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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

Lori A. Weaver
Commissioner

Katja S. Fox
Director

October 15, 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 amend an existing contract with JSI Research & Training Institute, Inc. (VC #161611-B001), Boston, MA, for the continued development, implementation, analysis, and reporting of the New Hampshire Public Mental Health Client Satisfaction Survey, by exercising a contract renewal option by increasing the price limitation by $268,000 from $336,000 to $604,000 and extending the completion date from December 31, 2026 to December 31, 2028, effective January 1, 2027, upon Governor and Council approval. 37% Federal Funds. 63% Other Funds (Behavioral Health Services Information System).

The original contract was approved by Governor and Council on March 22, 2023, item #10 and amended on December 4, 2024, item #7.

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

05-95-092-922010-41210000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS; BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES. MENTAL HEALTH DATA COLLECTION

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2023	102-500731	Contracts for Prog Svc	92204122	$23,800	$0	$23,800
2024	102-500731	Contracts for Prog Svc	92204122	$84,000	$0	$84,000
2025	102-500731	Contracts for Prog Svc	92204122	$102,200	$0	$102,200

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2026	102-500731	Contracts for Prog Svc	92204122	$84,000	$0	$84,000
2027	102-500731	Contracts for Prog Svc	92204122	$42,000	$42,000	$84,000
2028	102-500731	Contracts for Prog Svc	92204122	$0	$84,000	$84,000
2029	102-500731	Contracts for Prog Svc	92204122	$0	$42,000	$42,000
			Subtotal	***$336,000***	***$168,000***	***$504,000***

05-95-092-922010-41200000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS; BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES. MENTAL HEALTH BLOCK GRANT

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2027	074-500589	Grants for Pub Asst Rel	92204120	$0	$25,000	$25,000
2028	074-500589	Grants for Pub Asst Rel	92204120	$0	$50,000	$50,000
2029	074-500589	Grants for Pub Asst Rel	92204120	$0	$25,000	$25,000
			Subtotal	***$0***	***$100,000***	***$100,000***
			Total	**$336,000**	**$268,000**	**$604,000**

EXPLANATION

The purpose of this request is to exercise a contract renewal option for the Contractor to continue developing, implementing, and analyzing the Community Mental Health Client Satisfaction Survey ("Client Survey") as mandated by the Substance Abuse and Mental Health Services Administration (SAMHSA) to gather feedback from adults and families receiving services from the ten (10) New Hampshire Community Mental Health Centers (CMHCs) to assess client satisfaction levels pertaining to the accessibility and quality of mental health services provided.

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The Contractor will increase the survey sample size and revise the survey distribution method, to improve the data validity of the survey responses and modernize and improve response rates, respectively. Additionally, these enhancements will ensure survey results provide more robust data points and more precise insight assessments. The aggregate, de-identifiable data collected through the Client Survey contributes to the Department's and public's understanding of the quality of services provided by the CMHCs. The Department uses the survey results to develop annual reports as federally mandated by SAMHSA and to monitor and improve the community mental health system.

The Department will continue to monitor services to ensure:

- Ninety-five percent (95%) of the time required activities and deliverables are achieved within the set timelines.
- Project Summary Plans are developed and submitted for Department approval in accordance with the set timelines.
- Electronic and telephone surveys conducted are adequately monitored for quality improvement.
- Client Survey data indicates ninety-five percent (95%) confidence intervals for each survey question and composite measures.

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

Should the Governor and Council not authorize this request, the Department may be unable to conduct the federally mandated annual Client Survey, which is necessary to access important data to effectively assess the performance of the Community Mental Health System. Further, the Department will be at risk of jeopardizing future federal Mental Health Block Grant funding.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.958, FAIN #B09SM090745

Respectfully submitted,



for:

Lori A. Weaver
Commissioner

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State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Community Mental Health Center Services Satisfaction Survey contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and JSI Research & Training Institute, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 22, 2023 (Item #10), as amended on December 4, 2024 (Item #7), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:

   December 31, 2028

2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:

   $604,000

3. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.6., to read:

   1.6 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:

   6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

4. Modify Exhibit B, Scope of Services, by replacing it in its entirety with Exhibit B – Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.

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

   1. This Agreement is funded by:

      1.1. 17% Federal funds, Community Mental Health Services Block Grant, as awarded on January 27, 2026, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), ALN 93.958, FAIN B09SM090745.

      1.2. 83% Other Funds.

6. Modify Exhibit C, Payment Terms; Section 3 to read: in its entirety with:

   3. Payment shall be for services provided in the fulfillment of this Agreement in accordance with Exhibit B – Scope of Services, Amendment #2 and the Activities/Deliverables, Due Dates, and Costs table below:

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Activities/Deliverables, Due Dates, and Costs		
Activity/Deliverable	**Due Date**	**Amount**
WORKPLAN PHASE	End Of Workplan Phase, By End Of April	All-Inclusive Of All Deliverables Related To Workplan Phase $25,000
- Vendor Written and Department Approved Client Survey Design, Methodology, Sample Methodology and protocols	End Of Workplan Phase, By End Of April	[redacted]
- Vendor Developed and Department Approved Survey Instrumentation for Paper and Web based Client Surveys	End Of Workplan Phase, By End Of April	
- Vendor Written and Department Approved Telephone Follow-up Protocols	End Of Workplan Phase, By End Of April	
- Vendor Written and Department Approved Pre-Notification Letter	End Of Workplan Phase, By End Of April	
- Vendor Written and Department Approved Follow-Up Letters	End Of Workplan Phase, By End Of April	
- Vendor Written and Department Approved Language Assistance Measures and Translation Materials	End Of Workplan Phase, By End Of April	
- Vendor Developed and Department Approved Training and Protocols for Working With Mental Health Clients	End Of Workplan Phase, By End Of April	
[redacted]		
SAMPLE COLLECTION PHASE	End Of Sample Collection Phase, By End Of August	$25,000, Upon Completion of All Sample Collection Deliverables
- Department Sends Vendor Client Population Lists	End Of Sample Collection	[redacted]

	Phase, By End Of August	[redacted]
- Vendor Selects Survey Samples	End Of Sample Collection Phase, By End Of August	
- Vendor Sends Department Selected Client IDs	End Of Sample Collection Phase, By End Of August	
- CMHCs Add Corresponding Client Information: Name Addresses Phone Numbers/Cell Phone E-Mails Primary Language Homeless (Notes on DECEASED CLIENTS – Department Will Review Throughout) Department Moves Files to Secure Site For Vendor to Access.	End Of Sample Collection Phase, By End Of August	
- Vendor compiles complete database of selected samples from 10 CMHCs	End Of Sample Collection Phase, By End Of August	
- Vendor Draws Samples	End Of Sample Collection Phase, By End Of August	
COMPLETION OF SURVEY	End Of Survey Completion Phase, By End Of October	$60,000, Upon Completion Of All Completion Of Survey Deliverables
- Pre-notification results letter/E-Mail/Text Message	End Of Survey Completion Phase, By End Of October	[redacted]
- First Round of Client Survey Mailed With Drawing Entry For Completed Survey (Gift Cards For Clients Completing The Survey)	End Of Survey Completion Phase, By End Of October	
- Reminder Communication	End Of Survey Completion	

	Phase, By End Of October	[redacted]
- Additional, Department-Approved Telephone Follow-Up	End Of Survey Completion Phase, By End Of October	
COMPLETED AND APPROVED UNIFORM REPORTING SYSTEM (URS) TABLES 9, 11, 11A, 19A, AND 19B ON THE REQUIRED REPORTS	Stand-Alone Deliverable, To Be Completed By End Of November	$5,000.00
DATA COLLECTION PHASE	End Of Data Collection Phase, By First Week Of December	$12,000, Upon Completion Of All Sample Collection Deliverables
Approved Final Electronic Client Survey Data Delivered To DHHS	End Of Data Collection Phase, By First Week Of December	[redacted]
Vendor Transfers Microsoft Excel File Containing Responses To Open Ended Questions	End Of Data Collection Phase, By First Week Of December	
- Vendor Produces a .csv File Containing: Individual Respondent-Level Responses For Each Question Weighting And Sample Design Variables Need For Analysis CMHC The Respondent Was Selected From Demographic Characteristics Obtained From The Client Survey Questions Or CMHC's	End Of Data Collection Phase, By First Week Of December	
- Vendor Produces A Microsoft Excel File With Tabular Weighted Frequencies And 95% Confidence Intervals For Each Question And Any Composite Or Calculated Measures	End Of Data Collection Phase, By First Week Of December	
- Vendor Transfers A Microsoft Excel File For Each CMHC Containing: Number Of Respondents Selected Number Of Respondents With Completed Client Surveys	End Of Data Collection Phase, By First Week Of December	

Number Of Respondents With Unusable Contact Information Number Of Client Surveys That Were Incomplete Or Unusable Response Rate		[redacted]
FINAL REPORT PHASE	End of Final Report Phase, By The End of December	$7,000, Upon Completion of all Final Report Phase Deliverables
- Written And Approved Final Public Client Survey Report Delivered Electronically To Department	End of Final Report Phase, By The End of December	[redacted]
- Delivered And Approved Printed Reports (Less Than 20)	End of Final Report Phase, By The End of December	
- Completed And Approved Presentations (Up To 3)	End of Final Report Phase, By The End of December	
- Written and Approved Summary Plan For Upcoming Calendar Year	End of Final Report Phase, By The End of December	
	ANNUAL TOTAL	$134,000

7. Modify Exhibit C, Payment Terms, Section 4.1, to read:

   4.1 The Contractor must submit invoices within twenty (20) days of completion of each Department-accepted deliverable listed in the Activities/Deliverables, Due Dates, and Costs table in Section 3 above.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective January 1, 2027, 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

10/19/2026
Date

Signed by:
Katja Fox
ED9D05B04C63442...
Name: Katja Fox
Title: Director

JSI Research & Training Institute, Inc.

10/19/2026
Date

Signed by:
Susan Longley
0498D7195E77456...
Name: Susan Longley
Title: Executive Vice President, JSI

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

OFFICE OF THE ATTORNEY GENERAL

10/20/2026
Date

DocuSigned by:
Robyn Guarino
748734844941460...
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:

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Scope of Services

1. Statement of Work

1.1. The Contractor must prepare and conduct a statistically valid Community Mental Health Center (CMHC) Client Satisfaction Survey, (Client Survey), of the clients receiving services from the ten CMHCs that ensures comparability with the prior year's Client Survey results as required by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States Department of Health and Human Services. The Client Survey must:

1.1.1. Be provided through Department-approved communication methods.

1.1.2. Maintain and ensure clients' confidentiality and security through transmittal of data.

1.2. The Contractor must analyze the Client Survey data in order to prepare reports of the Client Survey results for both statewide averages and CMHC specific results.

1.3. The Contractor must provide up to three (3) presentations of the Client Survey results to selected groups.

1.4. Client Survey Development

1.4.1. The Contractor must create the Client Survey consisting of questions required by SAMHSA and questions added by the Department in two (2) modules with approximately fifty (50) questions each, which must include, but not be limited to:

1.4.1.1. One (1) module for adults receiving services.

1.4.1.2. One (1) module for the families of children who are receiving services.

1.4.2. The Contractor must collaborate with the Department to change, add, remove, or update Client Survey questions, and must submit the Client Survey to the Department for final approval of any changes.

1.4.3. The Contractor must prepare versions of the Client Survey in English, and in Spanish or another language possibly including: Vietnamese, Swahili, Nepali, Kinyarwanda, Portuguese, Arabic, French, Bosnian, Nepalese, Somali, Russian, Bhutanese, Hindi, Thai, Haitian Creole, Cantonese, Indonesian, Albanian, Burmese, Urdu, Mandarin, Cantonese, Korean, as directed by the Department.

1.4.4. The Contractor must program the two (2) Client Survey modules into the Contractor's Computer Assisted Telephone Interviewing (CATI) system. The CATI system must be HIPAA compliant, in addition to adhering to Exhibit K: DHHS Information Security Requirements and Exhibit L: IT Requirements Workbook, which are attached hereto and incorporated by referenced herein.

