

Christine Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, N.H. 03301 TEL. (603) 271-3495 FAX (603) 271-1953

November 30, 2022

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, NH 03301

REQUESTED ACTION

Authorize the New Hampshire Department of Education (NHED) to enter into a **sole source** amendment to an existing contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870) Concord, NH by increasing the price limitation by \$1,354,000 from \$1,000,000 to \$2,354,000 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor and Council approval through September 30, 2024. The original contract was approved by the Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), amended on August 18, 2021 (Item #111), amended on August 17, 2022 (Item #67) and modified on September 20, 2022. 100% Federal Funds.

Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II) ESSER II- CRRSA Act 2021 (ESSER II), and ESSER III-ARP Act (ESSER III), in FY23 and anticipated to be available in FY24 and FY25 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified.

	FY21-22	FY23	FY24	FY25	Total
06-56-56-562010-19590000- 102-500731 Contract for Program Services	\$356,563.39	\$143,436.61			\$500,000.00
06-56-56-562010-19580000- 102-500731 Contract for Program Services		\$387,000.00	\$350,000.00		\$737,000.00
06-56-56-562010-24370000- 102-500731 Contract for Program Services		\$250,000.00	\$427,000.00	\$440,000.00	\$1,117,000.00
Total	\$356,563.39	\$780,436.61	\$777,000.00	\$440,000.00	\$2,354,000.00

Frank Edeiblut Commissioner His Excellency, Governor Christopher T. Sununu and the Honorable Council Page 2 of 2

EXPLANATION

This request is sole source because CBHA is the only organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHED designated support services across the state.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHED will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "Rekindling Curiosity: Every Kid Goes to Camp" or the "Program."

CBHA will implement the NHED determined mental health training program (the "Training Program") for Program counselors. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHED to establish a work plan to ensure that available resources are targeted and as local as possible.

CBHA will work with the NHED and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

CBHA will act as the program administrator and will work with NHED to fully develop a system of delivery to participating camps. A work plan will be created which coordinates both the Training Program and onsite personnel and services. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHED and the participating camps in advance of the Program's start. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

Respectfully submitted

Frank Edelblut Commissioner of Education

AMENDMENT TO PROFESSIONAL SERVICES CONTRACT

Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), amended on August 18, 2021 (Item #111), amended on August 17, 2022 (Item #67), and modified on September 20, 2022 hereby agree to modify same as follows:

- 1. Amend Section 1.8 to increase the amount of the contract by \$1,354,000, from \$1,000,000 to \$2,354,000.
- 2. Remove Exhibit C-1 and replace with Exhibit C-2.
- 3. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
- 4. This amendment shall commence upon Governor and Council approval and shall terminate September 30, 2024.
- 5. This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE Department of Education (Agency)

Division of Commissioner's Office SUN 12/5/2022

Frank Edelblut, Commissioner of Education Date

New Hampshire Community Behavioral Health Association Name of Corporation (Contractor)

Roland P. Lany November 10, 2022 Roland P. Lamy, Executive Director Date

Approved as to form, substance, and execution by the Attorney General this 5 day of December , 2022.

Elizabeth Cr Br

Approved by the Governor and Council this _____ day of _____, 20

By:

EXHIBIT C-2 Method of Payment

Description	Amount
Training, including 5% coordination of services fee	\$331,475.00
Functional Support Staff Services, including 5% coordination of services fee	\$1,605,214.72
High Needs Students, including 5% coordination of services fee	\$265,451.28
Mileage Reimbursement, at prevailing reimbursement rate	\$12,500.00
Marketing	\$20,480.00
Administration	\$118,879.00
Total	\$2,354,000.00

The CBHA may include a five percent (5%) coordination fee for Training, Functional Support Staff Services and High Needs Students support services. Such fee shall be inclusive of the above budget amounts.

Reporting: The CBHA shall provide an end of summer/program report detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

Billing Schedule: Fees for this program will be invoiced by the CBHA monthly to the NHED. Payment will be net 30 days.

Limitation on Price: Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the State's obligation under this contract exceed \$2,354,000.

Source of Funding: Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II) ESSER II- CRRSA Act 2021 (ESSER II), and ESSER III-ARP Act (ESSER III), in FY23 and anticipated to be available in FY24 and FY25 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified

14	FY21-22	FY23	FY24	FY25	Total
06-56-56-562010-	\$356,563.39	\$143,436.61			\$500,000.00
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Contract for Program					
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06-56-56-562010-		\$387,000.00	\$350,000.00		\$737,000.00
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06-56-56-562010-		\$250,000.00	\$427,000.00	\$440,000.00	\$1,117,000.00
24370000-102-500731					
Contract for Program	3 2				
Services					
Total	\$356,563.39	\$780,436.61	\$777,000.00	\$440,000.00	\$2,354,000.00

Payment will be subject to funds availability. In the event that funds are not available, NHED shall immediately notify CBHA. Invoices and reports shall be submitted to:

Jessica Lescarbeau, Administrator IV Jessica.l.lescarbeau@doe.nh.gov

State of New Hampshire Department of State

CERTIFICATE

I, William M. Oardner, Secretary of State of the State of New Hampshire, do hereby certify that NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427021 Certificate Number: 0004958720



IN TESTIMONY WHEREOF,

William M. Gardner Secretary of State

Certificate of Attestation

I, <u>Margaret M. Pritchard</u>, hereby certify that I am a duly appointed representative of (Margaret M. Pritchard)

NH Community Behavioral Health Association. I hereby certify that Roland Lamy, is duly

authorized to execute contracts on behalf of <u>NH Community Behavioral Health Association</u> and may bind the organization thereby.

I hereby certify that said authority has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. This authority remains valid for thirty (30) days. 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: _December 1. 2022

(Margaret M. Pritchard, Title) Attest:

Client#: 1485395

ACORD.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/27/2022

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64 Main Street, Suite 210			INSURER E :				·
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					GENERAL AGGREGATE	\$ 3,000	
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DATE (MM/DD/YYYY) 11/02/2022

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IMPORTANT: If the certificate holder is an ADDITIO If SUBROGATION IS WAIVED, subject to the terms in this certificate does not confer rights to the certific	and conditions of the po	licy, certain policies							
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	X PC	DLICY 🛄 JE	ĊT	L	LOC					3	51 20				PRODUCTS - C	OMP/OP AGG	\$ 3,00	0,000
À	<u></u>	THER:							-	-			03/31/2022	03/31/2023	COMBINED SIN (Ea accident)	GLE LIMIT		0.000
~	10	NY AUTO	• •										03/31/2022	03/31/2023	(Ea accident) BODILY INJURY		\$1,00	0,000
		NNED		SCHE											BODILY INJURY	(Per accident)) S	
1	HI	RED		NON	OWNED OS ONLY								•		PROPERTY DA (Per accident)	MAGE	\$	
											-						S	
A		WBRELLA LIAB	1		CCUR				0.6				03/31/2022	03/31/2023		ENCE		00,000
				0 C	LAIMS-MA	DE	·	1							AGGREGATE		\$10,0 \$	00,000
-		RS COMPENSA	NTION	4				-1					1			OTH		
	AND EN	IPLOYERS' LIAI OPRIETOR/PAR R/MEMBER EXC	BILIT	Y R/EXE		쓰.	1/A							10	E.L. EACH ACC	IDENT	\$	
	(Mandat	tory in NH)		207		- "									E.L. DISEASE -	EA EMPLOYE	E S	
	DÉSCRI	escribe under IPTION OF OPEI		ONS b	low										E.L. DISEASE -			
A		hcare Prof ician Prof	ſ					1	<i>y</i> - 2		120		03/31/2022 03/31/2022					
Evi Alli Phy	dence ed He	of Insurar alth staff s ns have the	hce.	e in	the lim	its c	ofin	surar	nce of t	he En	ntity.		be attached if mo				50	
CER		ATE HOLDE	R					1				CAN	CELLATION					
		New Ha Educati 25 Hall :	on St.			rtme	ent o	f				THE	DULD ANY OF T E EXPIRATION CORDANCE W	I DATE THE	REOF, NOTI	CE WILL E		
		Concor	d, N	IH 0	3301		1Ű					AUTHO	RIZED REPRESE	NTATIVE		2		
		1						8				27	non	*				
													© 1	1988-2015 AC	ORD CORPO	URATION.	All righ	ts reserved.

