon $50,000 of its available line of credit, as further discussed in Note 6.

NOTE 4—CONCENTRATION OF CREDIT RISK

The Entity and its Affiliate maintain bank deposits at local financial institutions located in New Hampshire. The Entity and its Affiliate's demand deposits and certificates of deposit are insured by the Federal Deposit Insurance Corporation (FDIC) up to a total of $250,000 per bank. As of June 30, 2024 and 2023, all of the Entity's deposits were insured or collateralized by securities held by the bank in the bank's name. Deposits of the Affiliate were fully insured as of June 30, 2024.

NOTE 5—PROPERTY AND EQUIPMENT

Property and equipment consist of the following at June 30, 2024 and 2023:

	2024	2023
Entity		
Leasehold improvements	$ 4,561	$ 4,561
Furniture and equipment	23,010	23,010
	27,571	27,571
Less accumulated depreciation	(22,329)	(20,623)
	$ 5,242	$ 6,948

	2024	2023
Affiliate		
Building	$ 687,466	$ -
	687,466	-
Less accumulated depreciation	(8,593)	-
	$ 678,873	$ -

	2024	2023
Consolidated		
Building	$ 687,466	$ -
Leasehold improvements	4,561	4,561
Furniture and equipment	23,010	23,010
	715,037	27,571
Less accumulated depreciation	(30,922)	(20,623)
	$ 684,115	$ 6,948

NOTE 6—LINE OF CREDIT

The Entity has a $50,000 line of credit with a local financial institution at June 30, 2024. The interest rate for the credit line was 8.00%. The interest rate is based on the Wall Street Journal Prime Rate as published in the Wall Street Journal. As of June 30, 2023, the Entity had a line of credit for $125,000 with an interest rate of 10.25%. At both June 30, 2024 and 2023, the balance on the line of credit was $0.

NOTE 7—MORTGAGE NOTE PAYABLE

At June 30, 2024, the mortgage note payable of the Entity's Affiliate consists of the following:

	2024	2023
$540,000 note payable, secured by property, payable in 60 monthly installments of $3,852 including interest at 7.00%, through January 2029. 239 monthly installments with interest at the FHLB classic advance rate plus 2.50% through December 2048. Final payment due on January 2049 of the balance of the note, principal and interest.	$ 536,663	$ -

Future maturities of the note payable as of June 30, 2024 are as follows:

Year Ending June 30,	Amount
2025	$ 8,951
2026	9,599
2027	10,292
2028	11,036
2029	11,596
Thereafter	485,189
	$ 536,663

NOTE 8—RELATED PARTY LEASE

The Entity leases office facilities from a related party under common control, Partnership Properties Inc. (Affiliate) The Entity entered into the lease on January 18, 2024, with the lease term commencing on February 1, 2024 and terminating on January 31, 2049. Rental payments were $5,000 through April 30, 2024. An addendum was done to the original agreement and the monthly rent payment was increased to $6,000 commencing May 1, 2024.

The following additional information is deemed relevant and useful as the Entity has an operating lease as of June 30, 2024.

	2024
Weighted-average remaining lease term	24.58 years
Weighted-average discount rate	7.00%

The maturities of the lease liability of the Entity to its Affiliate as of June 30, 2024 are as follows:

Year Ended June 30,	Operating
2025	$ 72,000
2026	72,000
2027	72,000
2028	72,000
2029	72,000
Thereafter	1,410,000
Total Lease Payments	1,770,000
Less: Interest	(926,380)
Present Value of Lease Liability	$ 843,620

NOTE 9—NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consist of the following donor restricted funding at June 30, 2024 and 2023:

	2024	2023
ServiceLink	$ 6,486	$ 8,688
Volunteer CERT		1,477
Laconia Youth Alliance	19,229	19,434
CERT	29,072	36,232
NH Charitable Foundation		10,090
DSRIP Incentive	4,646	8,017
IDN - various	48,751	65,436
Gilford Neighbors		1,000
DMAVS	71,779	174,046
Point 32 Health	45,000	
Other	12,015	25,221
Total Net Assets with Donor Restrictions	$ 236,978	$ 349,641

NOTE 10—REVENUE FROM CONTRACTS WITH CUSTOMERS

The Entity has an agreement with Gateways Community Services for them to provide billing support and payments to service providers as part of the Veterans program. The Entity receives a referral for services for a veteran and performs the initial home interview to determine what services are needed. The Entity receives the case management fee and Gateways Community Services receives a set fee per veteran for providing billing and payment services. The Entity invoices Gateway Community Services on a monthly basis for the case management fee and their share of the county assessment.

The following table provides information about significant changes in receivables and revenue recognized as program service agent fees for the years ended June 30, 2024 and 2023:

	2024	2023
Accounts receivable, beginning of year	$ 14,382	$ 12,696
Increase in accounts receivable due to revenue recognized	92,180	78,640
Decrease in accounts receivable due to cash received	(83,056)	(76,954)
Accounts receivable, end of year	$ 23,506	$ 14,382

NOTE 11—CONCENTRATION OF REVENUE RISK

The Entity's primary source of revenues is fees and grants received from the State of New Hampshire and directly from the federal government. During the years ended June 30, 2024 and 2023, the Entity recognized revenue of $1,549,503 (80.6%) and $1,512,874 (61.1%), respectively, from fees and grants from governmental agencies. Revenue is typically recognized as earned under the terms of the grant contracts and is received on a cost reimbursement basis. Other support originates from other program services, contributions, in-kind donations, and other income.