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1.4.5. The Contractor must have a development (test) and production environment for the CATI and the web based-based survey program. The Contractor must not place production data or Confidential Data in the development environment.

1.4.6. The Contractor must extensively test each module to ensure that the questions and any skip instructions are identical to the paper versions.

1.4.7. The Contractor must communicate the testing results to the Department at least one week prior to beginning any telephone interviews.

1.4.8. The Contractor must program the two (2) Client Survey modules into a web-based survey program.

1.4.9. The Contractor must extensively test each module to ensure that the questions and any skip instructions are identical to the paper versions.

1.4.10. The Contractor must obtain approval from the Department on the final paper, print-ready Client Surveys and notifications accompanying the survey prior to printing the Client Surveys.

1.4.11. The Contractor must obtain signed approval from the Department on the final CATI interview script prior to beginning interviews.

1.5. Annual Work Plans and Project Summary Plans

1.5.1. The Contractor must develop a work plan for the completion of the Client Survey and update the work plan on an annual basis and submit for Department approval by the end of February each Contract year. The Contractor must complete and submit subsequent annual project summary plans for Department approval in accordance with the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms on a recurring basis.

1.5.2. The Contractor must annually provide the Department with User Acceptance Testing (UAT), Security Risk Assessment, and the System Security Plan which must include either the Consensus Assessments Initiative Questionnaire (CAIQ) or a security matrix mapped to NIST 800-53 security controls for Department acceptance and sign-off by the Department's Program IT Lead and the Department's Information Security Officer or designee for the HIPAA compliant web-based solution, then once Department sign-off and approval have been obtained for the solution, obtain sign-off approval from the Department on the final web-based Client Survey prior to beginning data collection.

1.5.3. The Contractor's work plan must include, but is not limited to:

1.5.3.1. Deliverables, which must include but is not limited to, details regarding any obstacles and other relevant information .

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1.5.3.2. Deliverable due dates that align with the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms.

1.5.3.3. The person responsible for completion of each deliverable.

1.5.3.4. Other items necessary to facilitate invoicing and progress reporting.

1.5.4. The Contractor must provide any updates or changes to the project staff to the Department to ensure clear point of contacts during the Client Survey implementation process.

1.5.5. The Contractor must participate in virtual or in-person meetings with the Department and other parties as needed to discuss progress, next steps and open items. Calls must occur more frequently during Client Survey preparation and report preparation times. The schedule and frequency of the calls shall be at the discretion of the Department with specific scheduling subject to the Contractor's availability.

1.5.6. The Contractor must conduct the Client Survey utilizing a methodology that ensures an approximate fifty percent (50%) Client Survey response rate for each module. Response rates shall be defined as the number of completed telephone, web-based, and paper surveys divided by the number of selected respondents with valid contact information.

1.6. Client Survey Administration

1.6.1. The Contractor must conduct the Client Survey through mail, email, text, virtual option, or via a secure web-based solution. Telephone calls are permitted but are not required.

1.6.2. The Contractor must conduct the Client Survey utilizing methodologies such as, Dilman's Tailored Design Method or other methods, as approved by the Department, that produce statistically valid survey results.

1.6.3. The Contractor will work collaboratively with the Department to address any decline in response rates and problem solve solutions to increase the responses.

1.6.4. The Contractor must calculate the appropriate sample size, with possible increases and decreases to the sample size each Contract year the Survey is conducted in order to produce statistically valid Client Survey results of the number of Client Survey participants from each CMHC so that the Client Survey adequately represents the Department's eligible and open case population as of the quarter-end date for the quarter before the survey is distributed. The contractor must ensure:

1.6.4.1. The final responding sample size is adequate to provide a ninety-five percent (95%) confidence interval of plus or minus five percent (5%); and

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1.6.4.2. The sample is drawn in a way that proportionally represents the population of each CMHC.

1.6.5. The Contractor must submit a sample of the survey to be distributed with an appropriate summary plan that includes survey methodology, data collection protocol, along with a written sample design that includes a sample size table for Department approval by the date defined in the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms, that contains at a minimum:

1.6.5.1. The name of each CMHC;

1.6.5.2. Estimated service population for each CMHC;

1.6.5.3. Number of respondents to be selected from each CMHC;

1.6.5.4. Number of final respondents expected; and,

1.6.5.5. Expected confidence interval.

1.6.6. Prior to the administration of the Client Survey, the Contractor must provide through a Department approved delivery method, a Department-approved pre-notification letter to selected respondents in the selected client's primary language that explains the purpose of the Client Survey that includes:

1.6.6.1. The purpose of the Client Survey;

1.6.6.2. The client's choice to consent to completing the Client Survey;

1.6.6.3. A guarantee of confidentiality; and

1.6.6.4. Contact information and procedures for questions or requests to be excluded from Client Survey activities.

1.6.7. The Contractor must contact the ten (10) CMHCs in regards to the summary plan in order to provide instructions on their role in the Client Survey and what the timeline is expected to be by the date established in the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms.

1.6.8. The Contractor must provide instructions and the protocols to the CMHCs on how to generate a data set of current clients who are eligible for services that must include, but is not limited to:

1.6.8.1. The number of Client Survey participants to select.

1.6.8.2. How to randomly select Client Survey participants.

1.6.8.3. Accurate client contact information, which must include, but is not limited to:

1.6.8.3.1. Full Name;

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1.6.8.3.2. Mailing address;

1.6.8.3.3. Phone number (for call and texting);

1.6.8.3.4. Email address (when available);

1.6.8.3.5. Guardians' names with contact information;

1.6.8.3.6. Patients' names for youth survey(s);

1.6.8.3.7. Primary language spoken; and

1.6.8.3.8. Response if the client has only seen Mobile Crisis Team in the last quarter.

1.6.9. The Contractor must work with the Department and CMHCs to identify selected respondents and best methods for reaching those who may be difficult to engage.

1.6.10. The Contractor must obtain the names of eligible clients to be surveyed from CMHCs in collaboration with the Department and in accordance with the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms.

1.7. Client Survey Distribution and Outreach Protocol

1.7.1. The Contractor must ensure the Client Survey is offered to randomly selected clients.

1.7.2. The Contractor must, after providing a pre-notification letter to selected respondents as specified in Sections 1.6.6 and 1.6.7. above, distribute the Client Survey to the selected respondents in the selected client's primary language that must include:

1.7.2.1. The purpose of the Client Survey;

1.7.2.2. The client's choice to consent to completing the Client Survey;

1.7.2.3. A guarantee of confidentiality;

1.7.2.4. Contact information and procedures for questions or requests to be excluded from Client Survey activities;

1.7.2.5. The Client Survey instrument appropriate for the household;

1.7.2.6. An incentive for survey completion to be determined collaboratively with the Department for approval; and

1.7.2.7. An attestation from the Contractor that states the Contractor and all subcontractors will, at no time, permit IP, cookie, or other tracking methods.

1.7.2.8. A prepaid, addressed envelope without a window for the client to mail the completed Client Survey back to the Contractor;

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1.7.2.9. Instructions on how to complete the survey, including:

1.7.2.9.1. Instructions how to complete the web-based survey instead, which must include the URL and instructions that a username and password, unique to the individual/household, will follow under separate cover to ensure security compliance;

1.7.2.10. Instructions directed at respondents with a deadline to return the completed paper, mailed Client Survey to the appropriate address.

1.8. Survey Non-Respondent Protocols

1.8.1. The Contractor must identify clients who have not yet responded to the Client Survey correspondence as described in Section 1.7.2. within one (1) week of distribution.

1.8.2. The Contractor must follow-up with non-respondents either by a Department-approved e-mail or text message, when email and mobile numbers are available, and include a link to the web-based survey, while including requirements as specified in Section 1.7.2.

1.8.3. The Contractor must perform outreach via telephone for clients who do not respond within one (1) week of the electronic follow-up as described in Section 1.8.1 above.

1.8.4. The Contractor must:

1.8.4.1. Call non-respondents who have provided the Department a telephone number, and primarily speak English

1.8.5. The Contractor must not call:

1.8.5.1. Non-respondents who have not provided the Department a telephone number; and

1.8.5.2. Non-respondents who have language translation needs.

1.8.6. The Contractor must attempt to call all eligible individuals a minimum of two (2) times as determined by the requirements listed in Section 1.8.1.

1.8.7. The Contractor, if successful in reaching a non-respondent, must make an attempt to conduct a telephone interview detailing the survey. Should the client refuse the phone interview, the Contractor must encourage the client to return the paper survey or complete the web-based survey, while providing information on how to do either option.

1.8.8. Should the Contractor successfully compel a client to take the survey via telephone, the Contractor must complete the survey at that time using the Contractor's CATI system, the approved telephone methodology, and questions from the survey.

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1.8.9. The Contractor must provide CATI surveys and qualified interviewers to conduct the interview in the respondent's primary language. The Contractor must:

1.8.9.1. In between the first and second telephone attempts, send a text reminder to all eligible clients;

1.8.9.2. Not leave voicemail messages containing PII, PHI or other Confidential Data;

1.8.9.3. Employ only experienced interviewers whose training includes, but is not limited to:

1.8.9.3.1. Non-directive interviewing methods.

1.8.9.3.2. Maintaining respondent confidentiality.

1.8.9.3.3. Interviewing Client Survey respondents.

1.8.9.3.4. HIPPA, privacy (PII), snooping, insider threat, and information security.

1.8.10. The Contractor must maintain digital phone logs that must include, but are not limited to:

1.8.10.1. The telephone number.

1.8.10.2. Date and time of call(s).

1.8.10.3. Name of the person making the call.

1.8.10.4. Reason for the call.

1.8.10.5. Outcome of the call.

1.8.11. The Contractor must unobtrusively monitor ten percent (10%) of telephone interviews for quality assurance and provide feedback to interviewers. At the beginning of the interview, the caller must inform the respondent that the phone call may be monitored for quality assurance and request permission to proceed with the phone interview. If the respondent does not want the conversation recorded, the Contractor must not record the interview.

1.9. Tracking Client Survey Responses

1.9.1. The Contractor must track Client Survey responses by:

1.9.2. Establishing a unique identifier for each client;

1.9.3. Using an Excel spreadsheet and a unique identifier to electronically track the following Confidential Data:

1.9.3.1.1. The method by which the client responded to their completed Client Survey;

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1.9.3.1.2. Links to each Client Survey completed to the responding client;

1.9.3.1.3. Client first name, middle name, last name and name suffix including, but not limited to, Jr., Sr., and II;

1.9.3.1.4. Client phone number;

1.9.3.1.5. The name of the CMHC who referred the Client; and

1.9.3.1.6. The Client's CMHC Client ID#.

1.9.4. The Contractor must scan returned, completed paper surveys using scanning software, or other system approved by the Department's Bureau of Information Services. Equipment used to scan completed surveys must be destroyed as required by the Department and must not be resold, refurbished or given away. The Contractor must:

1.9.4.1. Ensure staff resolve issues of light marks, double marks and scratched out/erased marks on the paper Client Surveys; and

1.9.4.2. Program parameters, for each Client Survey item, into the scanning software to prevent key stroke errors and out of range responses.

1.10. Training and Protocol for Working With Mental Health Clients

1.10.1. The Contractor must develop a written protocol for working with respondents who are mental health clients and submit the protocol to the Department for approval by the timeline specified in the approved and current work plan that aligns with the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms.

1.10.2. The Contractor must utilize the written protocol developed and approved by the Department, as specified in 1.10.1, to work with respondents who are mental health clients and to make appropriate referrals to a Departmental Behavioral Health staff member or other Department approved resource as needed.

1.10.3. The Contractor must ensure all staff interacting with Client Survey respondents are trained properly to work with individuals who have mental health conditions, which must include, but is not limited to:

1.10.3.1. The protocol for handling clients that may be agitated; and

1.10.3.2. How to make appropriate referrals for clients who seek Department intervention in handling disputes.

1.11. Data Collection and Data File Development

1.11.1. The Contractor must ensure process integrity at all times and at all state and CMHC levels following the approved survey protocol.

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1.11.2. The Contractor must establish Department-approved guidelines to determine if a returned Client Survey is complete or unusable.

1.11.3. The Contractor must supervise the collection process to ensure all data is gathered according to the specific protocol for the Client Survey as approved by the Department.