ACORD 25 (2016/03) 1 of 1 The ACORD name and logo are registered marks of ACORD #S36355502/M35596228 ¥.

Clie	ent#:	10	108	36

ACORD.

Client#: 1010836		NORTHHUM
CERTIFICATE	OF LIABILITY	INSURANCE

DATE (MM/DD/YYYY)

40/44 10000

THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUR REPRESENTATIVE OR PRODUCER, AM	ELY OR NI ANCE DOI	EGATIVELY AMEND, EX	TEND OR ALTER	THE COVERA	N THE CERTIFICATE HOLDER GE AFFORDED BY THE POLIC	CIES
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject t	to the term	s and conditions of the	policy, certain pol	icies may req	L INSURED provisions or be en uire an endorsement. A statem	ndorsed. lient on
this certificate does not confer any right PRODUCER	its to the c	ertificate holder in lieu (ne A Skehar		
USI Insurance Services LLC					1 FAX (A/C, No):	
3 Executive Park Drive, Suite 300			PHONE (A/C, No, Ext): 855 8 E-MAIL ADDRESS: Christi	na Skabana	(A/C, No):	
Bedford, NH 03110			ADDRESS: CHIISU			
855 874-0123			INSURER A : NH Em		FORDING COVERAGE	NAIC #
INSURED			·	pioyers maura	nce company	10000
Northern Human Services.	Inc.		INSURER B :			
87 Washington Street			INSURER C :		<u> </u>	•
Conway, NH 03818-6044			INSURER D :			
			INSURER E :			
, 		<u> </u>	INSURER F :		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH	OF INSUR QUIREMENT PRTAIN, TI POLICIES,	ANCE LISTED BELOW HA	F ANY CONTRACT D BY THE POLICIES VE BEEN REDUCED	D THE INSURED OR OTHER DO S DESCRIBED BY PAID CLAI	D NAMED ABOVE FOR THE POLIC CUMENT WITH RESPECT TO WH HEREIN IS SUBJECT TO ALL TH IMS.	ICH THIS
LTR I TPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	(<u>พีพี/ฮีอีกกับ</u>	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$	
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Es occurrence) \$	
					MED EXP (Any one person) \$	
					PERSONAL & ADV INJURY \$	
GENL AGGREGATE LIMIT APPLIES PER:		32	5 C		GENERAL AGGREGATE \$	
POLICY JECT LOC					PRODUCTS - COMP/OP AGG \$	
OTHER:					s	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO			r		BODILY INJURY (Per person) \$	
AUTOS ONLY AUTOS					BODILY INJURY (Per accident) \$	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$	
					\$	-
UMBRELLA LIAB OCCUR		Ì			EACH OCCURRENCE	
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	
DED RETENTION \$					s	
A WORKERS COMPENSATION			D 19/30/202	2 09/30/2023		
AND EMPLOYERS' LIABILITY Y/N		Contraction of the local division of the loc	5 05/50/202	03/30/2023	E.L. EACH ACCIDENT \$500.	
	N/A				E.L. DISEASE - EA EMPLOYEE \$500,	
(Mandatory In NH)		÷				
DESCRIPTION OF OPERATIONS below		<u>. </u>			E.L. DISEASE - POLICY LIMIT \$500,	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Evidence of Insurance.	LES (ACORD	101, Additional Remarks Sched	ulé, may be attached if r	nore space is requ	ired)	
CERTIFICATE HOLDER		1	CANCELLATION			
		1				
NH DEPT OF EDUCATIO 25 HALL ST CONCORD, NH 03301	N Ì		THE EXPIRÀTIO	ON DATE THE WITH THE PO	ESCRIBED POLICIES BE CANCELL REOF, NOTICE WILL BE DEL LICY PROVISIONS.	
			AUTHORIZED REPRES			
			10120-0-			

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ACORD 25 (2016/03) 1 of 1 #S37744143/M37744131 The ACORD name and logo are registered marks of ACORD

CASCA



DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY OF	OF INFORMATION ONL	Y AND CONFERS	NO RIGHTS	UPON THE CERTIFIC		DEP THIS
BELOW. THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AND THE C		TE A CONTRACT	BETWEEN	THE ISSUING INSURE	R(S), AI	JTHORIZED
IMPORTANT: If the certificate holder is an ADD	TIONAL INSURED 45-	malles (las)				
IMPORTANT: If the certificate holder is an ADD If SUBROGATION IS WAIVED, subject to the ter this certificate does not confer rights to the cert				DNAL INSURED provisio	ons or b	e endorsed.
et al content ingitta to the cert	ificate holder in lieu of s	such endorsement(s).	require an endorseme	nt. A \$1	atement on
PRODUCER Eaton & Berube Insurance Agency, LLC		0.01174.02	H. Gutekuns			
11 Concord Street		PHONE (A/C. No. Ext); 603-8		FAX		
Nashua NH 03064		E-MAIL ADDRESS: Kgx@ea	tonheruhe cr	(<u>A/C, No</u>):	
				ORDING COVERAGE		
		INSURER A : Scottsd				NAIC #
The Community Council of Nashua NH, Inc	СОМСОЗ	INSURER B : CONCOR				20672
dba Greater Nashua Mental Health	6			Care & Human Services	Self In	20672
100 West Pearl Street		INSURER D :				
Nashua NH 03060		INSURER E :			_	
	<u> </u>	INSURER F :				
COVERAGES CERTIFICATE	NUMBER: 1164613102	20		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSUR INDICATED. NOTWITHSTANDING ANY REQUIREMENT	ANCE LISTED BELOW HAN	VE BEEN ISSUED TO	THE INSUR	ED NAMED ABOVE FOR 1	THE POL	ICY PERIOD
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN T	THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS
	SILLING OF OTHER MAKE HAVE	DEEN REDUCED BY	PAID CLAIMS	i,	U ALL I	HE TERMS,
LTR TYPE OF INSURANCE INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
A X COMMERCIAL GENERAL LIABILITY		11/12/2022	11/12/2023	EACH OCCURRENCE	\$ 2,000.	000
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00	
				MED EXP (Any one person)	\$ 5,000	
				PERSONAL & ADV INJURY	\$ 2,000,	000
GENL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000	
X POLICY PRO-				PRODUCTS - COMP/OP AGG	\$ 2,000	
					s	
		11/12/2022 11/12/2023 COMBINED SINGLE LIMIT (Ea accident)			\$ 1,000.0	000
				BODILY INJURY (Per person)	\$	
AUTOS ONLY X SCHEDULED HIRED NON-OWNED				BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS ONLY				PROPERTY DAMAGE \$		
			_		\$	
EVOSER LIAR		11/12/2022	11/12/2023	EACH OCCURRENCE	\$ 5,000,0	000
CLAIMS-MADE				AGGREGATE	\$ 5,000,000	
C WORKERS COMPENSATION					\$	_
AND EMPLOYERS' LIABILITY		1/1/2022	1/1/2023	X PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$ 1,000,0	00
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0	00
A Professional Liability	-			E.L. DISEASE - POLICY LIMIT	<u>s 1,000,0</u>	00
Claims Made Retro Date: 11/12/1986		11/12/2022	11/12/2023	Each Claim Aggregate	\$5,000, \$5,000,	
					40,000,	
DESCRIPTION OF OPERATIONS (LOCATIONS (VEHICLES, (ACODD AND						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 10 Workers Compensation coverage: NH; no excluded offic	 Additional Remarks Schedule, CEFS. 	, may be attached if more	space is require	d)	_	
•						
						Í
		CANCELLATION 3	0 days/10 da	ys non-payment	_	
		THE EXPRATION	HE ABOVE DE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B	NCELLEI	BEFORE
Department of Education		ACCORDANCE WIT	H THE POLICY	PROVISIONS.	E DELIV	ERED IN
25 Hall Street						
Concord NH 03301		UTHORIZED REPRESEN				
		Which Been	lo.			
	<u> </u>		_			
CORD 25 (2016/02)		© 198	8-2015 ACO	RD CORPORATION. A	li rights	reserved.