NOTE 12—CONTRIBUTED NONFINANCIAL ASSETS

The Entity received the following contributions of non-financial assets for the years ended June 30, 2024 and 2023:

Description/Purpose	Revenue Recognized 2024	Revenue Recognized 2023	Utilization in Programs/Activities	Valuation Techniques and Inputs
Contract Services	$ 22,816	$ 22,096	Management and general	Contributed services are valued at the estimated fair value based on current rates for similar services.
Equipment	10,950	10,950	Management and general	Estimated retail prices of identical or similar products using pricing data under a "like-kind" methodology at the time of contribution
Supplies	4,696	1,114	Management and general	
Contract Services	1,450	7,965	Management and general	Contributed services are valued at the estimated fair value based on current rates for similar services.
	$ 39,912	$ 42,125		

NOTE 13—CONTINGENCIES

The Entity participates in a number of federally assisted grant programs. These programs are subject to financial and compliance audits by the grantors or their representatives. The amounts, if any, of additional expenses which may be disallowed by the granting agency cannot be determined at this time, although the Entity expects such amounts, if any, to be immaterial.

NOTE 14—SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 18, 2025 which is the date the financial statements were available to be issued.

SCHEDULE I

PARTNERSHIP FOR PUBLIC HEALTH, INC.

(formerly known as *Lakes Region Partnership for Public Health, Inc.*)

Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2024

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Assistance Listing Number	Pass-Through Entity Identifying Number	Total Federal Expenditures	Expenditures to Subrecipients
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
Aging Cluster:				
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
COVID 19 - Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	#2021-DLTSS-08-SERVI-05-A04	$ 9,370	
COVID 19 -Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	#2023-BEAS-08-SOCIA-01-A01	241,811	$ 43,597
Pass Through Payments from University of New Hampshire				
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	PZL0297	72,000	
Total Aging Cluster			323,181	43,597
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
Special Programs for the Aging, Title IV, and Title II, Discretionary Projects	93.048	#2021-DLTSS-08-SERVI-05-A04	29,750	-
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
National Family Caregiver Support, Title III, Part E	93.052	#2021-DLTSS-08-SERVI-05-A04	93,906	
COVID 19 - National Family Caregiver Support, Title III, Part E	93.052	#2023-BEAS-08-SOCIA-01-A01	66,900	12,062
			160,806	12,062
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
Public Health Emergency Preparedness	93.069	#RFA-2023-DPHS-02-REGION-09	56,979	-
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
Medicare Enrollment Assistance Program	93.071	#2021-DLTSS-08-SERVI-05-A04	23,627	-
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
Immunization Cooperative Agreements	93.268	#RFA-2023-DPHS-02-REGION-09	56,728	-
Direct Award Program				
Drug-Free Communities Support Program Grants	93.276	#6 NH28CE003102-03-02	137,324	-

See notes to schedule of expenditures of federal awards

SCHEDULE I

PARTNERSHIP FOR PUBLIC HEALTH, INC.

(formerly known as *Lakes Region Partnership for Public Health, Inc.*)

Schedule of Expenditures of Federal Awards (Continued)

For the Year Ended June 30, 2024

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Assistance Listing Number	Pass-Through Entity Identifying Number	Total Federal Expenditures	Expenditures to Subrecipients
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
State Health Insurance Assistance Program	93.324	#2021-DLTSS-08-SERVI-05-A04	36,398	-
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
COVID-19 - Activities to Support State, Tribal, Local or Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	#RFA-2023-DPHS-02-REGION-09	23,543	-
Pass Through Payments from the National Association of County and City Health Officials				
COVID-19 - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421	#2022-042703	30,040	-
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
Social Services Block Grant	93.667	#2021-DLTSS-08-SERVI-05-A04	130,271	-
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
National Bioterrorism Hospital Preparedness Program	93.889	#RFA-2023-DPHS-02-REGION-09	13,277	-
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	#RFA-2023-DPHS-02-REGION-09	183,978	-
Pass Through Payments from the State of New Hampshire Department of Health and Human Services				
Preventive Health and Health Services Block Grant	93.991	#RFA-2023-DPHS-02-REGION-09	14,358	-
Total Department of Health and Human Services			1,220,260	55,659
Total Expenditures of Federal Awards			$ 1,220,260	$ 55,659

See notes to schedule of expenditures of federal awards

PARTNERSHIP FOR PUBLIC HEALTH, INC.
(Formerly known as *Lakes Region Partnership for Public Health, Inc.*)
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
For the Year Ended June 30, 2024

NOTE 1—BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal award activity of Partnership for Public Health, Inc. under programs of the federal government for the year ended June 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 for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Partnership for Public Health, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Partnership for Public Health, Inc.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying Schedule is presented using the accrual basis of accounting, which is described in Note 1 to Partnership for Public Health, Inc.'s consolidated financial statements. 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 reimbursements.

NOTE 3—INDIRECT COST RATE

Partnership for Public Health, Inc. has not elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

VACHON CLUKAY & COMPANY PC

CERTIFIED PUBLIC ACCOUNTANTS
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REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Independent Auditor's Report

To the Board of Directors
Partnership for Public Health, Inc. and Affiliate
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)

We have audited, in accordance with the 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, the consolidated financial statements of Partnership for Public Health, Inc. (a nonprofit organization) and Affiliate, which comprise the consolidated statement of financial position as of June 30, 2024, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated August 18, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Partnership for Public Health, Inc. and Affiliate'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 consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Partnership for Public Health, Inc. and Affiliate's internal control. Accordingly, we do not express an opinion on the effectiveness of Partnership for Public Health, Inc. and Affiliate'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 entity's consolidated 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 Partnership for Public Health, Inc. and Affiliate'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 consolidated 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Vachon Clukay & Company PC

Manchester, New Hampshire
August 18, 2025

VACHON CLUKAY & COMPANY PC

CERTIFIED PUBLIC ACCOUNTANTS
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REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Independent Auditor's Report