1.11.4. The Contractor must compile and maintain data from completed Client Surveys to complete statistical analysis for reporting as described in Section 1.12, Analysis Requirements.

1.11.5. Utilizing the Department's SFTP for transmission, the Contractor must provide final electronic Client Survey data to the Department upon completion of the Client Survey Results report. Data files must include, but are not limited to:

1.11.5.1. A file in .csv format containing individual respondent level responses for each question.

1.11.5.2. Any weighting and sample design variables needed for analysis.

1.11.5.3. The CMHC the respondent was selected from.

1.11.5.4. Demographic characteristics obtained from the Client Survey questions or the CHMCs.

1.11.5.5. A file in Microsoft Excel format with tabular weighted frequencies and ninety-five percent (95%) confidence intervals for each question and for any composite or calculated measures.

1.11.5.6. A file in Microsoft Excel containing responses to open ended questions.

1.11.5.7. A file in Microsoft Excel containing any corrected client contact information.

1.11.5.7.1. A file in Microsoft Excel for each CMHC include, but not be limited to:

1.11.5.7.2. The number of respondents selected.

1.11.5.7.3. The final number of respondents with completed Client Surveys;

1.11.5.7.4. The number of selected respondents with unusable contact information;

1.11.5.7.5. The number of Client Surveys that were incomplete or unusable.

1.11.5.7.6. The response rate.

1.12. Analysis Requirements

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1.12.1. The Contractor must provide Client Survey results to the Department in the timeframe established in the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms.

1.12.2. The Contractor must utilize a Department approved analysis and reporting plan in line with the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms.

1.12.3. The Contractor must complete statistical analysis of the Client Survey data including, but not limited to:

1.12.3.1. Demographics of the population.

1.12.3.2. Service Provision.

1.12.3.3. Participation with Treatment Team.

1.12.3.4. General Satisfaction.

1.12.3.5. Quality of Services.

1.12.3.6. Social Connections.

1.12.3.7. Function and Outcomes.

1.12.3.8. Any standard measures required by SAMHSA.

1.12.4. The Contractor must, as part of the statistical analysis, calculate and display confidence intervals for Client Survey estimates and perform significance testing comparing CMHC current performance, to prior years' performance and to state average performance, and state average performance to prior years' performance. Confidence intervals and statistical testing must be adjusted for sample design and weighting as statistically appropriate.

1.12.5. The Contractor must submit, for Department approval, by the dates defined in the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms., one (1) report that summarizes the statistical analysis defined in Section 1.12.

1.12.6. The Contractor must complete the Uniform Reporting System (URS) tables 9, 11, 11A, 19A, and 19B on the required reports, as established by the National Research Institute, Inc. (NRI) or the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration (CMHS/SAMHSA).

1.12.7. The Contractor must prepare other reports as requested by the Department.

1.12.8. The Contractor must design the reports to document, in common English, beyond statistical tables, the interpretation of the results in a way that

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makes them easy to understand by CMHC staff, DHHS program staff and the general public with no knowledge in research, program or evaluation.

1.12.9. The Contractor must develop a statewide report of Client Survey results and must include annual reports for each of the ten (10) CMHC's.

1.12.9.1. The reports must include aggregate trending data for the current year and the past three (3) years.

1.12.10. The Contractor must release, only to the Department, the Client Survey data, reports, or any other information regarding the Client Survey;

1.12.11. The Contractor must submit report drafts for Department review and written sign-off approval, by the date listed in the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms.

1.12.12. The Contractor must provide all reports as PDFs and ensure thorough proofreading, that all graphics are to be formatted for consistency, adequate spacing, legibility, and attractive presentation. Reports must include color charts.

1.12.13. The Contractor may be asked to provide, upon approval of the Department, printed reports that are coil bound, have light card stock covers, typically between 100 and 150 pages, and limited to the production number set by the Department, typically 20 copies or less.

1.13. In-Person Presentation of Client Survey Results

1.13.1. The Contractor may be asked to provide up to three (3) formal, in-person presentations, to the Department, selected stakeholders, such as the Chief Executive Officers of the CMHCs, and the New Hampshire State Behavioral Health Advisory Council, following the annual report submission.

1.13.2. The Contractor must be prepared to present the Client Survey results and reports at up to 3 events as designated by the bureau, virtually is acceptable, and provide answers to any questions during the presentations.

1.13.2.1. The Contractor may use written, verbal, and electronic media to present the Client Survey results.

1.13.2.2. The Contractor may be required to provide additional presentations to other stakeholders, as directed by the Department.

1.14. Performance Measures

1.14.1. The Contractor must ensure ninety-five percent (95%) of all deliverables are met in-line with the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms and the Department approved Summary Plan for the current year.

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1.14.2. The Contractor must monitor ten percent (10%) of interviews for the purpose of quality assurance and provide feedback to interviewers.

1.14.3. The Contractor must provide final electronic Client Survey data to the Department upon completion of the Client Survey results report which must include a file in Microsoft Excel format with tabular weighted frequencies and ninety-five percent (95%) confidence intervals for each question and for any composite or calculated measures.

1.14.4. The Contractor must ensure Client Survey response rates (number of completed Client Surveys divided by number of contacts) are at least the same as the previous year's Client Survey.

1.15. Reporting

1.15.1. The Contractor must submit weekly reports to the Department to ensure alignment with Deliverables as listed in the Activities/Deliverables, Due Dates, and Costs table in Section 3 of Exhibit C, Payment Terms.

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

1.15.3. The Contractor must submit a written draft report of the final Client Survey results to the Department for review and written approval prior to publication on the Department website and authorized distribution of reports to leadership at CMHCs.

1.16. Confidential Data

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

1.16.2. 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.

1.17. Privacy Impact Assessment

1.17.1. 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

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provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:

1.17.1.1. How PII is gathered and stored;

1.17.1.2. Who will have access to PII;

1.17.1.3. How PII will be used in the system;

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

1.17.1.5. Privacy practices.

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

1.18. Department Owned Devices, Systems and Network Usage

1.18.1. If Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, are 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, each End User must:

1.18.1.1. 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;

1.18.1.2. 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 shall they access or attempt to access information without having the express authority of the Department to do so;

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

1.18.1.4. 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;

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

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

1.18.1.7. 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."

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

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

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

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

1.18.1.9.3. 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."

1.18.1.10. 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:

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

1.18.1.10.2. 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.

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

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1.18.1.11. 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.

1.18.1.12. Contractor agrees to notify the Department a minimum of three 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.

1.18.2. Workspace Requirement

1.18.2.1. If applicable, the Department will work with Contractor to determine requirements for providing necessary workspace and State equipment for its End Users.

1.19. Contract End-of-Life Transition Services

1.19.1. General Requirements

1.19.1.1. 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 shall provide the DTP template to the Contractor.

1.19.1.2. 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.

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1.19.1.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store Department Data in relationship to this contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of Department data is complete.

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

1.19.1.5. In the event the data Transition extend beyond the end of the Agreement, the Contractor agrees that the Information Security Requirements, and if applicable, the Department's Business Associate Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

1.19.1.6. In the event the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the terms and conditions of the Department's DHHS Information Security Requirements Exhibit.

1.19.2. Completion of Transition Services

1.19.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of fifteen (15) business days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan, unless within said fifteen (15) business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.

1.19.2.2. Once all parties agree the data has been migrated the Contractor will have thirty (30) days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

1.19.3. Disagreement over Transition Services Results

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

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at any time the Department shall be entitled to initiate actions in accordance with the Agreement.

1.20. Website and Social Media

1.20.1. 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.

1.20.2. 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.

1.20.3. Requirements for Web Content Accessibility:

1.20.3.1. Under Title II of the Americans with Disabilities Act, the Department 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.

1.20.3.2. The Contractor acknowledges and agrees that the Department may require Contractor's compliance with the web content accessibility standards set forth above to be determined by a third-party selected by the State in its sole and absolute discretion.

1.20.3.3. Hardware that transmits information or has a user interface, such as display screens, variable message signs, and kiosks, must comply with ICT Accessibility Standards and Guidelines, Chapter 4: Hardware.

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1.20.4. State of New Hampshire's Website Copyright

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

2. Exhibits Incorporated

2.1. The Contractor must comply with all Exhibits D through L, which are attached hereto and incorporated by reference herein.

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

2.3. 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 I, Business Associate Agreement, which has been executed by the parties.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

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

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

3.2.1. The Contractor must submit:

3.2.1.1. 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.

3.2.1.2. 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

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website (https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors); and

3.2.1.3. 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).

3.3. Credits and Copyright Ownership

3.3.1. 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 a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

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

3.3.3. 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.

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

4. Records

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

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

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

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4.1.3. Statistical, records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts.

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

State of New Hampshire
Department of State

CERTIFICATE

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

Business ID: **739507**
Certificate Number: **0007927755**

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

David M. Scanlan
Secretary of State

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CERTIFICATE OF AUTHORITY

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

1. I am a duly elected Clerk/Secretary/Officer of JSI Research & Training Institute, Inc.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 18, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

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

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

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

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

Dated: 10/5/2026

Signature of Elected Officer

Name: Robert Schlink

Title: Assistant Clerk

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/7/2026

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 The Baldwin Group Mid-Atlantic LLC 20 South King Street Leesburg VA 20175 License#: CA#0658748	**CONTACT NAME:** Nikkia Summers **PHONE (A/C, No, Ext):** 703-777-2341 **FAX (A/C, No):** 703-771-1852 **E-MAIL ADDRESS:** Nikkia.Summers@Baldwin.com
INSURED JSI Research & Training Institute, Inc. 44 Farnsworth Street Boston MA 02210-1206 JOHNSNO-01	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Federal Insurance Company 20281 **INSURER B :** ACE American Insurance Company 22667 **INSURER C :** Great Northern Insurance Compa 20303 **INSURER D :** Chubb Indemnity Insurance Comp 12777 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1483426262 **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	
C	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER:			3587-33-20 BAL	10/1/2026	10/1/2027	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 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ $
A	**AUTOMOBILE LIABILITY** ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			(26)7354-66-34	10/1/2026	10/1/2027	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			7986-10-66	10/1/2026	10/1/2027	EACH OCCURRENCE AGGREGATE 	$ 10,000,000 $ 10,000,000 $
D	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		(26) 7173-31-82	10/1/2026	10/1/2027	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
B B	Professional Liability Cyber Liability			D96621772 D96621772	10/1/2026 10/1/2026	10/1/2027 10/1/2027	Aggregate Aggregate	5,000,000 5,000,000

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 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: JSI Research & Training Institute, Inc.

B. Entity's Contact Information:

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

Name / Phone / Email: Susan Longley, 617-482-9485, susan.longley@jsi.org

C. List Board of Directors and Affiliations

Name Identify any additional role(s) in Parentheses, e.g., John Doe (President)	**Affiliations**
Sandro Galea (Board Chair)	Dean, Washington University School of Public Health
Alina Rocha Menocal	Director, Thinking and Working Politically Community of Practice, University of Birmingham
Hafiz Adamjee	Head of Compliance (retired), Novartis
Lia Tadesse Gebremedhin	Executive Director, Harvard Ministerial Leadership Program; Former Minister of Health
Mike Useem (Member)	Faculty Director, McNulty Leadership Program Wharton School, University of Pennsylvania
Dr. Muka Chikuba-McLeod	President/CEO, JSI Research & Training Institute, Inc.
Dr. Nneka Mobisson	Co-founder and CEO of mDoc
Eyitope Kola-Oyeneyin	Managing Partner, Augmentum Advisory
Monica Valdes Lupi	Managing Director for Health, Kresge Foundation

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

Name	**Role**	**Annual Salary**	**Amount Paid From This Contract**
Wendy Chow	Project Director	$142,717	$5,239.23
Rebecca Millock	Project Manager	$92,591	$9,554.89
Lauren Ferridge	Project Coordinator	$64,293	$5,038.60

*JSI's overhead rate is 26.2% and fringe is 47.37%.

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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

16479	JSI Research & Training Institute, Inc.	44 Farnsworth StreetBoston, MA 02210	Boston	MA	02210	G	2/14/2027

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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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Better Health & Education Outcomes. For All.