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62

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

					06/28/2022			
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 certific	ate holder in lieu of such			<u> </u>				
PRODUCER		NAME: Oardin Odi	len, AINS, ACS		03) 524-3666			
Cross Insurance-Laconia		IAIC. No. Ext):		[(A/C, NO):	24-3000			
155 Court Street		ADDRESS: Seran.com	en@crossager	•				
l	NUL 00045	A			NAIC #			
	NH 03246	MODILERA.	rican Insuranc					
INSURED		May Han	perty & Casua npshire Emplo		13083			
Lakes Region Mental Health Center, Inc. 40 Beacon Street East		INSORER C.	npanine Emplo		10000			
TO DORION GUODI ERSI		INSURER D :						
Laconia	NH 03246	INSURER E : INSURER F :			···-			
COVERAGES CERTIFICATE N		· · · · · · · · · · · · · · · · · · ·		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE	Omogia.)			
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSU EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMIT	M OR CONDITION OF ANY JRANCE AFFORDED BY THE	CONTRACT OR OTHER E POLICIES DESCRIBED	DOCUMENT N DHEREIN IS S AIMS.	WITH RESPECT TO WHICH THIS				
INSR ADDLISUBRI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY					1,000,000			
				DAMAGE TO RENTED PREMISES (Ea occurrence) \$	250,000			
				MED EXP (Any one person) \$	25,000			
		06/26/2022	06/26/2023	PERSONAL & ADV INJURY \$	1,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	3,000,000			
				PRODUCTS - COMP/OP AGG \$	3,000,000			
OTHER:	ļ				1,000,000			
				(En accident)	2,000,000			
				BODILY INJURY (Per person) \$				
A OWNED SCHEDULED AUTOS ONLY AUTOS		06/26/2022	06/26/2023	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
				(Per accident)	1.000			
┝─┼╌┥╌┥╌┥╴┥					1,000			
		06/28/2022	06/26/2023	EACH OCCURRENCE \$	4,000,000			
B EXCESS LIAB CLAIMS-MADE		00/26/2022	00/20/2023	AGGREGATE \$	4,000,000			
DED RETENTION \$				PER OTH-	12			
AND EMPLOYERS' LIABILITY Y/N				A STATUTE ER	1,000,000			
C ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A	· 72.54	06/26/2022	06/26/2023		1,000,000			
(Mandatory in NH)	1	-		E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$	\$5,000,000			
A Professional Liability	11 11 11 11	06/26/2022	06/26/2023	Aggregate	\$7,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 10	1. Additional Remarks Schedule.	may be attached if more as	ace is required)	· ··				
			,					
54								
				1 4				
267				1.e.				
CERTIFICATE HOLDER	i	CANCELLATION						
					-			
	ļ			SCRIBED POLICIES BE CANCE				
	-10	ACCORDANCE WIT		F, NOTICE WILL BE DELIVERED Y PROVISIONS.				
Department of Education								
25 Hall Street		AUTHORIZED REPRESEN	ITATIVE					
Connect	NILL 03204		Ċ	· · · ·				
Concord	NH 03301		Jan	n Cullen				
	1		© 1988-2015	ACORD CORPORATION. A	Il rights reserved.			

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DATE (MM/DD/YYYY) 6/22/2022

THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY OF BELOW. THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AND THE C	NEGATIVELY AMEND, DOES NOT CONSTITU	EXTER	ND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES
IMPORTANT: If the certificate holder is an ADD If SUBROGATION IS WAIVED, subject to the ter this certificate does not confer rights to the cert	rms and conditions of th	he polic	y, certain p	olicies may	IAL INSURED provision require an endorsement	sorbe t.Ast	endorsed. atement on
Fred C. Church Insurance 41 Wellman Street		CONTAI NAME:			FAX (A/C, No):	978-45	4-1865
Lowell MA 01851				fredcchurch.c			
	- 4		INS	URER(S) AFFOR	DING COVERAGE		NAIC #
	SEACMEN-01				y Insurance Company		18058
Seacoast Mental Health Center, Inc.				State HC & H	Sirust		
1145 Sagamore Avenue Portsmouth NH 03801		INSURE					
		INSURE					
		INSURE					
	NUMBER: 1191230324				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSUF INDICATED. NOTWITHSTANDING ANY REQUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR TYPE OF INSURANCE INSD WYD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5	
			3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 1,000	
CLAIMS-MADE X OCCUR					PREMISES (Es occurrence)	\$ 100,0	
					MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000	
GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000	
POLICY PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$ 3,000	
OTHER:						\$	
			3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 1,000 \$.000
OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	cident) S	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		(+) (+)			PROPERTY DAMAGE (Per accident)	\$	
X Comp \$1,000 X Coll \$1,000						\$	
A X UMBRELLA LIAB X OCCUR			3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 5,000	
CLAIMSTINDE					AGGREGATE	\$ 5,000 \$,000
B WORKERS COMPENSATION			1/1/2022	1/1/2023		*	
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				18	E.L. EACH ACCIDENT	s 1,000	,000
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000
If yes, describe under DESCRIPTION OF OPERATIONS below	1000 000 000				E.L. DISEASE - POLICY LIMIT		
A Professional Liability			3/1/2022	3/1/2023	\$1,000,000 \$3,000,000		ccurrence al Aggregate
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD	101, Additional Remarks Schedu	de, may bi	e attached if mor	e space is requir	rd)		
					-		
			ELLATION				
New Hampshire Department of Edu 25 Hall Street Concord NH 03301	cation	THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE C. REOF, NOTICE WILL E Y PROVISIONS.		
)	.e.		
	54 		© 19	88-2015 AC	ORD CORPORATION.	All rigi	nts reserved.

ACORD 25 (2016/03)

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DATE (MM/DD/YYYY) 09/06/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INF CERTIFICATE DOES NOT AFFIRMATIVELY OR NEG	ATIVELY AMEND, EXTER	ND OR ALTER THE C	OVERAGE A	FFORDED BY THE POL	ICIES			
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 ADDITIO If SUBROGATION IS WAIVED, subject to the terms a	ind conditions of the po	licy, certain policies	DITIONAL IN may require	SURED provisions or be an endorsement. A stat	endorse ement or	əd. 1		
this certificate does not confer rights to the certificate	ite holder in lieu of such	n endorsement(s).	_					
PRODUCER		PHONE /977) 5	_	FAX	(866) 57	4-7443		
CGI Insurance, Inc.	2000	E-MAIL TDourie (Dr.	CGIBusinessIn	(A/C, No):	(000) 51			
5 Dartmouth Drive	<u>്</u>	ADDRESS: POUTISCE						
Aubum	NH 03032	Dhiladala	surer(s) AFFOF			NAIC #		
INSURED	1	Dhitodel	hia Indemnity					
The Mental Health Center of Greater Manche	j ster, Inc.	INSURER B: Prinauer						
401 Cypress Street		INSURER D :			_			
		INSURER E :			-			
Manchester	NH 03103-3628	INSURER F :						
COVERAGES CERTIFICATE N	UMBER: 22-23 w/WC F	RE		REVISION NUMBER:	2270			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L								
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSU	M OR CONDITION OF ANY	CONTRACT OR OTHER POLICIES DESCRIBE	R DOCUMENT \	MTH RESPECT TO WHICH T	THIS			
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMIT		REDUCED BY PAID CI	AIMS.					
INSR ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Liwn				
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	s 1,000,	,000		
				DAMAGE TO RENTED PREMISES (Ea occurrence)	3 100,00			
Professional Llability \$2M Agg				MED EXP (Any one person)	\$ 5,000			
		04/01/2022	04/01/2023	PERSONAL & ADV INJURY	s 1,000,			
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERALAGGREGATE .		000		
				PRODUCTS - COMP/OP AGG	s 3,000,			
OTHER:	l <u></u>			Sexual/Physical Abuse or DOMBINED-SINGLE LIMIT	or \$ 1,000,000 \$ 1,000,000			
		Ea accident) BODILY INJURY (Per p						
		04/01/2022	022 04/01/2023	BODILY INJURY (Per accident)				
		• • • • • • • • • • • • • • • • • • • •		PROPERTY DAMAGE	5			
				(Per eccident) Hired/borrowed	\$ 1,000.	,000		
	1			EACH OCCURRENCE	s 10,000	0,000		
B EXCESS LIAB CLAIMS-MADE		04/01/2022	04/01/2023	AGGREGATE	s 10,000,000			
DED RETENTION \$ 10,000					5			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y IN				X PER OTH-				
		09/12/2022	09/12/2023	E.L. EACH ACCIDENT	\$ 500,000			
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE		00		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 500,00	00		
						197		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101) Additional Remarka Schedule	may be attached if more er	ace is required)	-				
Workers Comp 3A State: NH, MA, VT, ME & VT. Supplement					đ			
Counseling Associates, Family 411, Mindful Wellness, North I	End Counseling, InShape, 1	The Certificate is issued	for insured op	perations usual to Mental				
Health Services.								
			1			····		
			`					
CERTIFICATE HOLDER		CANCELLATION						
Department of Education	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					BEFORE		
25 Hall St		AUTHORIZED REPRESE	NTATIVE					
Concord	NH 03301			Dal AL				
· · · · · · · · · · · · · · · · · · ·	·	•	© 1988-2015	ACORD CORPORATION	. All right	ts reserved.		
ACORD 25 (2016/03) The A	 CORD name and logo a				-			