To the Board of Directors
Partnership for Public Health, Inc.
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Partnership for Public Health, Inc.'s compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Partnership for Public Health, Inc.'s major federal programs for the year ended June 30, 2024. Partnership for Public Health, Inc.'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, Partnership for Public Health, Inc. 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 June 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; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Partnership for Public Health, Inc. and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Partnership for Public Health, Inc.'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 Partnership for Public Health, Inc.'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 Partnership for Public Health, Inc.'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 generally accepted auditing standards, *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 Partnership for Public Health, Inc.'s compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *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 Partnership for Public Health, Inc.'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 Partnership for Public Health, Inc.'s internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Partnership for Public Health, Inc.'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 in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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

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

Vachon Clukay & Company PC

Manchester, New Hampshire
August 18, 2025

Partnership for Public Health, Inc.
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2024

Section I--Summary of Auditor's Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP: *Unmodified*

Internal control over financial reporting:
Material weakness(es) identified? _____ yes ___X___ no
Significant deficiency(ies) identified? _____ yes ___X___ none reported

Noncompliance material to financial statements noted? _____ yes ___X___ no

Federal Awards

Internal control over major federal programs:
Material weakness(es) identified? _____ yes ___X___ no
Significant deficiency(ies) identified? _____ yes ___X___ none reported

Type of auditor's report issued on compliance for major federal programs: *Unmodified*

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? _____ yes ___X___ no

Identification of major federal program(s):

Assistance Listing Number(s)	Name of Federal Program or Cluster
93.044	Aging Cluster
93.959	Block Grants for Prevention and Treatment of Substance Abuse

Dollar threshold used to distinguish between Type A and Type B programs: $ 750,000

Auditee qualified as low-risk auditee? _____ yes ___X___ no

Section II--Financial Statement Findings

There were no findings relating to the financial statements required to be reported by GAGAS.

Section III--Federal Award Findings and Questioned Costs

There were no findings and questioned costs as defined under 2 CFR 200.516(a).

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Consolidating Statement of Financial Position
June 30, 2024

	Partnership for Public Health, Inc.	Partnership Properties, Inc.	Eliminations	Consolidated Totals
ASSETS				
CURRENT ASSETS:				
Cash	$ 348,044	$ 1,461		$ 349,505
Cash, restricted	237,466			237,466
Accounts receivable	23,506			23,506
Grants and contracts receivable	624,714			624,714
Prepaid expenses	9,783			9,783
Investment in affiliate	153,000		$ (153,000)	-
TOTAL CURRENT ASSETS	1,396,513	1,461	(153,000)	1,244,974
PROPERTY AND EQUIPMENT:				
Buildings		687,466		687,466
Leasehold improvements	4,561			4,561
Furniture and equipment	23,010			23,010
	27,571	687,466	-	715,037
Less accumulated depreciation	(22,329)	(8,593)		(30,922)
Right-of-use asset, net of amortization	843,620		(843,620)	-
PROPERTY AND EQUIPMENT, NET	848,862	678,873	(843,620)	684,115
OTHER NONCURRENT ASSETS:				
Investments	100,390			100,390
Deposit	7,981		(5,000)	2,981
TOTAL OTHER NONCURRENT ASSETS	108,371	-	(5,000)	103,371
TOTAL ASSETS	$ 2,353,746	$ 680,334	$ (1,001,620)	$ 2,032,460
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES:				
Accounts payable	$ 64,204	$ 626		$ 64,830
Accrued payroll	15,421			15,421
Accrued compensated absences	32,769			32,769
Accrued other expenses	24,773			24,773
Security deposit		5,000	$ (5,000)	-
Refundable advances from grantors	10,008			10,008
Current portion of mortgage note payable		8,951		8,951
Current portion of lease liability	13,370		(13,370)	-
TOTAL CURRENT LIABILITIES	160,545	14,577	(18,370)	156,752
NONCURRENT LIABILITIES:				
Mortgage note payable, less current portion		527,712		527,712
Lease liability, less current portion	830,250		(830,250)	-
TOTAL NONCURRENT LIABILITIES	830,250	527,712	(830,250)	527,712
TOTAL LIABILITIES	990,795	542,289	(848,620)	684,464
NET ASSETS:				
Without donor restrictions:				
Undesignated	1,125,973	138,045	(153,000)	1,111,018
With donor restrictions:				
Purpose restrictions	236,978			236,978
TOTAL NET ASSETS	1,362,951	138,045	(153,000)	1,347,996
TOTAL LIABILITIES AND NET ASSETS	$ 2,353,746	$ 680,334	$ (1,001,620)	$ 2,032,460

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Consolidating Statement of Activities
For the Year Ended June 30, 2024

	Partnership for Public Health, Inc.	Partnership Properties, Inc.	Eliminations	Consolidated Totals
CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS				
SUPPORT AND REVENUE:				
Contributions	$ 158,260	$ 153,000	$ (153,000)	$ 158,260
In-kind support	39,912			39,912
Government funds	1,549,503			1,549,503
Program service fees - agent	92,180			92,180
Miscellaneous income	42,904	1,398		44,302
Rent income		27,000	(27,000)	-
Interest income	23,621			23,621
Net assets released from donor restrictions	158,624			158,624
TOTAL SUPPORT AND REVENUE WITHOUT DONOR RESTRICTIONS	2,065,004	181,398	(180,000)	2,066,402
EXPENSES:				
Program services	1,749,987		(23,382)	1,726,605
Management and general	230,100	43,353	(3,618)	269,835
TOTAL EXPENSES	1,980,087	43,353	(27,000)	1,996,440
INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS	84,917	138,045	(153,000)	69,962
CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS				
Contributions	45,936			45,936
Miscellaneous income	25			25
Net assets released from donor restrictions	(158,624)			(158,624)
INCREASE (DECREASE) IN NET ASSETS WITH DONOR RESTRICTIONS	(112,663)	-	-	(112,663)
CHANGE IN NET ASSETS	(27,746)	138,045	(153,000)	(42,701)
NET ASSETS, JULY 1	1,390,697	-	-	1,390,697
NET ASSETS, JUNE 30	$ 1,362,951	$ 138,045	$ (153,000)	$ 1,347,996