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

Our Approach

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

Our Reach

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

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Our Services

- Program Design and Implementation
- Applied Research and Evaluation
- Training and Technical Assistance
- Strategic Planning
- Policy Development and Implementation



Our Expertise and Results

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

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

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



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

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

We increase access to immunizations for individuals and communities.

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

We support community health workers in the United States.

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

We prevent, detect, and treat infectious diseases globally.

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



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

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



We scale data and digital solutions to improve efficiency.

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

We support the future of the American workforce.

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

Learn more at JSI.org

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

JSI Research and Training Institute, Inc.

September 30, 2024 and 2023

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GRANT THORNTON LLP
53 State Street, 16th Floor
Boston, MA 02109

D +1 617 723 7900
F +1 617 723 3640

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors
JSI Research and Training Institute, Inc.

Opinion

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

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

Basis for opinion

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

Responsibilities of management for the financial statements

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

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

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

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

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

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

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

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

Other reporting required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated June 10, 2025 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Grant Thornton LLP

Boston, Massachusetts
June 10, 2025

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JSI Research and Training Institute, Inc. and Affiliates

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

September 30, 2024 and 2023

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

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

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JSI Research and Training Institute, Inc. and Affiliates

CONSOLIDATED STATEMENTS OF ACTIVITIES

Years ended September 30, 2024 and 2023

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

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

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JSI Research and Training Institute, Inc. and Affiliates

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year ended September 30, 2024

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

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

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JSI Research and Training Institute, Inc. and Affiliates

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year ended September 30, 2023

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

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

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JSI Research and Training Institute, Inc. and Affiliates

CONSOLIDATED STATEMENT OF CASH FLOWS

Years ended September 30, 2024 and 2023

Cash flows from operating activities:		
Change in net assets	$ 4,949,058	$ 6,755,530
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,407,511	1,420,757
(Increase) decrease in operating assets:		
Receivables for program work	15,417,881	(16,248,188)
Field advances - program	126,359	(171,747)
Employee advances	65,567	54,735
Inventory	(7,101,071)	43,038,776
Prepaid expenses and other current assets	3,120,577	(10,049,422)
Right-of-use assets	6,002,048	4,326,258
Other assets	1,388,529	(1,892,358)
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	422,321	(17,336,680)
Accrued vacation	136,656	1,883,560
Advances for program work	(42,576,244)	55,147,460
Lease liabilities	(5,961,244)	(4,103,657)
Net cash provided by operating activities	(22,602,052)	62,825,024
Cash flows from investing activities:		
Acquisition of The Manoff Group, net of cash acquired	-	(403,359)
Contributed net assets, net of cash received	-	2,039,409
Acquisition of property and equipment	(28,860)	(1,846,608)
Net cash used in operating activities	(28,860)	(210,558)
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(22,630,912)	62,614,466
Cash and cash equivalents at beginning of year	198,258,786	135,644,320
Cash and cash equivalents at end of year	$ 175,627,874	$ 198,258,786
Supplemental cash flow information:		
Cash paid during the year for income taxes	$ -	$ 936,475

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

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NOTE 1 - ORGANIZATION AND NATURE OF ACTIVITIES

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

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

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

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

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

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

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

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

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

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

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

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

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

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Basis of Accounting

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

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

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

Use of Estimates

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

Cash and Cash Equivalents

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

Inventory

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

Property and Equipment

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

Revenue Recognition

Grants and Contacts

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

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

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

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

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

Donated Materials and Services

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

Income Taxes

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

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

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

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

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

Functional Allocation of Expenses

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

Foreign Currency Transactions

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

Receivables for Program Work

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

Goodwill

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

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

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

No triggering events were identified during fiscal 2024 and 2023.

Leases

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

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

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

NOTE 3 - ACQUISITION OF TMG

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

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

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

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

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

NOTE 4 - INSUPPLY

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

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

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

NOTE 5 - CONCENTRATION OF CREDIT RISK - CASH

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

NOTE 6 - PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION

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

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

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

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NOTE 7 - ADVANCES FOR PROGRAM WORK

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

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

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

NOTE 8 - DEBT

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

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

NOTE 9 - CONTINGENCIES

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

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

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NOTE 10 - NET ASSETS

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

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

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

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

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

NOTE 11 - RETIREMENT PLANS

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

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

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

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

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

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NOTE 12 - COMMITMENTS

Operating Leases

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTE 13 - CONCENTRATION OF FUNDING

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

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

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

NOTE 14 - LIQUIDITY AND AVAILABILITY OF RESOURCES

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

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

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

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

NOTE 15 - SUBSEQUENT EVENTS

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

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

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SUPPLEMENTARY INFORMATION

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JSI Research and Training Institute, Inc.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year ended September 30, 2024

Federal Grantor/Program Title/Pass-Through Grantor/Program		Pass-Through or Direct	Pass-Through Number	Federal Assistance Listing #	Federal Expenditures	Total Subcontract Expenses
U.S. Department of Agriculture						
Gus Schumacher Nutrition Incentive Program						
Springfield Community	SCG Health Script	Pass-through grant	agreement @ 1.26.2023	10.331	$ 5,943	$ -
WIC Special Supplemental Nutrition Program For Women, Infants, and Children						
The Opportunity Alliance	TOC WIC	Pass-through grant	TOA103124	10.557	36,116	-
SNAP Cluster						
NY Dept of Health	NYDOH NYS PANCE	Pass-through grant	DOH01-C36068GG-3450000	10.561	380,874	136,973
Food for Education						
World Food Program	WFP/USDA/NEPAL/FFE3 62479	Pass-through grant	Not available	10.608	386,034	172,876
World Food Program	WFP/USDA/Nepal/FFE-4	Pass-through grant	Not available	10.608	42,341	13,660
	Subtotal AL#10.608				428,375	186,536
USDA						
World Food Program	WFP/USDA/CAM/MGD FFE	Pass-through grant	Not available	10.U57	480,519	-
	Subtotal U.S. Department of Agriculture				**1,331,827**	**323,509**
U.S. Department of Justice						
Treatment Court Discretionary Grant Program						
NH Department of Justice	NH DOJ DCATT 2.0	Pass-through grant	15PBJA-21-GG-04133-DGCT	16.585	63,691	
NH Department of Justice	NH DOJ DCATT 2.0	Pass-through grant	15PBJA-21-GG-04133-DGCT	16.585	70,980	-
	Subtotal AL#16.585				134,671	-
Comprehensive Opioid, Stimulant, and other Substances Use Program						
County of Cumberland	Pathways for ME	Pass-through grant	15PBJA-23-GG-02392-COAP	16.585	22,033	-
NH Department of Justice	NH DOJ COSSAP	Pass-through grant	2024COSSAP10	16.585	6,149	-
	Subtotal AL#16.585				28,182	-
	Subtotal U.S. Department of Justice				**162,853**	**-**
U.S. Department of Labor						
U.S. Department of Labor	International Labor Programs	Direct grant	N/A - Direct grant	17.401	296,775	40,976
	Subtotal U.S. Department of Labor				**296,775**	**40,976**
U.S. Department of State						
Weapons Removal and Abatement						
U.S. DEPARTMENT OF STATE	DOS/LAOS/WVMF 62459	Direct grant	N/A - Direct grant	19.800	53,098	-
U.S. DEPARTMENT OF STATE	DOS/LAOS/LAWANG EOR 62473	Direct grant	N/A - Direct grant	19.800	450,036	
U.S. DEPARTMENT OF STATE	DOS/LAOS/US MED FUND UXO	Direct grant	N/A - Direct grant	19.800	9,459	-
	Subtotal United States Department of State				**512,593**	**-**
U.S. Department of transportation						
Highway Safety Cluster						
RI Department of Labor	National Priority Safety Programs	Direct grant	N/A - Direct grant	20.616	10,997	-
	Subtotal U.S. Department of transportation				**10,997**	**-**
U.S. Department of the Treasury						
COVID-19 - CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS						
ECONOMIC DEV & INDUS CORP	BOSTON OWD PHASE III	Pass-through grant	Not available	21.027	1,860	-
City of Denver	CODENVER AIAN Healing COV	Pass-through grant	HRCRS-202366493-00	21.027	8,933	-
ECONOMIC DEV & INDUS CORP	EDIC / OWD PHASE II 61305	Pass-through grant	0504500601	21.027	49,289	6,098
	Subtotal U.S. Department of the Treasury				**60,082**	**6,098**
State and Tribal Indoor Radon Grants						
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	66.032	56,580	-
					56,580	-
Performance Partnership Grants						
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	66.605	10,261	-
NH DHHS	NH DHHS PHPS FY25	Pass-through grant	agreement @ 12.6.2021	66.605	2,957	-
					13,218	-
Environmental Justice Thriving Communities Grantmaking Program (EJ TCGM)						
US EPA	EPA MAP EJ Grants	Direct grant	N/A - direct grant	66.615	578,516	-
	Subtotal Environmental Protection Agency				**648,314**	**-**
U.S. Department of Education						
Adult Education - Basic Grants to States						
DPTMNTS OF EDU-NEW ENGLND	NELRC CT FY25	Pass-through grant	Not available	84.002A	3,630	-
DPTMNTS OF EDU-NEW ENGLND	NELRC-CT	Pass-through grant	Not available	84.002A	8,663	-
	Subtotal AL#84.002A				**12,293**	**-**
Education Research, Development and Dissemination						
AMER INST FOR RESEARCH	AIR/IES/NETWRK LEAD 61276	Pass-through grant	5240400002	84.305N	70,447	-
AMER INST FOR RESEARCH	AIR/IES/TSTM 61280	Pass-through grant	5205000001	84.305N	269,263	131,250
WESTED	WESTED/DOE/IES/NRCY 61278	Pass-through grant	S-00018580	84.305N	3,938	-
	Subtotal AL#84.305				343,648	131,250
COVID-19 - Education Stabilization Fund						
Hampton University	HMPTN UNIV - VA Workforce	Pass-through grant	Not available	84.425	93,179	-
					93,179	-
AMER INST FOR RESEARCH	AIR-IET/OCTAE/NCTN 61296	Pass-through grant	GS00F347CA/BPS#91990020a0014	84.U03	250,753	-
JOBS FOR THE FUTURE, INC.	JFF/OCTAE/DIGTL LIT 61273	Pass-through grant	Not available	84.U11	332,603	-
MATHEMATICA INC.	MATHEMATICA/NCTN 61282	Pass-through grant	Not available	84.U14	6,776	-
RTI International	RTI/OCTAE-EARN/NCTN 61272	Pass-through grant	Not available	84.U19	93,728	-
RTI International	RTI/DOE/IET/NCTN 61297	Pass-through grant	888-17-20-06	84.U20	36,556	-
RTI International	EARN-2_RTI-IET-DOE OCTAE	Pass-through grant	16-312-0217730-67940L	84.U36	14,117	-
JOBS FOR THE FUTURE, INC.	DRAW2_JFF-OCTAE_FY25-27	Pass-through grant	21-237	84.U37	12,780	-
	Subtotal US Department of Education				**1,196,433**	**131,250**
U.S. Department of Health and Human Services						
Public Health Emergency Preparedness						
Cambridge Health Alliance	CHA BP5 REG 4AB	Pass-through grant	agreement @ 1.25.2024	93.069	106,102	-
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	93.069	70,800	-
NH DHHS	NH DHHS PHPS FY25	Pass-through grant	agreement @ 12.6.2021	93.069	31,010	-
					207,912	-
Environmental Public Health and Emergency Response						
MA Dept. of Public Health	MDPH Asthma	Pass-through grant	RFR 500224	93.070	15,237	-
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	93.070	4,121	-
NH DHHS	NH DHHS PHPS FY25	Pass-through grant	agreement @ 12.6.2021	93.070	843	-
					20,201	-

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JSI Research and Training Institute, Inc.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year ended September 30, 2024