DATE (MM/DD/YYYY) 11/09/2022

THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY C BELOW. THIS CERTIFICATE OF INSURANC REPRESENTATIVE OR PRODUCER, AND THE	R NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTEND OR ALT	ER THE CO BETWEEN T	VERAGE AFFORDED B	Y THE S), AU	POLICIES
IMPORTANT: If the certificate holder is an AD If SUBROGATION IS WAIVED, subject to the t	erms and conditions of th	he policy, certain p	olicies may	IAL INSURED provisions require an endorsement.	A st	endorsed. atement on
this certificate does not confer rights to the ce	rtificate holder in lieu of s	uch endorsement(3).			
PRODUCER		CONTACT NAME:	922			
MARSH USA, INC. 99 HIGH STREET		PHONE (A/C, No. Ext):		FAX (A/C, No):		
BOSTON, MA 02110		E-MAIL ADDRESS:				
Attn: Boston.certrequest@Marsh.com			SURFR(S) AFFOR	IDING COVERAGE		NAIC #
CN102105463-gaup-22-23		INSURER A : Philadelph				18058
INSURED		1	na maominy mou	unde Gempeiny		15
West Central Services, Inc		INSURER B :			-	
dba West Central Behavioral Health 85 Mechanic St., Suite C2-1 Box A-10		INSURER C :				
Lebanon, NH 03766		INSURER D :				
		INSURER E :				-
		INSURER F :			-	
	E NUMBER:	NYC-011365453-02		REVISION NUMBER: 2		
THIS IS TO CERTIFY THAT THE POLICIES OF INSI INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORD 5. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	T OR OTHER I ES DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO I	WHICH THIS
INSR TYPE OF INSURANCE ADDLISUE	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
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				MED EXP (Any one person)	\$	5,000
				PERSONAL & ADV INJURY	\$	1,000,000
GENL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	3,000,000
					\$	3,000,000
					\$	
				COMBINED SINGLE LIMIT	\$	
ANY AUTO					\$	
OWNED SCHEDULED					• s	
AUTOS ONLY AUTOS HIRED NON-OWNED				50000000 0 UUU 00		
AUTOS ONLY AUTOS ONLY				(Per accident)	\$	
					\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED RETENTION \$					\$	
WORKERS COMPENSATION				PER OTH-		
ANYPROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBEREXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	
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		¥1:				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACO	RD 101, Additional Remarks Schedu	ile, may be attached if mo	re space is requir	ed)		
				10		
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CERTIFICATE HOLDER						-
Department of Education		SHOULD ANY OF		ESCRIBED POLICIES BE CA	NCELL	ED BEFORE
25 Hall Street				EREOF, NOTICE WILL B		
Concord, NH 03301		ACCORDANCE W				
	18. 1					
		AUTHORIZED REPRES	ENTATIVE			
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ACORD (ERTI	FICATE OF LIA	BILITY INSU	RANCE			17/2022
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIX BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, A	ELY OR N	EGATIVELY AMEND, EXTE	ND OR ALTER THE (OVERAGE	FFORDED BY THE POL	ICIES	
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	semenus	<u> </u>	CONTACT Colin O			-	
PRODUCER			NAME: COLIN O		AAY (AAC, Ne);		
Hays Corpanies, Inc.	<i>\$</i> 0		ADDRESS; Colin.Q		[(AC, Ne);		
980 Washington Street							NAIC #
Suite 325 Dedham MA 0	2026				DING COVERAGE		42376
MURED West Central Services	-			LOGY INSUE	ance Company, Inc.		42370
MIGHED WESt CENtral Services	, 100.		INSURER S :			-	
			WEURER C :				
85 Machanic Street, Suite C2-1	. Box A	-10	INSURER D ;	18			
Lebanon NH 0		Ī	INSURER F :			1	52 C
		TE NUMBER: 22-23 WC	Maunent.		REVISION NUMBER:	_	
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					MED EXP (Any one person)	1	
H	-				PERSONAL & ADV INJURY		
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				22 I.	SOORY HUURY (Per person)	1	
ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	1	
AUTOS NON-OWNED	K) (PROPERTY DAMAGE	1	
HIRED AUTOB						1	
UMERELLA LIAS OCCUR					EACH OCCURRENCE	1	
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WORKERS COMPENSATION					X PER OTH		
AND EMPLOYERS' LABRITY Y ANY PROPRIETOR/PARTNER/EXECUTIVE		2			ELL EACH ACCIDENT	1	500,000
A (Mandatery in NR)	N/A		4/1/2022	6/1/2023	EL DISEASE - EA EMPLOYEE		500,000
If yes, decolor under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000
ORECRIPTION OF OPERATIONS / LOCATIONS / VEHIC Evidence of Insurance	LES (ACORD	2 181, Additional Ramerius Bahadulo, 1	may to attached if more spe	ee in required)			
CERTIFICATE HOLDER			CANCELLATION				
Department of Educatio 25 Hall Street Concord, NH 03301	n		THE EXPIRATION O	DATE THEREON	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.) BEFORE
			AUTHORIZED REPRESEN		Jun		
1			12		ORD CORPORATION.	All da	hts cosociad
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Client#: 1364844

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DATE (MM/DD/YYYY)

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IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject this certificate does not confer any rig	to the t	terms and conditions of th	ne policy, cer	rtain polic	ies may requ			
RODUCER		ine certificate noider in ne			eger, CIC			
JSI Insurance Services LLC		3		t): 855 87		FAX (A/C, No		
Executive Park Drive, Suite 300			E-MAIL	linda.iae	ger@usi.co		li	
Bedford, NH 03110			AUURC33;			FORDING COVERAGE		
55 874-0123			INSURER A	. Philadelp		y Insurance Co.		18058
ISURED		80	INSURER B	Granite S	itate Healthca	are & Human Svc WC		NONAIC
Riverbend Community Me	ental H	ealth Inc.	INSURER C	:				
P.O. Box 2032		3	INSURER D	:		8		
Concord, NH 03302-2032			INSURER E	:				
			INSURER F	:				1940 - C
		TE NUMBER:			· · · · · · ·	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH	OUIREN PERTAIN	MENT, TERM OR CONDITION N. THE INSURANCE AFFOR HES. LIMITS SHOWN MAY I	NOF ANY CON DED BY THE HAVE BEEN R	NTRACT OF POLICIES REDUCED E	OTHER DOO DESCRIBED H BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WH	ICH THIS
SR TYPE OF INSURANCE	ADDL SU	VBR POLICY NUMBER	(MA	OLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	TS	
X COMMERCIAL GENERAL LIABILITY		1	10/	/01/2022	10/01/2023	EACH OCCURRENCE	\$1,00	0,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	000
		20 at				MED EXP (Any one person)	\$5,00	
		1				PERSONAL & ADV INJURY	s1,00	
GEN'L AGGREGATE LIMIT APPLIES PER:		3				GENERAL AGGREGATE	s 3,00	-
		2				PRODUCTS - COMP/OP AGG	\$3,00 \$	0,000
AUTOMOBILE LIABILITY	+ +		. 10/	/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0.000
X ANY AUTO		1				BODILY INJURY (Per person)	\$	
AUTOS ONLY SCHEDULED						BODILY INJURY (Per accident) \$	
X HIRED AUTOS ONLY X AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							5	
X UMBRELLA LIAB X OCCUR			10/	/01/2022	10/01/2023	EACH OCCURRENCE	\$10,0	00,000
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,0	00,000
DED X RETENTION \$\$10K		1					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			01/	/01/2022	01/01/2023	X PER OTH		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,00	
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYE		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		0,000
Professional	ă.		10/	/01/2022	10/01/2023	\$1,000,000 Ea. Inci		
Liability						\$3,000,000 Aggreg	ate	
SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (AC	ORD 101, Additional Remarka Sci	nedule, may be at	ttached if mo	re space is requ	ired)		
		1	CANCEL					
ERTIFICATE HOLDER		1		CATION				
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Department of Education 25 Hall Street	n		THE E	XPIRATION		REOF, NOTICE WILL I LICY PROVISIONS.	BE DELI	VERED IN
Department of Education	n		THE E	XPIRATION	TH THE PO		BE DELI	VERED IN
Department of Education 25 Hall Street	n		THE E	XPIRATION DANCE WI	TH THE PO	LICY PROVISIONS.	BE DELI	VERED IN



Mission

Through advocacy and leadership we develop the relationships and systems to ensure the sustainability of high quality behavioral healthcare.