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Consolidating Statement of Functional Expenses
For the Year Ended June 30, 2024

Partnership for Public Health, Inc.:

	Program Services	Management and General	Total Expenses
SALARIES AND RELATED EXPENSES:			
Salaries	$ 954,694	$ 60,162	$ 1,014,856
Employee benefits	74,884	13,617	88,501
Payroll taxes	59,485	16,355	75,840
	1,089,063	90,134	1,179,197
OTHER EXPENSES:			
Contract services	78,369	58,136	136,505
Contract and grant subcontractors	225,894	14,475	240,369
Insurance	15,416	815	16,231
Occupancy	107,053	1,439	108,492
Operations	29,105	3,497	32,602
Supplies	132,922	37,960	170,882
Travel and meetings	37,419	5,710	43,129
Miscellaneous	11,364	12,610	23,974
Depreciation	-	1,706	1,706
Lease expense	23,382	3,618	27,000
Total Expenses	$ 1,749,987	$ 230,100	$ 1,980,087

Partnership Properties, Inc.:

	Program Services	Management and General	Total Expenses
OTHER EXPENSES:			
Occupancy	$ -	$ 17,512	$ 17,512
Operations	-	1,326	1,326
Depreciation	-	8,593	8,593
Interest expense	-	15,922	15,922
Total Expenses	$ -	$ 43,353	$ 43,353

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Consolidating Statement of Functional Expenses (Continued)
For the Year Ended June 30, 2024

Eliminations:

	Program Services	Management and General	Total Expenses
SALARIES AND RELATED EXPENSES:			
Salaries	$ -	$ -	$ -
Employee benefits	-	-	-
Payroll taxes	-	-	-
	-	-	-
OTHER EXPENSES:			-
Contract and grant subcontractors	-	-	-
Insurance	-	-	-
Occupancy	-	-	-
Operations	-	-	-
Supplies	-	-	-
Travel and meetings	-	-	-
Miscellaneous	-	-	-
Depreciation	-	-	-
Lease expense	(23,382)	(3,618)	(27,000)
Interest expense	-	-	-
Total Expenses	$ (23,382)	$ (3,618)	$ (27,000)

Consolidated Totals:

	Total Program Services	Management and General	Total Expenses
SALARIES AND RELATED EXPENSES:			
Salaries	$ 954,694	$ 60,162	$ 1,014,856
Employee benefits	74,884	13,617	88,501
Payroll taxes	59,485	16,355	75,840
	1,089,063	90,134	1,179,197
OTHER EXPENSES:			
Contract services	78,369	58,136	136,505
Contract and grant subcontractors	225,894	14,475	240,369
Insurance	15,416	815	16,231
Occupancy	107,053	18,951	126,004
Operations	29,105	4,823	33,928
Supplies	132,922	37,960	170,882
Travel and meetings	37,419	5,710	43,129
Miscellaneous	11,364	12,610	23,974
Depreciation	-	10,299	10,299
Lease expense	-	-	-
Interest expense	-	15,922	15,922
Total Expenses	$ 1,726,605	$ 269,835	$ 1,996,440

PARTNERSHIP FOR PUBLIC HEALTH, INC. AND AFFILIATE
(formerly known as *Lakes Region Partnership for Public Health, Inc.*)
Consolidating Statement of Cash Flows
For the Year Ended June 30, 2024

	Partnership for Public Health, Inc.	Partnership Properties, Inc.	Eliminations	Consolidated Totals
CASH FLOWS FROM OPERATING ACTIVITIES				
Change in net assets	$ (27,746)	$ 138,045	$ (153,000)	$ (42,701)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided (Used) by Operating Activities:				
Depreciation	1,706	8,593		10,299
Net change in carrying amount of right-of-use assets - operating lease	4,992		(4,992)	-
Change in assets and liabilities:				
Accounts receivable	(23,506)			(23,506)
Grants and contracts receivable	(185,570)			(185,570)
Prepaid expenses	4,465			4,465
Investment in affiliate	(153,000)		153,000	-
Deposit	500		5,000	5,500
Accounts payable	33,576	626		34,202
Accrued payroll	(7,150)			(7,150)
Accrued compensated absences	(6,318)			(6,318)
Accrued other expenses	(331)			(331)
Security deposit		5,000	(5,000)	-
Refundable advances from grantors	(36,555)			(36,555)
Lease liability	(4,992)		4,992	-
Fiduciary funds	(2,120)			(2,120)
Net Cash Provided (Used) by Operating Activities	(402,049)	152,264	-	(249,785)
CASH FLOWS FROM INVESTING ACTIVITIES				
Redemption of investments	360,879			360,879
Purchases of investments	(15,394)			(15,394)
Purchases of property and equipment		(687,466)		(687,466)
Net Cash Provided (Used) for Investing Activities	345,485	(687,466)	-	(341,981)
CASH FLOWS FROM FINANCING ACTIVITIES				
Proceeds from mortgage payable		540,000		540,000
Principal payments of mortgage payable		(3,337)		(3,337)
Net Cash Provided for Financing Activities	-	536,663	-	536,663
NET INCREASE (DECREASE) IN CASH AND EQUIVALENTS	(56,564)	1,461	-	(55,103)
CASH AND EQUIVALENTS, July 1	642,074	-	-	642,074
CASH AND EQUIVALENTS, June 30	$ 585,510	$ 1,461	$ -	$ 586,971
Supplemental Disclosures of Cash Flow Information:				
Cash paid for interest	$ -	$ 15,922	$ -	$ 15,922

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TAMERA S. CARMICHAEL
[redacted]

Dynamic and strategic executive leader with 30 years of experience driving impactful public health and social service programs. Proven ability to secure and manage over $5 million in funding to address social determinants of health for underserved communities. Strong background in organizational leadership, fiscal stewardship, program development, and community engagement. Adept at fostering inter-organizational partnerships and leading high-performing teams to achieve mission-driven goals. Passionate about building resilient organizations through strong leadership, innovation, and a commitment to excellence.

