



Lori A. Weaver
Commissioner

Katja S. Fox
Director

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

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

September 16, 2026

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into a **Retroactive** amendment to an existing contract with Fourteen Birch's, LLC, d/b/a Impact Consulting (VC#523377), Berlin, NH, for the continued expansion and strengthening of statewide crisis response capacity, by exercising a contract renewal option by increasing the price limitation by \$286,867 from \$157,133 to \$444,000 and extending the completion date from September 29, 2026 to September 29, 2027, effective retroactive to September 30, 2026, upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on June 3, 2026, item #112.

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

05-95-92-920010-25940000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, DIV BEHAVIORAL HLTH OPERATIONS, 988 GRANT

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	102-500731	Contracts for Program Svc	92032594	\$14,289	\$0	\$14,289
2027	102-500731	Contracts for Program Svc	92032594	\$142,844	\$42,867	\$185,711
2027	102-500731	Contracts for Program Svc	92042594	\$0	\$155,246	\$155,246
2028	102-500731	Contracts for Program Svc	92042594	\$0	\$88,754	\$88,754
			Total	\$157,133	\$286,867	\$444,000

EXPLANATION

This request is **Retroactive** due to the delayed funding notification from the Substance Abuse Mental Health Services Administration (SAMHSA). SAMHSA notified the Department on September 7, 2026, of the availability of funding to continue these services beyond the contract's completion date of September 29, 2026; therefore the Department was unable to present this request to the Governor and Council prior to the contract expiring. The Contractor has not conducted work pending approval by Governor and Council of this requested action.

The purpose of this request is to exercise a contract renewal option to allow the Contractor to continue supporting the Department's federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant objectives related to targeted capacity building, enhanced services, and the ongoing implementation of the 988 Lifeline Center services, which is essential to strengthening New Hampshire's crisis response system and ensuring that residents have timely access to high quality behavioral health support during moments of acute need.

The Contractor will continue to collaborate with the Department and the Department's identified 988 Lifeline Centers to improve statewide response to 988 contacts, including calls, chats, and texts, in alignment with the SAMHSA 988 Cooperative Agreement Program. Additionally, the Contractor will continue to work with the Department and Lifelines to optimize core operational domains, data collection, quality assurance, sustainability planning, and performance indicators, and will continue to provide the metrics, processes, and infrastructure needed to support continuous improvement and align 988 services with statewide strategic goals. Collectively, these activities provide critical infrastructure for evaluation, quality assurance, system alignment, and long-term sustainability, ensuring that New Hampshire's 988 Lifeline services meet federal expectations and effectively serve individuals in crisis.

The Department will continue to monitor services through monthly meetings and the review of monthly reports provided by the Contractor.

As referenced in Appendix A, Revisions to Standard Agreement Provisions, of the original agreement, the parties have the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

Should the Governor and Council not authorize this request, 988 Lifeline Center services will be limited regarding expansion, improvement, and sustainability, which may result in the inability to meet increased call demand and adequately deliver ongoing services. Additionally, the Department and the primary Lifeline Center will not receive the necessary technical assistance related to data collection and analysis designed to inform decision making regarding quality improvement and long-term operational stability.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.243, FAIN # H79FG001183, and FAIN # H79FG001461.

Respectfully submitted,



For:

Lori A. Weaver
Commissioner

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

This Amendment to the Capacity Improvement for 988 Lifeline Center Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Fourteen Birch's, LLC d/b/a Impact Consulting ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 3, 2026 (Item #112), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:
September 29, 2027
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$444,000
3. Modify Exhibit B, Scope of Services, Section 1.1.3., to read:
1.1.3. Support the work of the NH 988 Coalition to foster effective stakeholder and community relationships and utilize their feedback for quality improvement efforts.
4. Modify Exhibit B, Scope of Services, Section 1.4. lead-in paragraph only, to read:
1.4. The Contractor must develop and submit the following reports for domains listed in Section 1.3. above, in a format approved by the Department:
5. Modify Exhibit B, Scope of Services, Section 1.5., to read:
1.5. The Contractor must collaborate with the Department to:
 - 1.5.1. Develop monthly Data Summary Reports to inform decision making for continuous internal quality improvement efforts. Data Summary Reports must:
 - 1.5.1.1. Highlight trends, patterns, and anomalies in data;
 - 1.5.1.2. Provide a snapshot of performance metrics; and
 - 1.5.1.3. Summarize complex data in accessible and easily understandable formats for stakeholders and community engagement;
 - 1.5.2. Establish integrated workflows that enhance statewide data capacity, including, but not limited to:
 - 1.5.2.1. A common data dictionary.
 - 1.5.2.2. Extract specifications.
 - 1.5.2.3. Reporting-period rules.
 - 1.5.2.4. Correction procedures;
 - 1.5.3. Establish integrated workflows between the Department-identified Lifelines that:
 - 1.5.3.1. Align, standardize and strengthen coordination; and
 - 1.5.3.2. Create an integrated quality improvement infrastructure; and

Fourteen Birch's, LLC
d/b/a Impact Consulting

A-S-1.3

Contractor's Initials:

Initial
JB

1.5.4. Facilitate professional development and training for the Department-identified Lifelines to enhance services in alignment with continuous quality improvement.