Federal Grantor/Program Title/Pass-Through Grantor/Program		Pass-Through or Direct	Pass-Through Number	Federal Assistance Listing #	Federal Expenditures	Total Subcontract Expenses
Birth Defects and Developmental Disabilities - Prevention and Surveillance						
FASD United Inc	FASDUNITED CDC Evaluation	Pass-through grant	agreement @ 12/6/22	93.073	$ 45,150	$ -
Advancing System Improvements for Key Issues in Women's Health						
DHHS	Women's Health-NTC	Direct grant	N/A - Direct grant	93.088	2,563,400	680,830
Maternal and Child Health Federal Consolidated Programs						
Maine Medical Association	MMA Postpartum 2024	Pass-through grant	agreement @ 6.25.24	93.110	37,114	20,000
Wyoming Depart of Health	Wyoming PMHCA Program	Pass-through grant	235066	93.110	146,657	-
					183,771	20,000
Technical and Non-Financial Assistance to Health Centers						
HRSA	HITEQ	Direct grant	N/A - Direct grant	93.129	627,208	179,595
Association of Clinicians	ACU 2024	Pass-through grant	U30CS26934	93.129	18,995	-
Comm Hlth Ctr CT	CHCACT UDS 2023	Pass-through grant	6 U58CS06842	93.129	2,415	-
National A of Comm Health	NACHC 2024 Needs Assmt 2	Pass-through grant	331-03 -399-19	93.129	21,747	-
National A of Comm Health	NACHC 2024 Needs Assmt	Pass-through grant	agreement @ 5.1.24	93.129	22,615	-
					692,980	179,595
Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices						
NH DHHS	NH PCO FY23-FY24	Pass-through grant	RFA-2022-DPHS-11-HEALT	93.130	18,798	-
RI Dept. of Health	RI EPI FY21-26	Pass-through grant	7607811	93.130	47,496	
State of Delaware	DE MCTA Analysis Phase II	Pass-through grant	#25-101	93.130	12,508	
State of Delaware	DE MCTA Analysis Phase I	Pass-through grant	24-322	93.130	33,029	
State of Maine	ME DHHS HPSA 24-26	Pass-through grant	Not available	93.130	43,643	
Wyoming Depart of Health	WY PCO 2024-2029	Pass-through grant	239090	93.130	23,307	-
Wyoming Depart of Health	WY PCO FY 20	Pass-through grant	ORH-0212-D	93.130	44,769	-
					223,550	-
Injury Prevention and Control Research and State and Community Based Programs						
RI Dept. of Health	RI EPI FY21-26	Pass-through grant	7607811	93.136	99,844	-
HIV-Related Training and Technical Assistance						
HRSA HIV/AIDS BUREAU	HRSA Status Neutral ETAP	Direct grant	N/A - Direct grant	93.145	176,393	25,000
HRSA HIV/AIDS BUREAU	HRSA Status Neutral ETAP	Direct grant	N/A - Direct grant	93.145	1,948,892	418,589
HRSA HIV/AIDS BUREAU	HIV Integrated Plng	Direct grant	N/A - Direct grant	93.145	80	
HRSA HIV/AIDS BUREAU	HIV Integrated Plng	Direct grant	N/A - Direct grant	93.145	477,735	604
HRSA HIV/AIDS BUREAU	HIV Integrated Plng	Direct grant	N/A - Direct grant	93.145	135,278	
HRSA HIV/AIDS BUREAU	RWHAP ACE TA Center	Direct grant	N/A - Direct grant	93.145	367,154	30,000
National Alliance of Stat	NASTAD EHE SCP Sub	Pass-through grant	2020-CO-326401-657	93.145	328	-
National Minority AIDS Co	ELEVATE	Pass-through grant	U69HA39335	93.145	24,147	-
					3,130,007	474,193
Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds						
University of MA	BPHC Gaston COMM	Direct grant	N/A - Direct grant	93.187	23,647	-
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children						
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	93.197	11,654	-
NH DHHS	NH DHHS PHPS FY25	Pass-through grant	agreement @ 12.6.2021	93.197	3,604	-
					15,258	-
Telehealth Programs						
HRSA	TARA	Direct grant	N/A - Direct grant	93.211	478,253	10,000
Family Planning Services						
NY Dept of Health	NYS Telehealth TTA	Pass-through grant	C37768GG	93.217	73,272	-
NY Dept of Health	NYS FP Training 2022-2027	Pass-through grant	C37872GG	93.217	9	-
NY Dept of Health	NYS FP Training 2022-2027	Pass-through grant	C37872GG	93.217	642,558	46,038
					715,839	46,038
Substance Abuse and Mental Health Services Projects of Regional and National Significance						
Blackstone Valley Prevent.	RI Host R2 Year 3	Pass-through grant	agreement @ 10.11.2022	93.243	3,966	-
East Bay Regional	Karyn Madore Consulting	Pass-through grant	Not available	93.243	6,512	-
Kent County Prevention	Karyn Madore Consulting	Pass-through grant	agreement @ 11.1.2022	93.243	1,790	-
Newport County Prevention	Karyn Madore Consulting	Pass-through grant	agreement @ 11.1.2022	93.243	2,902	-
RI Dept of Bev Hlthcr Dev	PFS FY20	Pass-through grant	3629405	93.243	(454)	-
RICARES	RICARES RCSP Evaluation	Pass-through grant	Agreement@3.4.21	93.243	2,968	-
South County Prevention	Karyn Madore Consulting	Pass-through grant	agreement @ 11.1.2022	93.243	2,704	-
The Opportunity Alliance	Partnership for Success	Pass-through grant	agreement @ 1.25.2023	93.243	14,938	-
The Opportunity Alliance	TOA PTY 2024	Pass-through grant	agreement @ 3.29.2024	93.243	23,800	-
Tri-County Community	Karyn Madore Consulting	Pass-through grant	agreement @ 10/11/2022	93.243	3,906	-
Whittier Street Health Ctr.	Whittier HIV PNP	Pass-through grant	Agreement@11.4.21	93.243	8,124	-
					71,156	-
Family Planning Personnel Training						
DHHS	Title X-NTC	Direct grant	N/A - direct grant	93.260	4,560,223	130,000
Immunization Cooperative Agreements						
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	93.268	94,720	20,907
NH DHHS	NH DHHS PHPS FY25	Pass-through grant	agreement @ 12.6.2021	93.268	13,810	10,885
					108,530	31,792
Viral Hepatitis Prevention and Control						
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	93.270	96,447	-
NH DHHS	NH DHHS PHPS SFY23	Pass-through grant	agreement @ 12.6.2021	93.270	40,530	-
					136,977	-
Teenage Pregnancy Prevention Program						
DHHS	TPP-NTC	Direct grant	N/A - Direct grant	93.297	1,557,116	107,000
Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security						
Center for Disease	CDC DIS Training	Direct grant	N/A - Direct grant	93.318	922,036	-
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)						
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	93.323	10,708	-
Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response						
NH DHHS	Oral Health Promo	Pass-through grant	05-95-90-902010-45270000	93.354	22,442	13,872
NH DHHS	NH DHHS PHPS SFY22	Pass-through grant	agreement @ 12.6.2021	93.354	126,347	-
NH DHHS	NH DHHS PHPS SFY23	Pass-through grant	agreement @ 12.6.2021	93.354	1,157	-
					149,946	13,872
State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes						
NH DHHS	Oral Health Promo	Pass-through grant	05-95-90-902010-45270000	93.366	241,969	127,476
NH DHHS	SORH Chronic Conditions	Pass-through grant	Agreement@4.5.21	93.366	72,073	51,244
					314,042	178,720
National and State Tobacco Control Program						
NH DHHS	SORH - Comm. Based Tobacco Prevention	Pass-through grant	Agreement@11.5.20	93.387	548,461	79,650
NH Dept of Health	Mass Media Vape Prevention	Pass-through grant	RFP-2022DPHS-13-MASSM-01	93.387	183,565	22,000
					732,026	101,650
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises						
Health Research Inc	HRI NYS Racial Equity WG	Pass-through grant	7725-01	93.391	34,792	10,500
NH DHHS	NH ECCS	Pass-through grant	90577170	93.391	235,336	86,867
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	93.391	158,428	20,000
					428,556	117,367

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JSI Research and Training Institute, Inc.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year ended September 30, 2024