EDUCATION

University of South Florida – Tampa, FL
Bachelor of Arts in Sociology – 1988

Saint Petersburg College – Clearwater, FL
Associate of Arts Degree – 1986

PROFESSIONAL EXPERIENCE

Partnership for Public Health, Inc. – Laconia, NH
Chief Executive Officer | 2024 – Present
Executive Director | 2020 – 2024

- Lead strategic direction, operational oversight, and fiscal management for a nonprofit organization with a budget exceeding $3 million.
- Develop and execute a comprehensive strategic plan to align with the organization's mission and long-term goals.
- Cultivate and maintain relationships with key stakeholders, including donors, funders, government agencies, and community leaders.
- Drive resource development, securing diversified funding from local, state, federal, and institutional sources.
- Spearheaded organizational growth, including the acquisition of a new headquarters and a successful rebrand.
- Foster a culture of excellence and collaboration.
- Implemented employee retention initiatives, leading to a 39% increase in workforce stability.
- Established a full-time Marketing Coordinator position to strengthen outreach and public engagement.

State of Florida Department of Health – Gainesville, FL
Program Development Administrator | 2008 – 2020

- Developed five public health programs with a collective budget exceeding $2 million.
- Contract administration ensuring compliance and fiscal responsibility.
- Supervised and developed a team of 25+ professionals across diverse disciplines.

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- Spearheaded community outreach programs, increasing accessibility to health services.
- Active member of the CHIP/CHA Steering Committee and Performance Management Council for over eight years.

Bay Area Bail Bonds & Investigations, Inc. – Clearwater, FL
Owner/Operator | 2001 – 2008

- Oversaw all aspects of business operations, including financial management, contract negotiation, and compliance.
- Managed payroll, accounts receivable, and accounts payable.
- Developed strategic partnerships that enhanced business growth and client trust.
- Served as Secretary of the Pinellas County Bail Bond Association.

Mease Manor, Inc. – Dunedin, FL
Social Services Director | 1998 – 2001

- Ensured compliance with state and federal regulations in a long-term care facility.
- Developed interdisciplinary care plans
- Supervised employees across multiple departments.
- Spearheaded initiatives to improve resident care, enhancing overall patient satisfaction.
- Inaugural winner of the Florida Healthcare Association's Social Service Worker of the Year.

LEADERSHIP & BOARD SERVICE

- **University of New Hampshire Belknap Extension Advisory Board** | Member (Beginning January 2025)
- Served on 15+ boards and coalitions to foster community collaboration and enhance public health initiatives.
- Advocated for policies that improve health equity and accessibility at the regional level.

CERTIFICATIONS & LICENSURE

- State of New Hampshire Notary Public

SKILLS & EXPERTISE

- Strategic Organizational Leadership
- Nonprofit Board Governance
- Fiscal Stewardship
- Grant Acquisition
- Quality Improvement
- Public Relations
- Team Building & Staff Development
- Fundraising & Donor Relations
- Policy & Regulatory Compliance
- Workplace Culture Development
- Technology proficient

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COURTNEY DOUVILLE DEVOST

PROFESSIONAL SUMMARY

Accomplished operations leader with a proven track record of driving organizational growth and efficiency. Possessing a deep understanding of human resources, nonprofit strategic planning and financial management. I have successfully implemented initiatives to enhance operational performance, reduce costs, and improve employee satisfaction. Committed to fostering growth and positive workplace culture that empowers employees to achieve their full potential, while remaining mission focused and business minded.

SKILLS

- People Management & Development
- Policies & Procedures Development
- Employment Law & Compliance
- Budgeting & Forecasting
- Marketing & Technology Proficient
- Business Acumen & Visionary
- Nonprofit Leadership & Management
- Critical & Risk Analysis
- Interactive Communication (high EQ/EI)
- Strategic Planning & Execution

WORK HISTORY

September 2024 - Current
Chief Operating Officer
Partnership For Public Health - Laconia, NH

- **Operational Oversight:** Manage day-to-day operations, including HR, finance, IT, marketing, and facilities.
- **Strategic Planning:** Collaborate with the CEO on strategic planning, budget development, and quality improvement initiatives.
- **Human Resources:** Oversee recruitment, hiring, performance management, compensation, benefits, and employee relations.
- **Financial Management:** Collaborate with the Finance Manager on financial reporting, budgeting, and compliance.
- **Program Support:** Work closely with the Program Director to enhance program delivery and sustainability.
- **Stakeholder Relations:** Build and maintain strong relationships with staff, board members, funders, and community partners.
- **Marketing & Development:** Oversee social media, external communications ranging from flyers, radio ads, local newspapers, website development, grant proposals, and planning fundraising events.

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May 2022 – September 2024
Director of Finance & Operations
Partnership For Public Health - Laconia, NH

- **Strategic Leadership:** Directed overall organizational operations, including HR, finance, and administrative functions.
- **Financial Management:** Oversaw financial planning, budgeting, and reporting. Implemented cost-saving initiatives and ensured compliance with financial regulations.
- **Human Resources:** Managed recruitment, onboarding, performance management, and employee relations.
- **Team Development:** Mentored staff, fostered a positive work culture, and implemented training programs.
- **Stakeholder Relations:** Collaborated with department heads and the Board of Directors to achieve organizational goals.