Vision

NHCBHA envisions a future where:

- Behavioral health care is integral to overall health care
- Prevention and treatment of mental illnesses are valued by all
- Timely access is available to all
- The stigma and discrimination related to behavioral health is eliminated

Board of Directors Executive Committee

Maggie Pritchard, CEO, Lakes Region Mental Health Center, Inc. – President Victor Topo, President & CEO, Center for Life Management – Vice President Jay Couture, President & CEO, Seacoast Mental Health Center, Inc. – Secretary Patricia Carty, CEO, Mental Health Center of Greater Manchester – Treasurer

Board Members

Suzanne Gaetjens-Oleson, CEO, Northern Human Services Chris Kozak, Executive Director, Community Partners Lisa Madden, CEO, Riverbend Community Mental Health, Inc. Roger Osmun, President & CEO, West Central Behavioral Health Cynthia Whitaker, President & CEO, Greater Nashua Mental Health Phil Wyzik, CEO, Monadnock Family Services

NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

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REVIEWED FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

INDEX TO FINANCIAL STATEMENTS

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tion2
Functional Expenses
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Six Bicentennial Square, Concord, New Hampshire 03301 **P:** 603.224.2000 **F:** 603.224.2613



INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors NH Community Behavioral Health Association Concord, New Hampshire

We have reviewed the accompanying financial statements of NH Community Behavioral Health Association (a nonprofit organization), which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities and functional expenses, and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

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

Accountant's Responsibility

Our responsibility is to conduct the review engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

Accountant's Conclusion

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

Respectfully submitted,

Masoner -Kich, PA.

MASON + RICH, PROFESSIONAL ASSOCIATION Certified Public Accountants Concord, New Hampshire

October 31, 2021

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NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2021 AND 2020

A second se	Contraction and and a second		24. (2 ⁴⁰⁰) (-
	ASSETS				
			2021		2020
CURRENT ASSETS					
Cash and Cash Equivalents Certificate of Deposit		\$	238,496	\$	185,885
Accounts Receivable			51,684		-
Total Current Assets		{ 	16,181	the second	730
Total Current Asses			306,361	-	186,615
OTHER ASSETS					
Certificate of Deposit			-		61 60 <i>6</i>
Total Other Assets		10 min 11		. 	51,596
		1		i n	51,596
TOTAL ASSETS		S	306,361	S	238,211
		1		-	
LIABI	LITIES AND NET	ASSETS			
URRENT LIABILITIES					
Accounts Payable		\$	28 025	c	14.242
		· <u> </u>	28,025		14,343
ET ASSETS WITHOUT DONOR REST	RICTIONS	1210	278,336		223,868
		2	<u> </u>	· <u>·</u>	
OTAL LIABILITIES AND NET ASSET	2	<u>_</u> \$	306,361	S	238,211
				2	

See Accompanying Notes and Independent Accountant's Review Report

- Page 2 -

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NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

STATEMENTS OF ACTIVITIES AND FUNCTIONAL EXPENSES

FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

	202	1	2020
UNRESTRICTED ASSETS			
SUPPORT AND REVENUE			
Dues	\$ 34	8,400 \$	247,000
Dues - Communication Plan	4	9,000	49,000
Dues - Managed Medicaid Services	7	0,000	60,000
CIP Program	2	6,536	21,823
Grants		9,720	
Miscellaneous Income		=	5,000
New Hampshire Behavioral Health Summit	1	8;134	21,177
Total Support and Revenue		1,790	404,000
OPERATING EXPENSES		Marrew	
PROGRAM EXPENSES			
Advertising and Marketing	6	4,807	51 606
Consulting Fees		9,126	51,596
Dues and Subscriptions		5,493	125,160
Management Fees - CIP Program		596	14,750
Management Fees - NH Behavioral Health Summit		i,567	13,596
Management Fees - Data Improvement		,097	17,799 32,470
Meetings	/0	-	52,470
Miscellaneous		149	
Printing and Reproduction		331	1,226
Website	1	.896	4,942
Legal - Managed Medicaid		,070	486
Government Relations	50	400	3,990
Total Program Expenses			<u>50,400</u>
MANAGEMENT EXPENSES			
Management Fees	66	312	66,312
Insurance		912	1,851
Accounting	-	604	7,680
Legal - General		124	1,335
Travel	1,	124	
Total Management Expenses	76,	952	<u> </u>
TOTAL OPERATING EXPENSES	467,	414	404,245
INCOME FROM OPERATIONS	<u>\$ 54,3</u>	376 <u>\$</u>	(245)

See Accompanying Notes and Independent Accountant's Review Report

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NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

STATEMENTS OF ACTIVITIES AND FUNCTIONAL EXPENSES FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

	0000000			
	2021		i	2020
OTHER INCOME				
Interest Income	2	92	¢	899
Total Other Income		92		899
INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS		54,468		654
INCREASE (DECREASE) IN NET ASSETS	<u>. </u>	54,468_		654
NET ASSETS, BEGINNING OF YEAR	2	23,868		223,214
NET ASSETS, END OF YEAR	<u>\$ 2</u>	78,336	S	223,868
	5.2	1.55		

See Accompanying Notes and Independent Accountant's Review Report

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NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

			These areas	
CASH FLOWS FROM OPERATING ACTIVITIES Increase (Decrease) in Net Assets	2021		2020	
	\$	54,468	S	654
Adjustments to Reconcile Change in Net Assets to Net				
Cash Provided by (Used in) Operating Activities:				
Change in Certificate of Deposit		(88)		(892)
(Increase) Decrease in Operating Assets:				(0)2)
Accounts Receivable		(15,451)		8,168
Increase (Decrease) in Operating Liabilities:				
Accounts Payable	S	13,682		(4,449)
Total Adjustments		(1,857)		2,827
Net Cash Provided by (Used in) Operating Activities	<u>, a a</u>	52,611	11.00	3,481
NET INCREASE (DECREASE) IN				
CASH AND CASH EQUIVALENTS		52,611		3,481
Cash and Cash Equivalents, Beginning of Year		185;885	<u></u>	182,404
Cash and Cash Equivalents, End of Year	\$	238,496	\$	185,885

See Accompanying Notes and Independent Accountant's Review Report

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A NATURE OF OPERATIONS

NH Community Behavioral Health Association (the "Organization") is a New Hampshire voluntary corporation comprised of the ten community mental health centers throughout New Hampshire. These centers serve individuals in New Hampshire who are living with, and recovering from, mental illness and emotional disorders. The goal of the Organization is to raise awareness about the crucial role played by community-based mental health centers to ensure public safety and overall public health for all New Hampshire residents. In addition, the Organization advocates for the priorities of its members which includes the sustainability of a high-quality and effective system of behavioral health care in each of the New Hampshire communities it serves so that it may improve the social welfare of the individuals in the State of New Hampshire. The Organization's revenue is derived mainly from membership dues, grants, and program revenue.

B | SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES

This summary of significant accounting principles of the Organization, a non-profit corporation, is presented to assist in understanding the Organization's financial statements. The financial statements and notes are the representations of the Organization's management who are responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles (GAAP) in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The Organization² uses the accrual basis of accounting in its financial statements. Under this basis, revenue is recognized when earned rather than when payment is received, and expenses are recognized when the obligation is incurred rather than when the cash is disbursed.

Use of Estimates

The preparation of financial statements and related disclosures in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results experienced by the Organization may differ from management's estimates.