Federal Grantor/Program Title/Pass-Through Grantor/Program		Pass-Through or Direct	Pass-Through Number	Federal Assistance Listing #	Federal Expenditures	Total Subcontract Expenses
The National Cardiovascular Health Program						
MA Dept. of Public Health	MDPH Chronic Disease Coor	Pass-through grant	SPR61	93.426	$ 83	$ -
NH DHHS	SORH Chronic Conditions	Pass-through grant	Agreement@4.5.21	93.426	340,145	-
					340,228	-
Well-integrated Screening and Evaluation for Women Across the Nation (Wisewoman)						
NH DHHS	SORH Chronic Conditions	Pass-through grant	Agreement@4.5.21	93.436	29,927	-
Congressional Directives						
Santa Clara County	SCC API CHW Evaluation	Pass-through grant	4400008718	93.493	99,343	-
Community Health Workers for Public Health Response and Resilient						
State of Washington Dept	SWDH CHW for COVID-19 Eval	Pass-through grant	PRV26723	93.495	4,727	-
State of Washington Dept	SWDH CHW for COVID-19 Eval	Pass-through grant	PRV28357-0	93.495	2,229,452	353,987
University of MA	UMB Gaston	Pass-through grant	010176-00001	93.495	123,795	-
					2,357,974	353,987
Mental and Behavioral Health Education and Training Grants						
University of NH	UNH BFT Year 4	Pass-through grant	T26HP39462	93.732	27,339	-
Medicaid Cluster/Medical Assistance Program						
Colorado HCPF	CO DHCPF ARPA	Pass-through grant	20-140823OL4	93.778	571,723	343,361
Opioid STR						
MA Dept. of Public Health	MA BSAS OTP TTA	Pass-through grant	INTF2331M78235228002	93.788	351,872	-
Capacity Building Assistance (CBA) for High-Impact HIV Prevention						
CICATELLI ASSOCIATES, INC	CDC HIP Training	Pass-through grant	Not available	93.834	14,281	-
National Bioterrorism Hospital Preparedness Program						
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	161611-B0001	93.889	73,906	-
NH DHHS	NH DHHS PHPS FY25	Pass-through grant	161611-B0001	93.889	12,841	-
					86,747	-
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations						
NH DHHS	SORH Chronic Conditions	Pass-through grant	Agreement@4.5.21	93.898	41,221	-
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement						
Maine Primary Care Assoc.	MEPCA WIN	Pass-through grant	agreement @ 2.2.2024	93.912	17,221	-
Rural Health Redesign Center	RHRC ME HEAL	Pass-through grant	agreement @ 7.13.2023	93.912	20,175	-
					37,396	-
HIV Emergency Relief Project Grants						
Boston Public Hlth Com.	BPHC RWHAP Site Visits	Pass-through grant	Agreement@4.5.21	93.914	137,522	-
HIV Care Formula Grants						
MA Dept. of Public Health	Policy Dev Eval QI	Pass-through grant	CAPACITYBLD500824M04	93.917	1,395,897	92,893
MA Dept. of Public Health	MDPH HIV EHR Review	Pass-through grant	INTF5280H23PRF760004	93.917	226,010	-
MA Dept. of Public Health	FY 17 HIV QA	Pass-through grant	PRF61	93.917	181	-
RI Exec Office of Health	RI-HIV TTA Consult 14069	Pass-through grant	3763333	93.917	149,954	-
					1,772,042	92,893
Special Projects of National Significance						
Boston University	BU SURE Housing EP	Pass-through grant	U90HA45813-01_KC 3409	93.928	381,028	
HRSA HIV/AIDS BUREAU	Linking Eligibility RWHAP	Direct grant	N/A - Direct grant	93.928	53,366	-
HRSA HIV/AIDS BUREAU	HRSATelehealthHIV	Direct grant	N/A - Direct grant	93.928	218	-
HRSA HIV/AIDS BUREAU	HRSATelehealthHIV	Direct grant	N/A - Direct grant	93.928	1,733,040	918,548
HRSA HIV/AIDS BUREAU	HRSATelehealthHIV	Direct grant	N/A - Direct grant	93.928	164,296	-
HRSA HIV/AIDS BUREAU	HRSA Status Neutral ETAP	Direct grant	N/A - Direct grant	93.928	343,922	-
					2,675,870	918,548
HIV Prevention Activities_Health Department Based						
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	93.940	125,520	-
NH DHHS	NH DHHS PHPS FY25	Pass-through grant	agreement @ 12.6.2021	93.940	16,968	-
					142,488	-
Assistance Programs for Chronic Disease Prevention and Control						
NH DHHS	Oral Health Promo	Pass-through grant	05-95-90-902010-45270000	93.945	135,023	110,000
NH DHHS	SORH Chronic Conditions	Pass-through grant	Agreement@4.5.21	93.945	191,353	132,000
					326,376	242,000
Block Grants for Prevention and Treatment of Substance Abuse						
Colorado DPH	CODPH SBIRT-SBHC QI	Pass-through grant	2023*0793	93.959	(6,414)	-
County of Cumberland	Cumberland MIHYS Data	Pass-through grant	agreement @ 5/21/24	93.959	15,328	-
MA Dept. of Public Health	BSAS Consumer Feedback	Pass-through grant	INTF2400H78241733578	93.959	28,584	-
MA Dept. of Public Health	MDPH BSAS Strategic FY22	Pass-through grant	PRF61	93.959	15,654	-
MA Dept. of Public Health	MDPH BSAS Grants Mngment	Pass-through grant	SPRF61	93.959	557	-
NH DHHS	NH SAP Network	Pass-through grant	05959292051033820000	93.959	2,413,105	1,859,551
RI Dept of Bev Hlthcr Dev	RIPRC	Pass-through grant	3534294	93.959	45,986	-
RI Dept of Bev Hlthcr Dev	RIPRC	Pass-through grant	3534294	93.959	198,768	-
					2,711,568	1,859,551
Centers For Disease Control and Prevention Collaboration with Academia to Strengthen Public Health						
NH DHHS	NH DHHS PHPS FY24	Pass-through grant	agreement @ 12.6.2021	93.967	9,210	-
NH DHHS	NH DHHS PHPS FY25	Pass-through grant	agreement @ 12.6.2021	93.967	77,844	-
					87,054	-
Sexually Transmitted Diseases (STD) Prevention and Control Grants						
MA Dept. of Public Health	MDPH Ratelle	Pass-through grant	PRF61	93.977	113	-
Santa Clara County	SCC GTZ Stigma Research	Pass-through grant	4400008656	93.977	62,493	-
CDC	CDC STOP STDS	Direct grant	N/A - Direct grant	93.977	200,479	-
					263,085	-
Cooperative Agreements for Diabetes Control Programs						
NH DHHS	SORH Chronic Conditions	Pass-through grant	Agreement@4.5.21	93.988	16,687	-
State of Maine	ME Rethink Diabetes Y4	Pass-through grant	CD0-24-4544	93.988	7,026	-
					23,713	-
Maternal and Child Health Services Block Grant to the States						
RI Dept. of Health	RI EPI FY21-26	Pass-through grant	7607811	93.994	160,695	-
University of NH	SHApI	Pass-through grant	Subaward L0032	93.994	23,794	-
					184,489	-
HRSA BPHC	Uniform Data System (UDS) Training and Technical Assistance	Pass-through grant	47QRAA23D0087	93.U01	2,505,617	799,918
HRSA BPHC	BPHC3 C 3125 Health Center Workforce Survey Evaluation and Technical Assistance	Pass-through grant	75R60219D00012 / 75R60221F34003	93.U02	757,392	90,247
HRSA BPHC	Technical Assistance and Training of Uniform Data Systems for Health Centers (UDS)	Pass-through grant	GS-00F-005AA/HHSH250201800032G	93.U03	1,772	
HRSA HIV/AIDS BUREAU	AIDS Education Training Centers (AETC) Evaluation Implementation Contract. HRSA RWHAP Best Practices Compilation of	Pass-through grant	75R60219D00012 / 75R60220F34002	93.U04	528,303	
HRSA HIV/AIDS BUREAU	Innovative Intervention Strategies	Pass-through grant	75R60219D00036 / 75R602223F34001	93.U05	550,080	78,652
HRSA BPHC	Workforce Well-being Initiative	Pass-through grant	75R60219D00036 / 75R602223F34002	93.U06	1,525,544	947,227
	Subtotal Department of Health and Human Services				**35,542,094**	**7,817,441**
Department of Homeland Security						
Boating Safety Financial Assistance						
U.S. Coast Guard	UCG Life Jacket Study	Direct grant	N/A - Direct grant	97.012	**254,366**	-

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Year ended September 30, 2024

Federal Grantor/Program Title/Pass-Through Grantor/Program		Pass-Through or Direct	Pass-Through Number	Federal Assistance Listing #	Federal Expenditures	Total Subcontract Expenses
USAID Foreign Assistance for Programs Overseas						
USAID/Uganda	UGANDA RHITES Lango 13759	Direct grant	N/A - Direct grant	98.001	$ 538	$ -
USAID/Uganda	Uganda USAID/PUMRA 14070	Direct grant	N/A - Direct grant	98.001	8,800,854	2,142,209
USAID/Zambia	Zambia SAFE 13690	Direct grant	N/A - Direct grant	98.001	1,064,862	-
USAID	USAID Asia Resilient Citi	Direct grant	N/A - Direct grant	98.001	3,360,479	1,064,705
USAID	USAID Ethiopia	Direct grant	N/A - Direct grant	98.001	9,987,963	1,978,278
USAID	USAID Adv Nutrition Hondu	Direct grant	N/A - Direct grant	98.001	1,506,454	-
USAID	USAID/LAOS/OKARD 62427	Direct grant	N/A - Direct grant	98.001	3,782,174	1,481,876
USAID	USAID/SAINT LUCIA 63173	Direct grant	N/A - Direct grant	98.001	2,715	-
USAID	USAID/MALI/BAANI 63177	Direct grant	N/A - Direct grant	98.001	32,780	(632)
USAID	USAID /MOZ/SABER 63181	Direct grant	N/A - Direct grant	98.001	15,976,597	3,087,744
USAID	USAID/MALAWI/ APA 64119	Direct grant	N/A - Direct grant	98.001	6,627,376	2,523,652
USAID	BHA Capacity Blding 24-26	Direct grant	N/A - Direct grant	98.001	72,807	-
USAID	USAID Kyrgyz Cure TB2 Act	Direct grant	N/A - Direct grant	98.001	35,540	-
USAID	USAID/UGANDA/TLC	Direct grant	N/A - Direct grant	98.001	12,744	-
USAID	EGYPT SEFPP 13747	Direct grant	N/A - Direct grant	98.001	6,739,759	248,406
USAID	Yemen SHARP 13910	Direct grant	N/A - Direct grant	98.001	5,909	-
USAID	Digital Hlth Actvy 13914	Direct grant	N/A - Direct grant	98.001	9,296,649	789,004
USAID	USAID Yemen SHA 14639	Direct grant	N/A - Direct grant	98.001	7,537,379	1,769,395
USAID	UGANDA STAR-EC	Direct grant	N/A - Direct grant	98.001	(23,780)	-
USAID	MOZAMBIQUE M-SIP	Direct grant	N/A - Direct grant	98.001	(4,747)	-
USAID	ZambiaUSAIDDiscoverHealth	Direct grant	N/A - Direct grant	98.001	14,350,765	54,971
USAID	Ghana HIV/AIDS	Direct grant	N/A - Direct grant	98.001	4,739,324	1,063,530
USAID	Pakistan IHSS-SD	Direct grant	N/A - Direct grant	98.001	9,544,729	1,580,914
USAID	USAID Adv. Nutrition	Direct grant	N/A - Direct grant	98.001	7,943,502	3,027,201
USAID	Partnerships Plus	Direct grant	N/A - Direct grant	98.001	8,227,880	8,172,199
USAID	Kyrgyz Cure Tuberculosis	Direct grant	N/A - Direct grant	98.001	3,709,708	1,379,374
USAID	TIFA TB	Direct grant	N/A - Direct grant	98.001	13,549,014	9,403,964
USAID	MRITE	Direct grant	N/A - Direct grant	98.001	28,867,219	8,872,173
USAID	CHISU	Direct grant	N/A - Direct grant	98.001	33,333,175	7,469,809
USAID	USAID/Laos MCH-N Activity	Direct grant	N/A - Direct grant	98.001	7,336,605	369,588
USAID	USAID BHA Capacity Blding	Direct grant	N/A - Direct grant	98.001	473,692	29,248
John Snow Health Zambia	USAID Zambia CHEKUP II	Pass-through grant	72061122FA0001	98.001	310,232	-
PATH	PATH Ghana Interoperablty	Pass-through grant	Not available	98.001	14,906	-
COMUSANAS	COMUSANAS TA/USAID/MOZ	Pass-through grant	72065620CA00006	98.001	277,600	-
Chemonics International	USAID Malawi OpenLMIS	Pass-through grant	Not available	98.001	61,608	8,002
Project Hope	Empowering Communities	Pass-through grant	04134	98.001	266,758	65,526
EngenderHealth	Lowlands Health Activity	Pass-through grant	SAET011	98.001	327,448	-
PATH	PATH DS Traceability 2024	Pass-through grant	AID.2134-01729729-SUB	98.001	41,847	-
OCSIDA-MAPUTO	AID/MOZ BTW/FILOVC-OCSIDA	Pass-through grant	Not available	98.001	7,879	-
UNC	DIAH 13834	Pass-through grant	AID-OAA-L-14-00004	98.001	5,195,986	134,052
UNC	D4I 13837	Pass-through grant	AID-OAA-L-14-00004	98.001	254,499	71,157
Cooperative Housing Found	CHFGC Enhancing WASH	Pass-through grant	EWASH-SA-22-07	98.001	465,332	-
PFSCM	PfSCM Clients	Pass-through grant	Not available	98.001	92,733	-
Pathfinder International	Ethiopia TRANSFORM	Pass-through grant	AID663A1700002	98.001	(2,718)	-
Palladium International	Data FI	Pass-through grant	7200AA19CA00004	98.001	319,620	-
PRB	USAID PRB Momentum 2C	Pass-through grant	7200AA20CA00003	98.001	1,568,131	-
IMA World Health	MOMENTUM IHR	Pass-through grant	7200AA20CA00005	98.001	9,432,134	610,898
The Trustees of TUFTS Col	STOP Spillover	Pass-through grant	7200AA20CA00032	98.001	642,249	-
Heartland Alliance Int'l.	HAI Nigeria TMA 2020/2021	Pass-through grant	72062020CA00001	98.001	1,303	-
John Snow Health Zambia	ZAM-Health Actvity	Pass-through grant	720611121CA00001	98.001	713,837	-
John Snow India Private	SAMVEG-India	Pass-through grant	IPE ¿ DOM (2006)- JSI	98.001	34,697	-
Heartland Alliance Int'l.	HAI TMA Nigeria	Pass-through grant	72062022CA00001	98.001	338,711	-
					227,255,457	57,397,243
Food for Peace Development Assistance Program						
CNFA	CNFA Amalima LOKO Zim	Pass-through grant	72DFFP20CA00008	98.007	302,997	-
RTI International	RTI/USAID/CAM/IPEA 62478	Pass-through grant	Not available	98.U27	668,428	-
John Snow Health Zambia	Zambia eSCMIS 13933	Pass-through grant	72061120C00003	98.U05	613,710	-
PRICEWATERHOUSE	GHSC-TA-TZ 13628	Pass-through grant	AID-OAA-I-15-00032	98.U09	1,150,734	33,814
UNC	Malaria SM&E 13883	Pass-through grant	AID-OOA-L-14-00004	98.U12	171,218	-
Chemonics International	USAIDGHSC-PSM-GTO4 14129	Pass-through grant	AID-OAA-I-15-0004	98.U17	69,310	-
Tetra Tech ARD	TTA Clean Cities Blue Ocn	Pass-through grant	N/A	98.U38	327,837	-
Land O'Lakes Venture 37	LOV Orora Wihaze - Rwanda	Pass-through grant	19-ROW-C-C-1160	98.U41	74,099	-
DAI Global, LLC	Strengthening Livelihoods	Pass-through grant	1004415-S21-35472-00	98.U42	176,964	-
Heartland Alliance Int'l.	HAI Nigeria ACE	Pass-through grant	72062022CA00002	98.U99	143,103	-
	Subtotal Agency for International Development				**230,953,857**	**57,431,057**
Total Expenditures of Federal Awards					**$ 270,970,191**	**$ 65,750,331**

The accompanying notes are an integral part of this schedule.