Dec 2021 – May 2022
HR & Operations Manager
Partnership For Public Health - Laconia, NH

- **HR Strategy and Operations:** Led HR initiatives to enhance employee engagement, reduce turnover, and streamline processes.
- **Team Development:** Implemented training programs and fostered a positive, collaborative work environment.
- **Operational Efficiency:** Optimized operational workflows and implemented strategies to improve efficiency and reduce costs.
- **Employee Relations:** Successfully managed employee relations, addressing grievances and promoting a positive workplace culture.

September 2020 – Dec 2021
Finance & Compliance Specialist
Partnership for Public Health – Laconia, NH

- **Compliance and Risk Management:** Ensured compliance with regulations through robust record-keeping, training, and monitoring.
- **Financial Management:** Managed payroll, benefits, accounts payable, and accounts receivable.
- **Reporting:** Prepared regular reports for senior management to track compliance progress and identify areas for improvement.
- **Process Improvement:** Streamlined regulatory processes to enhance efficiency and reduce errors.
- **Culture of Compliance:** Fostered a culture of ethical behavior and compliance within the organization.

EDUCATION

Expected in December 2025
MBA: Business Administration
Southern NH University | Manchester, NH

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September 2021
Bachelor of Science: Business Administration
Southern NH University | Manchester, NH

May 2018
Associate of Science: Business Administration
NHTI | Concord, NH

CERTIFICATIONS & ACCOMPLISHMENTS

Leading vs. Managing Certification
Wiley Learning Center

Notary Public
State of NH, expires March 24, 2026

Leadership Lakes Region
Class of 2024

2CFR200 Mastery Certification
Nonprofit Career Center

Creation & Innovation Accomplishment

- Created a nonprofit holding company 501(c)2, when purchasing property under our 501(c)3.
- Established and implemented a cost allocation plan with full fiscal policies and procedures, compliant with federal regulations.
- Developed cultural initiatives within the organization to increase staff retention and community impact.

REFERENCES

Available upon request.

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Emma Petersen

Public Health Program Administrator

Highly accomplished Public Health Program Administrator with a proven track record in leading strategic initiatives, managing diverse public health programs, and fostering robust community partnerships. Adept at leveraging data for quality improvement and driving program integration to achieve impactful health outcomes.

SKILLS

- Problem Solving
- Attention to Detail
- Microsoft Office Suite
- Canva
- Basic Coding (Python, Java)

CERTIFICATION

Certified Community Health Worker — May 2025

North Country Health Consortium

EDUCATION

Bachelor of Arts in Integrative Biology
Minors in Chemistry and Public Health

University of California, Berkeley

Graduated with Highest Distinction

EXPERIENCE

Public Health Program Administrator — 2024 - PRESENT
Partnership for Public Health

- Managed and oversaw key public health programs, including prevention and emergency preparedness initiatives, while serving as Project Director for the HRSA-funded CHW and Community Paramedicine grant.
- Directed and provided leadership to the Public Health Advisory Council (PHAC), fostering collaboration and consensus-building among diverse partners, and ensuring effective communication across all initiatives.
- Collected, analyzed, and interpreted program data to evaluate effectiveness and identify areas for improvement

Disaster Services Coordinator — 2018-2021
American Red Cross @ Cal

- Collaborated with others to organize fundraising and volunteering events both on campus and in the surrounding community
- Led sessions teaching emergency preparedness skills and making disaster kits
- Planned and orchestrated Home Fire Campaigns, installing smoke detectors in at risk neighborhoods

Museum Assistant — 2018-2020
Museum of Vertebrate Zoology

- Completed data entry and specimen preparation of mammals, birds, and reptiles
- Worked with comprehensive information logging system so that data was accessible and standardized
- Assisted in the museum's Evolutionary Genetics Lab, performing gel electrophoresis, PCR, and DNA extractions

Youth Tutor — 2015-2017
Kumon Learning Center

- Assisted children as young as four in the fundamentals of math and reading while fostering a supportive and fun environment
- Mentored new tutors and coached on successful teaching methods
- Maintained organization system for classroom and paperwork

REFERENCES

Courtney DeVost
Partnership for Public Health
Cheil Operating Officer
Phone: (603) 707-5856
Email : cdevost@pphnh.org

Gwen Whitney Gill
Concord Hospital
Community Health Coordinator
Phone: (603) 415-1509
Email : gwhitney@crhc.org

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JONATHAN D LILE-SEXTON

[redacted]

Skills Summary

- Relationship builder and network cultivation
- Public Speaking & Persuasive Communication
- Grassroots Organizing
- Organizational Leadership
- Public Policy Advocate
- Non-Profit founding, management, and leadership
- Grant Writing
- Development and fundraising through relationship building and networking
- Speechwriting & Messaging Strategy
- Video and Graphic Content Creation

Education / Certifications / Training

Bachelor's degree in Organizational Science, Non-Profit Leadership –2020-2023 – *University of Idaho, Moscow ID*

Bachelor's degree in Communication –2020-2023 – *University of Idaho, Moscow ID*

National Democratic Training Committee – Various, not limited to: Campaign Management, Campaign Communications, Campaign Finance

Experience

Director of Development and Communication Strategies (2025-Present)

Partnership for Public Health – Laconia NH
I lead all communication and fundraising efforts for our organization, ensuring our mission is clearly and consistently communicated to donors, partners, and the public. I oversee messaging strategy, media relations, content development, and brand presence across platforms, while cultivating relationships that strengthen revenue and visibility. I coordinate and organize all grant writing efforts, identifying and applying for grants that are mission aligned. I advise and have a key stake in leadership on communication-driven development strategies and ensure alignment across departments so our outreach, voice, and impact remain unified.

Agency Relations Coordinator (2024-2025)

Montana Food Bank Network – Missoula MT
In my capacity as Agency Relations Coordinator, I traveled across Montana, serving as the primary liaison between network partners and our organization. I developed and maintained strategic relationships with various partners. Within my first few months, I successfully signed over 25 new partners, a remarkable achievement that surpassed expectations, and historical trends.