Net Assets

The Organization reports its net assets as required by Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities. Under ASU 2016-14, the Organization is required to report information regarding its financial position and activities according to the following classes: net assets without donor restrictions and net assets with donor restrictions. Descriptions of the net asset categories included in the Organization's financial statements are as follows:

<u>Net assets without donor restrictions</u> include revenues and expenses which are not subject to any donor imposed restrictions. Unrestricted net assets can be board designated by the Executive Board for special projects and expenditures; however, there were no such designations at June 30, 2021 and 2020.

<u>Net.assets with donor restrictions</u> include revenues and expenses for which time restrictions or donor-imposed restrictions have not been met. When the restriction is met, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restriction. Net assets with donor restrictions also include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof (excluding capital gains restricted by State statute) be made available for program operations in accordance with donor restrictions. The Organization had no assets with donor restrictions at June 30, 2021 and 2020.

Contributions and Promises to Give

Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions depending on the existence or nature of any donor restrictions. Contributions are recognized when the donor makes an unconditional promise to give to the Organization. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restriction expires in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Contributions are recognized under FASB ASU 2018-08, Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. Under this ASU, contributions are not recognized as revenue if there are donor-imposed conditions and barriers that must be overcome before the Organization is entitled to the assets transferred. Conditional contributions can exist if the Organization has limited discretion over how the resources are spent and the contributor retains a right of return to the resources provided if the conditions and barriers, the advanced receipt of funds would be recorded as deferred, revenue on the statement of financial position. Once conditions have been substantially met, the contributions are recognized as revenue and classified as net assets with or without donor restrictions depending on remaining donor restrictions.

Cash and Cash Equivalents

The Organization considers all cash accounts, which are not subject to withdrawal restrictions or penalties and certificates of deposit with original maturities of three months or less, to be cash or cash equivalents. As of June 30, 2021 and 2020, the Organization had no cash equivalents.

Revenue Recognition Policy

The Organization recognizes revenue under FASB Accounting Standards Codification (ASC) 606, *Revenue from Contracts with Customers.* Under FASB ASC 606, the Organization derives revenue from membership dues, contract management services, Child Impact Program class fees, and the New Hampshire Behavioral Health Summit.

Membership dues are paid by member organizations to provide them access to general management, administration, and legislative relation services provided by the Organization. The Organization also provides opportunities to facilitate communication and information between members to promote networking and strategic planning. Additionally, the Organization offers members with communication plan services to compile and prepare information to comply with reporting

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requirements between member organizations and external agencies. Membership dues are a fixed annual fee and the contracts with members begin and end within the same fiscal year. The Organization considers the benefits of the general management, administration, and legislative relation services to be a single performance obligation and the communication plan services to be a separate performance obligation. Member dues are allocated based on the percentage of costs to provide these services. The Organization has determined it is appropriate to recognize revenue from membership dues over time. The membership dues are fully recognized by year end because all of the benefits have transferred by the end of the year and there are no open contracts.

The Organization offers contract management services to its members to assist in the implementation, negotiation, and administration of Medicaid Managed Care contracts with third party managed care organizations. The revenue is considered a single performance obligation and the Organization receives payment from the member organizations on a quarterly basis. The Organization has determined that it is appropriate to recognize revenue over time. The Medicaid Managed Care contracts are fully recognized by year end because all of the benefits have transferred by the end of the year and there are no open contracts.

The Organization coordinates the Child Impact Program (CIP) between the participants, the court system, and its member organizations. The CIP is a court mandated class required for parents to understand the impact of divorce, separation, or custody issues on children. Classes are provided by the Organization's members in four hour sessions; either in a single session or in two sessions over the course of a week. Participants pay a one-time fee directly to the member organizations prior to attending the class. The Organization charges a fixed fee to its member organizations for each completed class. The revenue is considered a single performance obligation and the Organization receives payment from the member organizations on a quarterly basis. The Organization has determined that it is appropriate to recognize revenue at a point in time at the completion of each session.

The New Hampshire Behavioral Health Summit is a two day event for behavioral healthcare providers and organizations to share public policy goals, obtain training through professional development sessions, and network with other professionals in the behavioral health field. The event is hosted by the Organization in conjunction with two other local agencies. The Organization pays a fixed event management fee to a third party vendor to manage the event on behalf of the Organization. The event is considered a single performance obligation and the Organization receives revenue upon completion of the event. The Organization has determined that it is appropriate to recognize revenue at a point in time at the completion of the event.

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The quoted transaction prices for all of the Organization's revenue does not include variable considerations and there is no allocations of discounts or non-cash considerations. All of the Organization's contracts are one year or less. As a result, costs associated to obtain a contract is recognized as expense in the period incurred. The Organization does not have any significant financing components to its contracts.

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Contract Assets and Liabilities

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management evaluates the collectability of customer accounts by considering factors such as historical experience, the age of the accounts receivable balance, and current economic conditions that may affect a member's ability to pay. Past due receivables are written off at management's discretion using the direct write-off method; this is not considered a departure from accounting principles generally accepted in the United States because the effects of the direct write off method approximate those of the allowance method. The Organization does not charge interest on accounts receivable.

Deferred Revenue

Deferred revenue represents payments received from customers prior to the satisfaction of the corresponding performance obligations. Revenue is recognized once the corresponding performance obligations are satisfied based on the contract with the customer.

The Organization's contracts meet certain disclosure exemptions, including performance obligations, which are part of a contract that has an original expected duration of one year or less. As such, the Organization has elected to omit disclosure information about the transaction price allocated to remaining performance obligations and when revenue will be recognized. These performance obligations relate to management services which are completed in the month when the revenue is earned. All of the Organization's contracts are less than one year in length, and as a result, there were no contracts that would require disclosure of remaining performance obligations because there were no contracts open at June 30, 2021 and 2020.

Functional Allocation of Expenses

The costs of providing programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses are charged to each program based on the direct expenses incurred.

Advertising and Marketing

The Organization conducts non-direct response advertising. These costs are expensed as incurred. Advertising and marketing costs for the years ended June 30, 2021 and 2020 were \$64,807 and \$51,596, respectively.

Income Taxes

The Organization adopted the provisions of FASB ASC 740-10, Accounting for Uncertain Tax Positions. FASB ASC 740-10 prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return and also provides guidance on various related matters such as de-recognition, interest, penalties, and disclosures required. Additionally, the Organization recognizes interest and penalties, if any, related to unrecognized tax benefits in income tax expense.

(Continued on next page)

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C ADOPTION OF NEW ACCOUNTING STANDARD

In May 2014, FASB established ASC Topic 606, *Revenue from Contracts with Customers*. ASC 606 and all subsequently issued clarifying ASUs replaced most existing revenue recognition guidance in GAAP. The ASC also requires expanded disclosures related to the nature, amount, time, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization adopted the new standard effective July 1, 2020, using the modified retrospective approach.

As part of the adoption of ASC 606, the Organization elected the following transition practical expedients: (i) to reflect the aggregate of all contract modifications that occurred prior to the date of initial application when identifying satisfied and unsatisfied performance obligations, determining the transaction price, and allocating the transaction price; and (ii) to apply the standard only to contracts that are not completed at the initial date of application. Because contract modifications are minimal, there is not a significant impact as a result of electing these practical expedients.

Management has assessed the impact of ASC 606 and has determined that ASC 606 would have no significant impact in the timing of measurement of revenues based upon the guidance. As a result, there were no material effect on the Organization's financial statements for the year ended June 30, 2021.

In June 2018, FASB issued ASU 2018-08, Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made, effective for financial reporting periods beginning after December 15, 2018. This update clarifies and improves current guidance about whether a transfer of assets is a contribution or exchange transaction. The Organization adopted the new standard effective July 1, 2020 using the modified prospective approach.

Prior to the implementation of ASU 2018-08, the Organization recorded conditional contributions that were restricted by the donor as increases in net assets with donor restrictions. After implementation of ASU 2018-08, the Organization may not recognize revenue if contributions are conditional. Conditional contributions received in advance are recorded as deferred revenue until conditional have been substantially met. See Note B, Contributions and Promises to Give, for more information.

D ACCOUNTS RECEIVABLE AND CONTRACT ASSETS AND LIABILITIES

Accounts Receivable \$	2021		nange (\$)
	16,181	\$ 730	\$ 15,451

Accounts receivable increased by \$15,451 for the year ended June 30, 2021 due to timing. There were no contract liabilities for the year ended June 30, 2021.