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JSI Research and Training Institute, Inc.

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

September 30, 2024

NOTE 1 - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of JSI Research and Training Institute, Inc. under programs of the federal government for the year ended September 30, 2024. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements. Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of JSI Research and Training Institute, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of JSI Research and Training Institute, Inc.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

(2) Negative amounts shown on the Schedule represent adjustments or credits, which management has determined are not material to the Schedule nor the program to which they relate, made in the normal course of business to amounts reported as expenditures in prior years. Accordingly, such adjustments are presented on a current basis.

(3) Federal Assistance Listing numbers and pass-through entity identifying numbers are presented when available.

NOTE 3 - INDIRECT COST RATE

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

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GRANT THORNTON LLP
53 State Street, 16th Floor
Boston, MA 02109

D +1 617 723 7900
F +1 617 723 3640

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

Board of Directors
JSI Research and Training Institute, Inc.

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

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

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

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

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

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

Grant Thornton LLP

Boston, Massachusetts
June 10, 2025

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GRANT THORNTON LLP
53 State Street, 16th Floor
Boston, MA 02109

D +1 617 723 7900
F +1 617 723 3640

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

Board of Directors
JSI Research and Training Institute, Inc.

Report on compliance for each major federal program

Opinion on each major federal program
We have audited the compliance of JSI Research and Training Institute, Inc. and affiliates (the "Organization") with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget's OMB Compliance Supplement that could have a direct and material effect on each of the Organization's major federal programs for the year ended September 30, 2024. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2024.

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

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

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

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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 US GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of each major federal program as a whole.

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

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

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

Report on internal control over compliance

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

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deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

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

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

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

Grant Thornton LLP

Boston, Massachusetts
June 10, 2025

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JSI Research and Training Institute, Inc.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

September 30, 2024

SECTION I - SUMMARY OF AUDITORS' RESULTS:

Financial Statements

The type of report issued on whether the financial statements audited were prepared in accordance with U.S. GAAP	Unmodified
Internal control over financial reporting:	
• Material weaknesses identified?	No
• Significant deficiency(ies) identified?	None reported
• Noncompliance material to the financial statements noted?	No

Federal Awards

Internal control over major programs:	
• Material weaknesses identified?	No
• Significant deficiency(ies) identified?	None reported
Type of auditors' report issued on compliance for major programs	Unmodified
Any audit findings which are required to be reported under 2 CFR section 200.51(a):	No
Identification of major programs:	

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

Dollar threshold used to distinguish between Type A and Type B programs:	$3,000,000
Auditee qualified as low risk auditee?	Yes

SECTION II - FINANCIAL STATEMENT FINDINGS

None noted.

SECTION III - FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

None noted.

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Wendy Chow

JSI, 44 Farnsworth Street Boston, Massachusetts 02210 (617) 482-9485 *wendy.chow@jsi.org*

Education

Boston University, School of Public Health
M.P.H., Epidemiology and Social & Behavioral Sciences

Wellesley College
B.A., Psychology & Economics

Experience

JSI, Boston, Massachusetts
Senior Associate, Health Services Division, 2007 to present
Develop program evaluation plans, conduct survey research, and analyze primary and secondary data not limited to surveys, health care quality, and medical claims data. Projects include needs assessments, quality management and improvement, process monitoring and impact evaluations of health care delivery and health promotion programs. Develop and provide technical assistance on data systems to document processes and outcomes. Interpret findings, write reports, abstracts, and manuscripts.

Select Projects:
Alliance for Innovation on Maternal Health (AIM) Technical Assistance Center
Direct the national evaluation to measure the reach and effectiveness of the TA Center in supporting state and jurisdictional teams, as well as participating birthing facilities, in implementing patient safety bundles aimed at making birth safer. Oversee evaluation of training and TA and communications and dissemination activities, and the implementation of the Biannual Reporting survey, measuring AIM's overall reach, the adoption of patient safety bundles, and impact on maternal health outcomes.

Massachusetts Department of Public Health Tobacco Pricing and Availability Survey
Oversee the annual statewide survey data collection of over 4,500 retailers to monitor trends in tobacco product availability and pricing. Key activities include training and managing field data collectors; monitoring data quality and survey completion rates across various towns and cities; and analyzing collected data and preparing comprehensive summary reports. The Massachusetts Tobacco Cessation and Prevention Program uses this data to drive strategies and policy decisions, such as implementing regulations on cigar packaging/pricing and restricting the sale of flavored tobacco products.

New Hampshire Department of Health and Human Services Mental Health Consumer Satisfaction Survey
Direct a mail, telephone, and online survey to evaluate adult clients' and family members' of children' satisfaction with the quality, access, appropriateness, and outcome of services provided by 10 mental health centers. Key activities include employing employing stratified random sampling to select a representative sample; redesigning surveys to enhance readability; and using pre-notifications, upfront incentives, and reminders to boost response rates to ensure an ample sample size to calculate statewide and clinic-specific performance data for informing quality improvement activities and for reporting to SAMHSA.

Massachusetts Department of Mental Health Consumer Satisfaction Survey
Direct a mail, telephone, and online survey to evaluate adult clients' and family members' of children' satisfaction with the quality, access, appropriateness, and outcomes across the DMH regions and contracted providers. Used pre-notifications, upfront incentives and reminders as well as translated surveys in clients' preferred language to boost response rates and ensure ample sample size to calculate statewide and contract-specific performance estimates for identifying areas for quality improvement and for reporting to SAMHSA. Analyze data for trends over time and identify differences by client characteristics and other factors.

Massachusetts Department of Public Health – Cancer Control Program
Analyze Massachusetts Cancer Registry data to identify potential disparities in treatment for the top five cancers among females and males; examining demographic and geographic differences in diagnosis, treatment practices, and access to care; and preparing summary reports to guide program planning and initiatives to promote equitable cancer care and treatment. JSI also developed and conducted a survey to assess availability and characteristics of palliative care services for cancer patients, and identify opportunities to enhance equitable access to services.

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Special Projects of National Significance Mental Health Initiative, HRSA HIV/AIDS Bureau
Direct and lead the development of a multisite evaluation to assess the process and service outcomes of evidence-based and evidence-informed interventions focused on improving mental health and engagement in care among people with HIV. Key activities include finalizing evaluation questions, creating standardized measures, and establishing data collection protocols and systems; development and provision of evaluation-related training and technical assistance; and supporting 10 implementation sites in collecting and submitting data to inform intervention adaptations and replication and dissemination of effective strategies across other Ryan White HIV/AIDS Program settings.

Massachusetts Region 4AB Extreme Temperatures Preparedness Planning Project
Led the development of 60 community profiles including local, regional and statewide data on demographics, environmental factors, and health conditions that are disproportionately affected by extreme temperatures. Facilitated workshops to support local public health departments and partners in using data to inform health action plans and mitigation efforts. Developed at-a-glance community-specific summaries, as well as a compendium of best practices to mitigate health impacts of extreme temperatures

National AIDS Education and Training Centers Evaluation, HRSA HIV/AIDS Bureau
Directed the national evaluation to assess the overall impact of the AETC Program in improving the skills and capacity of the HIV provider workforce to deliver high-quality, interdisciplinary team-based care and improve patient outcomes along the HIV care continuum. Developed the national evaluation plan and supported AETC Program partners in implementing data collection protocols. Worked with the eight Regional AETCs, National AETC programs, and National HIV Curriculum e-Learning Platform and NHC Integration Projects to gather data for the national evaluation.

HRSA HAB Ryan White HIV/AIDS Bureau Compilation of Best Practice Strategies and Interventions
JSI developed a comprehensive, web-based compilation to allow users to easily filter, review, and download best practice strategies and interventions implemented by RWHAP recipients and subrecipients for improving HIV care continuum outcomes. Developed review domains and criteria to identify emerging innovative strategies with demonstrated positive outcomes for addressing disparities for inclusion in the compilation to support dissemination and replication in the RWHAP.

SPUR Double Up Food Bucks Evaluation
Evaluated this healthy food incentive program designed to increase access to fruits and vegetables for low-income families participating in the CalFresh program. Participating grocers offer dollar-for-dollar match for purchases of California-grown produce. Analyze point-of-sale transaction data, calculates coupon redemption rates, and estimates number of households reached, as well as assess trends in EBT and produce sales across participating grocers. Evaluate customer intercept surveys to assess participants' perceived impact of program and self-reported produce consumption.

Massachusetts Department of Public Health, Asthma Prevention and Control Program, Evaluation of a Community Health Worker Home Visiting Study
Provided evaluation, epidemiologic, and analytic services to the Reducing Older Adult Asthma Disparities (ROAAD) study to assess the feasibility and impact of a community health worker home-visiting model including asthma management education, medication reconciliation, and home environmental triggers assessment and reduction on reducing unscheduled office or emergency visits, improving asthma symptom control and quality of life.

Sylvie Ratelle STD/HIV Prevention Training Center of New England Evaluation, MA Department of Public Health
Analyze online survey data from ongoing needs assessment and evaluation of PTC training courses to meet the needs of health care providers; assess reach and the short and long-term impact on knowledge, skills, and practice behaviors.

National Quality Center Evaluation, Health Resources and Services Administration HIV/AIDS Bureau
Directed and managed this mixed methods evaluation to assess the impact of NQC program activities, including TA, regional groups, learning collaboratives, and advanced QI training on building quality management and performance measurement capacity among RWHAP grantees to improve quality of care and outcomes for people with HIV. Conducted quantitative analyses and qualitative key informant interview analyses to provide recommendations and targeted assistance for improvements in data collection, management and interpretation for strengthening current and planned project activities.

Healthy Futures Teen Pregnancy Prevention Program Evaluation, Department of Health and Human Services, Office of Adolescent Health (OAH)
Managed and analyzed data for this clustered randomized controlled four-year longitudinal cohort study evaluating a teen pregnancy prevention program offered in public middle schools in high-risk communities in Massachusetts. Developed and

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oversaw survey data collection and database to track student participation, attendance, and surveys completed. Implemented data quality assurance, reported performance measures to OAH, and prepared abstracts and manuscripts for dissemination.

Central New York DSRIP Collaborative Regional Needs Assessment
JSI conducted a Regional Needs Assessment for Performing Provider Systems in Central New York, which were required to conduct a needs assessment for their application for NYS Delivery System Reform Incentive Payment Program. Provided quantitative analysis and mapping of population demographics, health outcomes, Medicaid hospital readmissions, and access to provider and community resources in each of the 11 counties represented in the region, in order to identify gaps in service and to inform the strategic plans for the PPS DSRIP applications.

Maine Center for Disease Control & Prevention, Community Health Worker Initiative Evaluation
Evaluated the CHW Initiative involving four pilot projects conducted by local health departments, hospitals, and community-based organizations. Provided TA on performance measures, data collection tools, and evaluation framework to assess reach, implementation fidelity, and intervention efficacy. Provided sustainability recommendations to standardize CHW training, develop CHW workforce under the State Innovation Model, and create capacity to support CHWs in primary care integration.

Select Publications

- Calise TV, **Chow W**, Dore KF, Heitz ER, Millock RR (2016). Healthy Futures Program and Adolescent Sexual Behaviors in 3 Massachusetts Cities: A Randomized Controlled Trial. *American Journal of Public Health.* 106(S1):S103-S109.
- Wangu Z, Gray B, Dyer J, **Chow W**, Calise T, Hsu KK (2016). The value of experiential sexually transmitted disease clinical training in the digital age. *Sex Transmitted Diseases.* 43(2):134-6.
- Nolan, J., Braithwaite Renderos, T., Hynson, J., Dai, X., **Chow, W.**, Christie, A. and Mangione, T (2014). Barriers to Cervical Cancer Screening and Follow-Up Care among Black Women in Massachusetts. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 43(5):580-8.
- **Chow W**, Hirschhorn LR, Ng DW, Wells CG, Schneider KL, Agins BD (2012). Improved quality of HIV care over time among participants in a national quality improvement initiative. *Journal of Health Care for the Poor and Underserved* 23(3 Suppl): 67-80.