Program Coordinator (2023-2024)

Washington State University, Health Professions Student Center – Pullman WA

In this role, I supported students pursuing careers in health professions by guiding them in selecting their academic and professional tracks. As a key member of the Health Professions Student Center (HPSC), I contributed to the administrative functions of the center and played a pivotal role in managing after-hours student clubs and events. Additionally, I oversaw the center's social media presence, ensuring effective communication and engagement. I built strong relationships with students, actively fostering their personal and professional relationships as they navigated their career paths.

Creative Arts Director, Co-Founder (2022-2023)

SHIFT Ministries – Moscow ID
As a co-founder of SHIFT Ministries, I led fundraising initiatives for the organization, helping to get the non-profit off the ground. I oversaw all aspects of technology-related operations, including web design, social media, and audiovisual coordination. During my tenure, I served as the primary worship leader for each gathering and contributed as one of the core teachers, helping to disciple and shepherd the community within the ministry.

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Heather Stanley

[redacted]

WORK EXPERIENCE

Partnership for Public Health (PPH) January 2022-Present
Emergency Preparedness (EP) Manager

- Assisted coordinating & documenting 2,627 student/staff flu vaccines at 25 schools across 9 districts from FY22-FY25, monitored & reported vaccine fridge temps to the New Hampshire Immunization Program.
- Oversaw COVIED health equity grant, supported many of the 182 PPH-led COVID-19 vaccination events, educated/immunized 9,530 vulnerable community members/increase vaccine confidence.
- Led 1/assisted with 3 CPR classes, 58 people learned life-saving skills/strengthened community preparedness.
- Assisted teaching 6 Stop-The-Bleed, 3 Community Emergency Response Team (CERT)/Teen CERT classes.
- Attended Public Health Emergency Preparedness (PHEP) Coordinator meetings/completed quarterly PHEP report.
- Long Term Care (LTC) Emergency Evacuation Exercise planning team member, engaged 236 agency staff and volunteers from 27 organizations, enabled 6 LTC facilities to improve their evacuation plan.
- Created mission sets for state-wide Tornado Two Step Table Top Exercise, aligned CERT/MRC response efforts.
- Represent PPH on the Laconia Human Relations Committee, offer public health insight into key city decisions.
- Managed MRC Operational Readiness Award (ORA) grant, enabled us to reinforce response/shelter capabilities.
- Assisted with Laconia Youth Alliance/Prevention events: Glow Skate, Party in the Park, Chem-Free After Prom.
- Stepped in as interim DMAVS Veterans' Social Isolation Project Manager to build veteran coalition efforts
- Coordinated with multiple entities/facilitate WellnessLink launch & promote older adults' access to public health

Training Certificates:

- G0191 EOC/ICS Interface
- Shelter Field Guide Training for State and Local Communities
- IS-100C Intro to Incident Command System
- IS-120C Intro to Exercises
- IS-130A How to be an Exercise Evaluator
- IS-29A Public Information Officer Awareness/Public Information Basics
- IS-405 Mass Care/Emergency Assistance Overview
- L-0146 Homeland Security Exercise and Evaluation Program (HSEEP)
- MGT319 Medical Countermeasures Point of Distribution (POD) Planning and Response
- AWR-343 Hurricane Awareness
- K-0427 CERT Program Manager
- K-0428 CERT Train-the-Trainer
- Animal Emergency Awareness (1025307)

Lakes Region Mental Health Center - Dube Shelter Surge Site: Laconia, NH
Case Manager April 2020 – July 2021

- Supervised and supported >70 participants exposed to COVID-19 for adherence to recommended quarantine and isolation protocols
- Coordinated communication from state, regional and local resources regarding referrals, intakes and discharges
- Communicated census, observations, challenges, and response actions to participant needs

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United States Air Force: Scott AFB, IL and other locations

Manager, Aeromedical Evacuation Division- 618th Air Operations Center July 2016 - September 2018

- Managed 3 branches of 22 military and civilian personnel for the Air Force's largest Air Operations Center with 24/7 operations and a $182M budget
- Led 765 aeromedical missions annually in all stages of planning & execution evacuating 1900 patients to higher levels of care
- Partnered with 16 military & civilian organizations to deploy 110 personnel and $23 million worth of equipment during the devastating 2017 hurricane season—established four staging bases and enabled aeromedical evacuation for Defense Support to Civilian Authorities
- Conducted Training Manager duties by tracking 70+ training items for 89 employees with monthly statistics reported to senior director
- Maintained aeromedical flights during operation center emergency relocation with 70 patients airlifted and zero cancelled movements

Senior Aeromedical Evacuation Technician Flight Evaluator September 2015 - June 2016

- Managed 12 Aeromedical Standardization/Evaluation programs for 8 locations and advised senior executives on status of operations
- Streamlined Risk Management program enhancing risk mitigation process across the corporation
- Spearheaded Flight Training Unit re-alignment integrating crew member policies & procedures into a new group
- Verified Quality Assurance of 8 Aeromedical organization programs making 5+ recommendations to improve risk management, housing, flight publications, and infection control

Operations Flight Chief - 375th Aeromedical Evacuation Squadron July 2014 - September 2015

- Provided expert leadership, guidance, and mentorship to 29 employees ensuring on-time launch and recovery of 100+ aeromedical flights
- Assured availability and readiness of $1.8M supplies/equipment to enable worldwide capability
- Led six flights as clinical coordinator instructing 40+ people and coordinating 40 scenarios preparing aircrew for aircraft and/or medical emergencies
- Devised aeromedical training model to meet flying hours requirement by procuring 113 missions and ensuring currency for 17 aircrews
- Oversaw Medical Clinical Coordinator program revamp by initiating a process improvement event resulting in streamlined training and standardized scenarios