6. Modify Exhibit B, Scope of Services, Section 1.16., to read:

1.16. The Contractor must:

1.16.1. Submit the following reports to the Department for items listed in Section 1.4., in accordance with timelines listed in Exhibit C, Payment Terms. Reports must be submitted separately, as follows:

1.16.1.1. Assessment Summary Report;

1.16.1.2. Optimization Strategies Report; and

1.16.1.3. Implementation Strategies Report; and.

1.16.2. Review and refine the reports described in Section 1.16.1., by pressure testing their findings, assumptions, and recommendations through structured stakeholder engagement in order to be maintained as living documents and updated iteratively to support ongoing quality improvement over time.

7. Modify Exhibit C, Payment Terms, Section 1., to read:

1. This Agreement is funded by:

1.1. 100% Federal funds, 988 Grant, by the Substance Abuse and Mental Health Services Administration, ALN: 93.243, as awarded on:

1.1.1. September 15, 2025, FAIN H79FG001183; and

1.1.2. September 7, 2026, FAIN H79FG001461.

8. Modify Exhibit C, Payment Terms, Section 3., to read:

3. Payment shall be made upon completion and Department acceptance of deliverables, in accordance with Exhibit B, Scope of Services, as specified in the **Tables A and B** below:

Table A				
Deliverables*	Due Date**	Deliverable Output Cost/Unit	Deliverable Output Units	Total Cost of Deliverables (All units added)
Section 1.4.1. Assessment Summary Report completed and submitted to the Department for approval.	7/31/26	\$33,325	1	\$33,325
Section 1.4.2. Optimization Strategies Report completed and submitted to the Department for approval.	8/31/26	\$33,325	1	\$33,325

Section 1.4.3. Implementation Strategies Report completed and submitted to the Department for approval.	9/30/26	\$33,327	1	\$33,327
Section 1.16.2. Assessment Summary, Optimization Strategies, and Implementation Strategies reports reviewed and refined.	3/31/27	\$42,867	1	\$42,867
Section 1.5. Data Summary Reports completed and submitted to the Department for approval.	Ongoing (invoiced monthly) through 9/29/26	\$4,500	4	\$ 18,000
Section 1.6. 988 Coalition Meeting Planning & Facilitation.	Ongoing (invoiced monthly) through 9/29/26	\$4,763	4	\$ 19,052
Section 1.12. Monthly meetings with the Department.	Ongoing (invoiced monthly) through 9/29/26	\$1,263	4	\$ 5,052
Section 1.13. Monthly meetings with the Department and designated Lifelines.	Ongoing (invoiced monthly) through 9/29/26	\$1,263	4	\$ 5,052
Section 1.15. Monthly Progress Reports completed and submitted to the Department for approval.	Ongoing (invoiced monthly) through 9/29/26	\$2,500	4	\$ 10,000
TOTAL PROPOSED COST OF DELIVERABLES				\$200,000
*Deliverables are inclusive of all costs, including but not limited to labor, travel, and mileage.				
**Deliverable due dates are subject to change upon written approval by the Department.				

Table B				
Deliverables*	Due Date**	Deliverable Output Cost/Unit	Deliverable Output Units	Total Cost of Deliverables (All units)

Fourteen Birch's, LLC
d/b/a Impact Consulting

A-S-1.3

Contractor's Initials: JB

				added)
Section 1.5.2. Integrated workflows that enhance statewide data capacity established.	4/30/27	\$26,645	1	\$26,645
Section 1.5.3. Integrated workflows that align, standardize and strengthen coordination, and create an integrated quality improvement infrastructure between the Department-identified Lifelines established.	9/29/27	\$26,645	1	\$26,645
Section 1.5.4. Professional development and training for the Department-identified Lifelines to enhance services in alignment with continuous quality improvement facilitated.	9/29/27	\$19,242	1	\$19,242
Section 1.5. Data Summary Reports completed and submitted to the Department for approval.	Ongoing (invoiced monthly) 9/30/26 - 9/29/27	\$4,500	12	\$54,000
Section 1.6. 988 Coalition Meeting Planning & Facilitation.	Ongoing (invoiced monthly) 9/30/26 - 9/29/27	\$4,763	12	\$57,156
Section 1.12. Monthly meetings with the Department.	Ongoing (invoiced monthly) 9/30/26 - 9/29/27	\$1,263	12	\$15,156
Section 1.13. Monthly meetings with the Department and designated Lifelines.	Ongoing (invoiced monthly) 9/30/26 - 9/29/27	\$1,263	12	\$15,156
Section 1.15. Monthly Progress Reports completed and submitted to the Department for approval.	Ongoing (invoiced monthly) 9/30/26 - 9/29/27	\$2,500	12	\$30,000

Fourteen Birch's, LLC
d/b/a Impact Consulting

A-S-1.3

Contractor's Initials:

Initial
JB

TOTAL PROPOSED COST OF DELIVERABLES	\$244,000
*Deliverables are inclusive of all costs, including but not limited to labor, travel, and mileage. **Deliverable due dates are subject to change upon written approval by the Department.	