Skills

Microsoft Office. Statistical packages: SAS, SPSS. Languages: Chinese/Cantonese. Spanish.

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REBECCA MILLOCK

JSI, 44 Farnsworth Street, Boston, Massachusetts 02210 (617) 482-9485 becca.millock@jsi.org

EDUCATION

HARVARD UNIVERSITY, CAMBRIDGE, MASSACHUSETTS
BA, Major in Government, Minor in Economics, 2012

EXPERIENCE

John Snow Research & Training Institute, Inc., Boston, Massachusetts
Consultant, August 2022 to present
Staff Associate, December 2013 to July 2022
Intern, June to December 2013

National Association of Community Health Centers (NACHC) Needs Assessment. Supported a national-wide survey assessing training and technical assistance needs among Health Resources and Services Administration supported health center staff. Primary responsibilities included programming the survey instrument in Alchemer and supporting the analysis and reporting of results.

Health Resources and Services Administration (HRSA) Health Center Workforce Wellbeing / Satisfaction Survey. Worked with the HRSA Bureau of Primary Care (BPHC) to develop a novel survey tool to assess the health center workforce well-being and job satisfaction. Programmed a 508-compliant online survey tool in QuestionPro in English and Spanish, prepared materials for OMB review, monitored and reported on data collection processes, and provided support in the analysis and interpretation of results.

Massachusetts Center for Health Information and Analysis (CHIA) Healthcare Workforce Survey. Assisted in CHIA's mission to understand the ongoing healthcare workforce capacity and diversity challenges exacerbated by the COVID-19 pandemic. Managed the data collection efforts for ten health sectors in Massachusetts. Responsibilities included development and online programming of unique sector surveys in REDCap, training and managing outreach staff efforts, and survey tracking. Developed and disseminated weekly response reports and the methods report to CHIA and contributed to presentation materials to communicated findings and the final comprehensive report.

Massachusetts Department of Mental Health Client Satisfaction Study. Manages the evaluation of community members as well as acute and continuing care psychiatric care facilities to evaluate their satisfaction with community-based services, and their perception of service outcome. Creates, programs, and tracks scannable and online versions of the Massachusetts Department of Mental Health's client satisfaction survey tools. Oversees all survey administration efforts including survey outreach (mailings and phone calls) and the distribution of survey incentives. Leads the qualitative analysis of survey results. Synthesizes quantitative findings to develop various communication materials including a final report, data briefs focusing on special populations, and presentation slides. Facilitated the creation of a data dashboard to increase the utility of results for quality improvement efforts. Develops Uniform Reporting System (URS) tables for mandatory SAMHSA reporting.

Massachusetts Tobacco Control Program Pricing and Promotions Study. Manages the annual collection of over 6,500 observational surveys of tobacco retailers across the state. Manages a team of six data collectors, overseeing their hiring, training, and day-to-day workload. Conducts initial quality assurance protocols, identifying data discrepancies and communicating directly with data collectors on process improvements. Collaborates with the Massachusetts Tobacco Control Program to update the survey instrument, ensuring it captures changes in the tobacco landscape. Programs the survey instrument into Alchemer, an online survey platform. Contributes to the annual report and ad hoc analyses.

Youth Risk Behavior Survey Initiatives. Manages Massachusetts-based Youth Risk Behavior Survey (YRBS) initiatives in the following school districts: Arlington, Belmont, Burlington, Cambridge, Everett, Gloucester, Lynnfield, Melrose, Quincy, Randolph, Reading, Rockport, Somerville, Stoneham, Wakefield, Watertown, Weymouth, Wilmington, Winchester, and Woburn. Acts as the primary liaison with all school coordinators, develops and programs the online middle and high school survey instruments. Uses SAS 9.4 to clean and analyze data. Leads the communication of results to key stakeholders through efforts including the development of comprehensive final reports, data briefs focused on special populations, infographics, data dashboards, and presentation slides. Works collaboratively with school coordinators and their partners to interpret the survey findings and guide strategic action plans to address identified priorities.

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South Shore Hospital Community Health Needs Assessment. Co-directed an effort to assist South Shore Health in the completion of their 2024 Community Health Needs Assessment and Implementation Strategy to meet Massachusetts Attorney General and Federal IRS 501(r) requirements for non-profit hospitals. Designed, programmed, and administered a community survey, conducted key informant interviews, and facilitated focus groups. Analyzed and synthesized quantitative and qualitative data to identify common themes. Contributed to the presentation of findings to key stakeholders as well as the final report.

U.S. Coast Guard National Life Jacket Wear Rate Study. Supports annual on-site observational data collection in 30 states from July to August. Maintains the observation equipment and data collection forms, and manages their dissemination to all observation teams. Processes completed observation forms and supports data cleaning for over 60,000 boaters. Runs quality reports shared directly with observers to ensure data fidelity. Currently facilitating the transition from a paper to an electronic data collection system to improve efficiency and streamline data feedback. Collaborates in interpreting the study data, assist with data briefs that highlight special areas of focus, and lead the development of the final report.

Health Services and Research Administration (HRSA) Center of Excellence (COE) for Behavioral Health. Assisted in the provision of training and technical assistance to support the integration of behavioral health services, including opioid use and substance use disorder services into primary care. Serve as the support lead for the Quality Improvement team and select needs assessments and communities of practice. Coordinated with HRSA grantees on their technical assistance by scheduling TA sessions and providing content on behavioral health integration

Healthy Start EPIC Center. Supported the Alcohol and Substance-Exposed Pregnancy Prevention (AStEPP) team that offered training and technical assistance to increase Healthy Start grantees' understanding of the impacts of fetal exposure to alcohol and other drugs, and strengthen their capacity to engage in effective prevention and early identification activities with pregnant women, mothers, and newborns. Researched existing data and tools, and analyzed information gathered from AStEPP grantee discussion groups to guide technical assistance deliverables for subsequent project years. Assisted in the development of the AStEPP webpage by researching fundamental resources for at-risk mothers. Led the development of a video discussing how Native communities are affected and deal with fetal alcohol syndrome. Assisted in the development of 5 additional videos. Processed completed feedback forms and analyzed data from additional Healthy Start consultants to inform AStEPP best practices.

New York State Department of Health, Albany, New York
Project Intern, December 2011 to February 2012

Reported directly to the Director of the Division of Chronic Disease and Injury Prevention. Wrote a detailed progress report analyzing local school districts for Healthy Schools NY, a program focused on reducing the prevalence of obesity among school-age children.

East Boston Neighborhood Health Center, Boston, Massachusetts
Health Center Ops Intern, June to August 2011
Reported to VP of Operations of largest federally qualified health center in the United States. Evaluated methods to improve clinic performance, patient flow, and care delivery. Reviewed three years of incident reports. Coded correspondence for reimbursement. Worked with EPIC, internal health data, and Excel for Spanish translation.

Urban Land Institute, Washington, D.C.
Researcher, June to August 2010
Reported directly to the Executive VP of Policy and Practice. Collected and synthesized data on generational housing trends for ULI report *Generation Y: America's New Housing Wave,* published in January 2011.

PUBLICATIONS

Calise Tammy, Chow Wendy, Dore Katelyn, O'Brien Michael, Heitz Liz, **Millock Rebecca** (2016). *Healthy Futures Program and Adolescent Sexual Behaviors in 3 Massachusetts Cities: A Randomized Controlled Trial.* American Journal of Public Health 106(S1), pp. S103-S109.

COMPUTER SKILLS

Microsoft Office (including Access, Excel, PowerPoint, Publisher, and Word), CSPro, Cardiff TeleForm, CASES, SAS, SPSS, REDCap, Alchemer, Qualtrics, Verint, Survey Analytics, Survey Monkey, Canva, Drupal.

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LAUREN FERRIDGE

JSI, 44 Farnsworth Street Boston, Massachusetts 02210 - (617) 482-9485 *lauren_ferridge@jsi.com*

EDUCATION

DARTMOUTH COLLEGE
BACHELORS IN BIOLOGY CONC. EPIDEMIOLOGY AND GLOBAL HEALTH, 2023

ADDITIONAL EDUCATION

FEMA EMERGENCY MANAGEMENT INSTITUTE COURSES
IS-700: An Introduction to the National Incident Management System, March 2024
IS-800: National Response Framework, An Introduction, March 2024
ICS-100: Introduction to the Incident Command System, March 2024
ICS-120: An Introduction to Exercises, March 2024
ICS-130: How to be an Exercise Evaluator, March 2024

EXPERIENCE

JSI Research & Training, Inc., Boston, Massachusetts
Project Coordinator, July 2023-Present

United States Coast Guard National Life Jacket Wear Rate Observation Study – Responsibilities on this project include primarily the preparation of observation equipment bags and distribution of equipment bags to the USCGAUX and JSI observer teams. Upon completion of the observation season, also leads the scanning of data collection forms for all 125 observation sites.

New Hampshire Public Health Emergency Planning Technical Assistance and Training – Project support to Provide technical assistance and support to Regional Public Health Networks in NH around public health emergency preparedness, planning, and response. Assist in developing and delivering trainings and tools on a variety of public health and emergency response topics, including standard precautions, points of dispensing, and public information. Provide support to organize, facilitate, and record RPHN PHEP Coordinator Meetings, CERT/MRC Coordinator Meetings, and most recently two CHEMPACK Awareness Training Webinars.

Viral Hepatitis Elimination Plan – Provide viral hepatitis prevention and surveillance services in collaboration with the NH Division of Public Health Services, Maine Centers for Disease Control (ME CDC), and the Vermont Department of Health (VT DOH). Specific tasks include high-level qualitative analysis of interviews, participation in iterative development of elimination goals and objectives, presenting findings and facilitating brainstorming in virtual workgroups to over 100 external stakeholders. Adept at using software applications to support project processes including Miro, Canva, and Zoom.

NH Student Assistance Network – Developing, aligning, and promoting the Student Assistance Program (SAP), in collaboration with the NH Bureau of Drug and Alcohol Services, to provide group and individual technical assistance, community learning collaboratives, and support for evaluation and sustainability programing for schools with SAPs. Conducting administrative tasks with efficiency, a high level of autonomy, and attention to detail; organizing site visits, designing and preparing materials for internal, extremal, and TA meetings. Taking on creative and research roles to develop a Vaping Toolkit to disseminate amongst schools.

NH Governor's Commission on Alcohol and Other Drugs, *Assistance to Coordination and Cooperation Task Force* – Providing technical assistance and logistical support to NH Governor's Commission on Alcohol and Other Drugs. Duties include organizing and prepare materials for task force meetings, taking detailed minutes at meetings, promptly creating formal summary and minutes to be shared on the Center for Excellence website.

EngenderHealth Washington, D.C.
Gender, Youth, and Social Inclusion (GYSI) Intern, 2022

Researched and analyzed current literature to compile a thematic literature review exploring the impact of sports inclusion and interventions on adolescent sexual and reproductive health. Interacted with existing partners and inspired

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new collaborations to complete a concept note supporting integrating sports into gender equality programming that was presented to the broader Engender Health community at the conclusion of the internship.

Dartmouth Global Health Fellow Hanover, NH
Program Participant, 2022-2023

Engage in activities in global health methods, equity, access, security, and leadership to consider complex global challenges around health and wellness, human rights, health security and health diplomacy. Developed skills including communication, diversity awareness, public health policy analysis through a variety of events including a pandemic outbreak simulation.

CERTIFICATIONS

Harm Reduction Specialist. International Certification & Reciprocity Consortium. As of March 2024

CITI Human Subjects Research for Social and Behavioral Research. Exp. August 2028

HIPAA For Business Associates. Exp. Aug 2024

Dartmouth Global Health Fellow Certification. 2022-2023
Awarded by the John Sloan Dickey Center for International Understanding for excelling in requirements of the GHF program.

COMPUTER SKILLS

Highly skilled at using Canva, Miro, and Zoom Workplace.
Proficient in G-suite and Microsoft programs including Excel.
Familiarity with STATA.