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E | DISAGGREGATION OF REVENUE FROM CONTRACTS WITH CUSTOMERS

Contract revenue based on service line and timing of satisfaction of performance obligations consists of the following for the year ended June 30, 2021:

Service transferred over time.	A m o s m d
Dues	Amount \$ 348,400
Dues – Communication Plan	49,000
Managed Medicaid Services	70,000
Total Revenue Over Time	\$ 467,400
Service transferred at a point in time	
CIP Program	\$ 26,536
New Hampshire Behavioral Health Summit	18,134
Total Revenue at a Point in Time	\$ 44,670
Total Revenue from Contracts with Customers	<u>\$512:070</u>

F | CONCENTRATIONS

Cash and Certificate of Deposit

The Organization maintains substantially all its cash and the certificate of deposit in one financial institution. The account is secured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. During the year, the Organization may occasionally exceed the FDIC insurance limit. At June 30 2021, the Organization had uninsured balances of \$40,180 and no uninsured balances as of June 30, 2020.

Vendors

Expenses from three of the Organization's major vendors represented 90% of the Organization's expense for the year ended June 30, 2021. The amounts due to these vendors comprised 99% of the total accounts payable balances at June 30, 2021.

Expenses from three of the Organization's major vendors represented 91% of the Organization's expense for the year ended June 30, 2020. The amounts due to these vendors comprised 93% of the total accounts payable balances at June 30, 2020.

G | INCOME TAXES

Tax Status

The Organization qualifies as a non-profit organization under section 501(c)(4) of the Internal Revenue Code; therefore, it is exempt from federal and state income taxes.

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Uncertain Tax Positions

For the years ended June 30, 2021 and 2020, management has evaluated its tax positions in accordance with FASB ASC 740-10, Accounting for Uncertain Tax Positions. The Organization's management does not believe they have taken uncertain tax positions; therefore, a liability for income taxes associated with uncertain tax positions has not been recognized. Additionally, the Organization did not recognize interest or penalties resulting from tax liabilities associated with recognizing uncertain tax positions for the years ended June 30, 2021 and 2020.

Income Tax Examinations

The Organization is a nonprofit organization; as a result it files a federal form 990, Return of Organization Exempt from Income Tax. In the normal course of business, the Organization is subject to examination by taxing authorities. With few exceptions, the Organization is no longer subject to federal examinations of their federal Form 990 for years before 2018.

Ηİ **CERTIFICATE OF DEPOSIT**

The Organization invested in a certificate of deposit which is classified as a short-term investment in 2021; however, in 2020 this certificate of deposit is classified as long-term since the maturity was extended beyond twelve months from the date of the statement of financial position. The certificate of deposit at June 30, 2021 matures on January 6, 2022 and earns interest at a rate of 0.15% percent per annum.

I **RELATED PARTY TRANSACTIONS**

The Organization receives substantially all its revenue from its member organizations.

LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS J

The Organization's financial assets available within one year from the statement of financial position date for general operating expenses are as follows:

Cash and Cash Equivalents	2021	2020
Certificate of Deposit	\$ 238,496	\$ 185,585
Accounts Receivable	51,684	•
	16,181	730
Financial assets available to meet cash needs for general	•	A Base A
expenditures within one year	\$ 306,361	<u>\$ 186,615</u>

See Independent Accountant's Review Report

(Continued on next page)

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For the year ended June 30, 2021, the Organization had financial assets on hand equal to approximately eight months of operating expenses, which totaled \$467,414. For the year ended June 30, 2020, the Organization had financial assets on hand equal to approximately five months of operating expenses, which totaled \$404,245. At times, the Board of Directors may designate a portion of any operating surplus to its liquidity reserve for future expenditures; however, there were no such designations at June 30, 2021 and 2020. The Organization believes its liquid financial assets are sufficient to fund unanticipated liquidity needs that may arise.

There were no board designated net assets at June 30, 2021 and 2020.

K | SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 31, 2021, the date which the financial statements were available to be issued, and has not evaluated subsequent events after that date. The Organization did not identify any subsequent events that would require disclosure in the financial statements.

•

ERIN K. MEAGHER

QUALIFICATIONS PROFILE

- Expert multitasker supporting multiple partners and clients simultaneously with keen ability to meet deadlines and continuously exceed expectations.
- 30 plus years of customer focused work with a demonstrated ability to work successfully with groups including leaders, colleagues, internal & external customers balancing collaboration, leadership, and decisiveness.
- Proficient in planning, organizing, coordinating, & controlling resources required for day-to-day operations.
- Continued process improvement, maintaining high quality while improving timeliness, efficiency, & cost effectiveness.
- Action oriented, creative, and innovative problem solver. A big picture person with an eye on details & how they affect everyone involved.

PROFESSIONAL EXPERIENCE

HELMS & COMPANY, INC.

Office Manager, Human Resources, Project Manager

Operations Manager for NH Vaccine Association & NH Health Plan: management of assessment collections, agendas/minutes, customer education, Board support, administrative functions.

- Executive Assistant & Financial Administration for NH Community Behavioral Health Association: agendas/minutes, AR/AP, budgets, tax preparation, administration & oversight of the Child Impact Program & Summer Camp Program Grant, Board support, customer education.
- Executive Assistant, Financial Administration, & Payer Contract Support for: VNA Health System of Northern New England, Rural Home Care Network, & VNA Health Systems of Vermont: agendas/ minutes, AR/AP, budgets, tax preparation, Board support, administrative functions, & support of up to six workgroups, support of contracting efforts with insurance companies, development of dashboards & ongoing maintenance, client education.
- Executive Assistant for five Principal Owners: administrative support on key projects, data analysis, administrative functions.
 Responsible for day to develop the day.
- Responsible for day-to-day operations, purchasing, building management, banking relations.

Human Resource Officer: benefit administrator, hiring, annual performance reviews.
 Executive Assistant & Human Resources

Executive Assistant

KILLARNEY HOUSE INTERIOR DESIGN Self-Employed Interior Designer

THE GIG

LONDONDERRY, NH October 2001 – July 2002

January 2001 - March 2004

April 2005 – August 2008

March 2004 – April 2005

CONCORD, NH

Billing & Account Specialist, Part time
 Insurance & patient billing, AR, for a radiologist & small physical therapy office.

CONCORD, NH

ERIN K. MEAGHER

ANTHEM BLUE CROSS BLUE SHIELD

MANCHESTER, NH

Business Systems Analyst – Provider Network Management

- November 1999 January 2001 Liaison between system users & programmers to develop system enhancements ensuring business . requirements are incorporated into system design & testing.
- Compile & analyze data to identify processes for improvement. Develop reliable procedures resulting in increased accuracy, decreased cycle time, improved efficiency, & substantial cost savings.
- Resolve internal & external problems certifying compliance with Plan administrative policies, laws & regulations governing the corporation.

Provider Service Representative – Provider Network Management January 1998 – October 1999

- Maintain contractual relationship with existing providers & continued recruitment to network with . professional & institutional providers.
- Educate physicians, PHO/IPA administrators, hospital administrators, office managers & staff on reimbursement, risk sharing, & billing requirements, through telephone & written communications, site visits, presentations at provider seminars.

Senior Customer Service Representative – Federal Employee Program February 1993 – January 1998

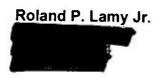
- Daily management of customer service call center (up to seven employees), hiring, performance expectations & goals, annual performance reviews.
- Resolve high impact, complex inquiries involving policy, claim disputes, system errors.
- Develop & administer cross-functional training in customer service & claim processing. Provide Quality Service Skills (QSS) & Quality Assurance (QA) training.
- Interpret Federal regulations, bulletins, benefit policies & system updates. Implement necessary corporate policies & procedures to ensure compliance.

SKILLS / APPOINTMENTS

- Expert level: Microsoft Word, Excel, Outlook, PowerPoint, Publisher.
- Proficient: WordPress, QuickBooks, Access
- Notary Public

REFERENCES

Available upon request.



MBA, New Hampshire College 1994

B.S. Management, Bloomsburg University 1991

CAREER EXPERIENCE

Dartmouth Hitchcock Medical Center, Lebanon, NH 11/12- Present

Strategic Liaison

Assist and manage initiatives to enhance the mission of Dartmouth Hitchcock Health including network liaison to a Medicare Shared Savings initiative in Vermont, development of a joint venture health plan and liaison to rural hospital system(s) seeking stronger affiliation to Dartmouth Hitchcock. Serve as Chair of the Board for Benevera Health, a population health company jointly owned by a large regional third-party payer, three hospitals and Dartmouth Hitchcock Health.