Aircrew Training Flight Chief - 375th Aeromedical Evacuation Squadron March 2013 - July 2014

- Trained and managed world-wide support of the Theater Aeromedical Evacuation System while utilizing $192K in patient movement equipment/medical supplies
- Managed planned, organized & administered all mission qualification/currency training requirements for 138 crew members
- Implemented new aircrew training requirements and ensured smooth transition of mission qualification program which certified mission-ready status of 25 flyers
- Mentored 18 employees and maintained 5 in-flight medical supply kits/72 additional equipment items/4 vehicles preserving resources valued at $5.75M+

Clinical Management Section Supervisor - 375th Aeromedical Evacuation Squadron March 2012 - March 2013

- Supervised Clinical Management section with 10 employees and oversaw 10 programs in 3 elements - Clinical Training/Quality/Patient Safety - monitored completion of 1.2K hours of training per month
- Performed Clinical Management self-inspection; Identified and corrected 5 critical deficiencies which ensured preparation for Health Services Inspection
- Conducted controlled substance inspection ensuring 100% accountability of 15 drugs/$1.6K narcotics

Pediatric Section Manager - 81st Medical Group April 2010 - March 2012

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- Planned, organized, and coordinated clinical operations including provider templates for Air Force's 4th largest Pediatric Clinic – advised management on training and career progression for 20+ employees
- Implemented self-inspection policies & procedures to ensure productivity maintained and readiness for The Joint Commission Inspection
- Managed $79K inventory/accounted for 45 pieces of medical equipment/information systems

EDUCATION:

Southern New Hampshire University
Master of Science in Public Health Graduation: October 2022

Granite State College
Graduate Certificate- Health Care Management Graduation Date: June 2021
Bachelor of Science in Allied Health Leadership Graduation Date: June 2019

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Joshua Ritson

Local Voice of Leadership for the Lake Winnipesaukee Community

Contact

[redacted]

Objective

I want to help people be the best versions of themselves by inspiring and highlighting the values within themselves. I believe life is a team sport, and everyone has different skills to add; so, assisting others with embracing their ability to grow and prosper helps me live a fulfilling life. It is my purpose to help others feel inspired every day.

Leadership

By demonstrating outstanding leadership within the community and inspiration within others; recipient of the 2024 Adrienne Stevens Founders' Award for outstanding leadership (voted among peers for Leadership Lakes Region Class of 2024).

Experience

2024 - Current: Prevention Strategies Manager | Partnership for Public Health

Managed all deliverables for two distinct prevention programs: Suicide Prevention (NH Department of Military Affairs and Veteran Services funding) and Substance Misuse Prevention (Bureau of Drug and Alcohol Services contract). Responsibilities included leading initiatives, fostering key stakeholder relationships, providing technical assistance, driving community outreach and engagement, and delivering public health education.

2022 - Current: Budget Committee Chairman (Elected Official)- Town of Gilford NH

Responsible for leading the planning, review, and oversight of the municipal budget; collaborate with department heads and stakeholders to ensure fiscal responsibilities, transparency, and align with community priorities.

2018 - Current: Greater Lakes Region Children's Auction Board member

Serve as a community ambassador supporting fundraising, event planning, and outreach initiatives to benefit local children; collaborate with volunteers and stakeholders to promote awareness and drive engagement for one of the region's most charitable events.

2018 - Current: REALTOR| Coldwell Banker

Representing clients in real estate transactions, providing expert guidance, market analysis, and negotiation to ensure successful transfer of property

Key Skills

- Critical Thinking
- Leadership Inspiration
- Communication
- Excellent Judgement
- Problem-solving

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Tessa Donahue

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EDUCATION

Framingham State University
Bachelor of Science in Food and Nutrition *Conferred: May 22nd, 2021*

WORK EXPERIENCE

Wayfarer Coffee Roasters
Barista *March 2023 - Present*

- Greet customers, take and prepare their orders while providing a personable environment
- Attention to detail in a fast paced work environment, ensuring accuracy and efficiency
- Time management and multi-tasking in the kitchen while completing the daily prep list
- Manage and collaborate with team members to maintain a smooth workflow

Wayfarer Coffee Roasters
Social Media Manager *November 2023 - Present*

- Develop content to increase business awareness and engagement on Instagram and Facebook
- Communicate with team members regarding upcoming promotions and goals
- Manage community engagement by responding to comments and inquiries
- Optimize content in order to increase engagement through analytics and performance metrics
- Organize content into a folder library to increase ease and maximize consistency

University of Massachusetts
Departmental Assistant *May 2022 - December 2022*

- Submit $12.8 million of the Federal Emergency Management Agency/Massachusetts Emergency Management Agency (FEMA/MEMA) reimbursement for all COVID-19 University expenses from 2020 to 2022
- Retrieve electronic invoices and organize to folders specific to type of service
- Organize labor data of individuals that worked as response members, verifying all pay statements and timesheets
- Manage quality assurance and reconcile data by ensuring discounts were accounted for, purchases were approved, and voucher ID's matched the invoices
- Manage project responsibilities of team members due to overlap in organizing data

University of Massachusetts Amherst
Quarantine and Isolation Coordinator *September 2021 - May 2022*

- Coordinate logistics of Quarantine & Isolation (QI) with external partners such as:
    - Public health nurses for accessible health services to students
    - Custodial services to sanitize rooms
    - Maintenance to grant key access to students

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    - Dining services to provide dietary accommodations for students
- Manage Salesforce when checking students in and out of QI
- Communicate and enforce necessary items to pack, university expectations, and transportation services
- Assemble unobserved & mail-in test kits for the campus
- Manage on-campus COVID-19 compliance with individuals in need of updating their vaccination records or getting tested