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 30, 2026, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

9/17/2026

Date

DocuSigned by:
Katja S. Fox

Name: Katja S. Fox
Title: Director

Fourteen Birch's, LLC d/b/a Impact Consulting

9/16/2026

Date

Signed by:
Jennifer Buteau

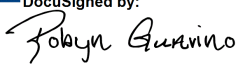
Name: Jennifer Buteau
Title: Principal

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

OFFICE OF THE ATTORNEY GENERAL

9/18/2026

Date

DocuSigned by:


Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Initial

Contractor's Initials: _____

Date: 9/16/2026

State of New Hampshire

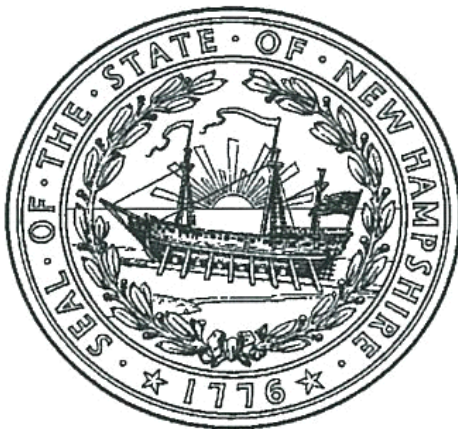
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that FOURTEEN BIRCH'S, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on April 05, 2021. 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: **868668**

Certificate Number: **0007901220**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of April A.D. 2026.

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

David M. Scanlan
Secretary of State

State of New Hampshire

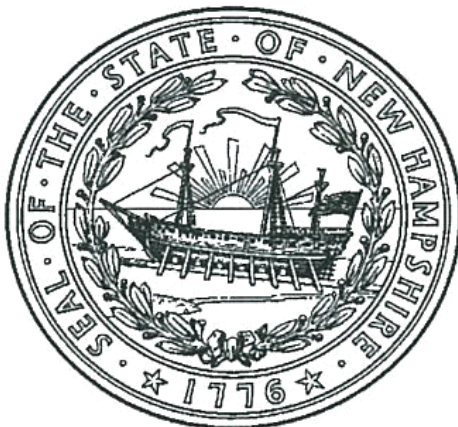
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that IMPACT CONSULTING is a New Hampshire Trade Name registered to transact business in New Hampshire on February 13, 2023. 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; and the attached is a true copy of the list of documents on file in this office.

Business ID: **923573**

Certificate Number: **0007924320**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of May A.D. 2026.

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

David M. Scanlan
Secretary of State

Limited Partnership or LLC Certificate of Authority

I, Jennifer Buteau, hereby certify that I am a sole Partner, Member, or Manager of
(Name)

Fourteen Birch's d.b.a. Impact Consulting, a limited liability partnership under RSA 304-B, a limited

Name of Partnership or LLC)

liability professional partnership under RSA 304-D, or a limited liability company under RSA 304-C.

I certify that I am authorized to bind the partnership or LLC. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the partnership or LLC and that this authorization shall remain valid for thirty (30) days from the date of this Corporate Resolution.

Dated: 8/18/2026

Signature:



Name: Jennifer Buteau

Title: Managing Consultant



FOURBIR-01

SJORDAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/14/2026

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 Vaillancourt & Woodward, Inc. PO Box 8 Berlin, NH 03570-0008	CONTACT NAME: PHONE (A/C, No, Ext): (603) 752-2440 E-MAIL ADDRESS: insure@vaillancourt-woodward.com	FAX (A/C, No): (603) 752-2583
	INSURER(S) AFFORDING COVERAGE	
INSURED Fourteen Birch's LLC dba Impact Consulting 154 High St Berlin, NH 03570	INSURER A: United Financial Casualty Co	
	INSURER B:	
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:			PGR973140088	9/4/2026	9/4/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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

CANCELLATION

Department of Health and Human Services
 129 Pleasant St
 Concord, NH 03301

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

Stem Jordan



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 05/07/2026

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.

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PRODUCER 603-752-2440 Vaillancourt & Woodward Inc 15 Exchange Street P O Box 8 Berlin, NH 03570	CONTACT NAME: Steven Jordan PHONE (A/C, No, Ext): 603-752-2440 FAX (A/C, No): 603-752-2583 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : United Financial Casualty Co</td> <td></td> </tr> <tr> <td>INSURER B : Travelers -St Paul -WC</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United Financial Casualty Co		INSURER B : Travelers -St Paul -WC		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED Buteau, Jennifer Fourteen Birch's LLC dba Impact Consulting 154 High St Berlin, NH 03570															

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.

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AGGREGATE	\$																				
	\$																				
B	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	UB-A8524123-25-42-G	01/09/2026	01/09/2027	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>PER STATUTE</td> <td>OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	PER STATUTE	OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

State of NH Dept. of Health and Human Services 129 Pleasant St Concord, NH 03301	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 <i>Steven Jordan</i>
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