Helms and Company, Concord, NH 10/02 - Present

President/Senior Consultant

Provide consultative resource to Hospitals, Physicians, and ancillary health care providers in Vermont, Maine, and New Hampshire. Manage the New Hampshire Community Behavioral Health Association, which contains the State's ten Community Mental Health Centers, which act as the system of community mental health care in New Hampshire. Assist Physicians and Hospitals with operational and economic issues including denial management processes, physician practice evaluations and valuations, third party payer contracting, and organizational structure analysis.

State of New Hampshire Department of Health and Human Services, NH 1/02- 10/02

Assistant Director, Office of Health Planning and Medicaid

Directing 100+ employees serving New Hampshire's Medicaid population and provide oversight to several consultant and vendor contracts. Responsible for approximately \$285 million spent for services to care for low income adults, women, and children in New Hampshire.

Work closely with the Commissioner's office, State Legislature, and Governor's office on budget preparation, forecasting, and deficit plan reductions. Provide testimony on behalf of Department of Health and Human Services for Senate and House subcommittee hearings.

Helms and Company, Concord, NH 10/01-1/02

Healthcare Consultant

Provided consulting services to several New Hampshire Hospitals regarding managed care contracting.

Performed educational sessions to physician practices in New Hampshire seacoast area with emphasis on negotiation skill and creating leverage.

Anthem Blue Cross and Blue Shield, Manchester, NH 8/91-10/01

Executive Director Network Development and Management 10/00-10/01 Directed the overall management of 60 employees responsible for administration of provider contracts including Hospital and Physician contract negotiation, provider contract administration, provider service, and network management.

Managed total health care budget for the enterprise and a \$10 million administrative budget with the goal of improving member health while utilizing the consumer dollar in the most effective and efficient manner possible.

Governed the oversight of 5 large vendor contracts including pharmacy management, behavioral health, provider bill audits, high cost drugs, and other consultants to develop an automated risk model settlement process.

Special Network Consultant 03/00-10/00

Maintained unique provider and payer risk model arrangement with nearly one-third of State provider network including Physicians and 12 Hospitals in the New Hampshire rural health coalition.

Worked directly with the Medical Director to develop new programs aimed at improving medical outcomes and financial targets based upon analysis of utilization levels for variety of specialties.

Evaluated risk model effectiveness on quality of care outcomes, financial targets, and performed risk model settlements including the development of new medical cost targets, reinsurance levels and pricing, and consulted with Rural Health Coalition on new initiatives to improve community results.

Sales Manager of Public Business and Government Programs 6/94-3/00

Directed account management of more than 50% of Blue Cross and Blue Shield membership servicing public business clients with a staff of 25: included market plan development, direct marketing programs, rate and product consultation, forecasting, budgeting, and monitoring of results.

Profitably directed company's public business and government programs, developed and evaluated new and existing government contracts such as Medicaid, Title XXI and Medicare Risk. Provided management guidance for creation of a new product in a fast track implementation and completed two corporate merger projects.

Group Health Underwriter 8/91-6/94

Executed underwriting policies, risk evaluation and creation of group health rates for all lines of health care business while meeting corporate objectives: included creation of a capitation "calculator" utilized for provider funding for Managed Care business.

VOLUNTEER INTERESTS

٠	NH Healthy Kids Corporation	2002-2012
٠	NH Fiscal Policy Institute	2016-present
٠	NH Children's Health Foundation	2018-present



1 Pillsbury Street, Suite 200 Concord, NH 03301 603.225.6633 www.nhcbha.org

Date:	November 30, 2022
То:	To whom it may concern
From:	Erin Meagher, Project Manager
cc:	Roland Lamy, Executive Director

Please allow this memo to respond to the question posed regarding percent of salary of key personnel that the Department of Education grant supports.

The NH Community Behavioral Health Association is managed through a Management Services Agreement and does not have direct employees. Helms & Company, Inc. provides the management services and the administrative dollars noted in the September 20, 2022, grant amendment are approximately 16% of the overall agreement that funds the Association management.



Christine M. Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, NH 03301 TEL. (603) 271-3495 FAX (603) 271-1953

September 15, 2022

Modification to: New Hampshire Community Behavioral Health Association Contract Approved by Governor and Council on August 17, 2022, Item #67

Authorize New Hampshire Department of Education, Division of Learner Support, Bureau of Covid-19 Education Programs to modify the contract with New Hampshire Community Behavioral Health Association (VC# 355870) Concord, NH in the amount not to exceed \$1,000,000.00 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program. As of October 1, 2022, New Hampshire Community Behavioral Health Association, will modify their item budgets by transferring unused funds in the amount of \$143,436.61 from the FY21-22 budget to the FY23 budget. FY24 budget will remain unchanged at this time. See Budget Modification Table.

Modification to include:

- Funds in the FY21-22 budget will decrease by \$143,436.61
- Funds in the FY23 budget will increase by \$143,436.61
- The not to exceed amount of \$1,000,000.00 will remain unchanged.
- NOTE: all other contractual obligations remain in place as established in the original contract.

100% Federal Funds.

Funds to support this request are available in the accounts titled <u>GEERII - CRRSA Act 2021 (GEER II)</u> and <u>ESSER III- ARP 2021</u> for FY21-22 and FY23 and are anticipated to be available in the <u>ESSER III- ARP 2021</u> for FY24, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, without further Governor approval, if needed and justified.

Frank Edelblut Commissioner Page 2 of 2

Budget Modification Table:

Decrease ·	Adjusted
(\$143,436.61)	\$356,563.39
(\$	143,436.61)

	FY23	FY23	FY23	FY24
	Original	Increase	Adjusted	
06-56-56-562010-19590000-102-500731	\$250,000.00	\$143,436.61	\$143,436.61	\$ 0
06-56-56-562010-24370000-102-500731	\$0	\$0	\$250,000.00	\$250,000.00
	\$250,000.00	\$143,436.61	\$393,463.61	\$250,000.00

Limitation of Price: This contract will not exceed \$1,000,000.00

Funds are contingent on:

- 1.) Federal Funding from the GEERII CRRSA Act 2021 (GEER II) grant and ESSER III- ARP 2021; and
- 2.) Attainment of contractual and performance goals and measures.

Date: 9/20/2022

Frank Edelblut Commissioner Department of Education

Date: 09/15/22

Roland Lamy Executive Director New Hampshire Community Behavioral Health Association



Christine Brennan Deputy Commissioner

Frank Edelblut Commissioner

> STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, N.H. 03301 TEL. (503) 271-3495 FAX (603) 271-1953

July 26, 2021

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, NH 03301

REQUESTED ACTION

Authorize the New Hampshire Department of Education (NHED) to enter into a sole source amendment to an existing contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, by increasing the price limitation by \$500,000 from \$500,000 to \$1,000,000 and extending the end date from September 30, 2022 to September 30, 2024 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval. The original contract was approved by the Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), and amended on August 18, 2021 (Item #111). 100% Federal Funds.

Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II), in FY23 and anticipated to be available in FY24 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified.

	FY21-22	FY23	FY24	Total
06-56-56-562010-19590000-102-500731	\$500,000	\$250,000	\$250,000	\$1,000,000
Contract for Program Services	-		[

EXPLANATION

This request is sole source because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

His Excellency, Governor Christopher T. Sununu and the Honorable Council

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "Rekindling Curiosity: Every Kid Goes to Camp" or the "Program."

Services:

In support of the above-described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

1. <u>Training: CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:</u>

- a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
- b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
- c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
- d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire CMHC and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.

2. Summer Camp Functional Support Staffs.

- a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
- b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
- c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.

3. High Needs Campers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp., CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

Other Program Elements:

- 1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
- 2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.

His Excellency, Governor Christopher T. Sununu and the Honorable Council

- 3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
- 4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
- 5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

In the event Federal Funds are no longer available, General Funds will not be requested to support this request.

Respectfully submitted,

Frank Edelblut Commissioner of Education

TOD Access: Relay NH 711 EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

AMENDMENT TO PROFESSIONAL SERVICES CONTRACT

Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), and amended on August 18, 2021 (Item #111) hereby agree to modify same as follows:

- 1. Amend Section 1.7 Completion Date by removing September 30, 2022 and replacing with September 30, 2.
- Amend Section 1.8 to increase the amount of the contract by \$500,000, from \$500,000 to \$1,000,000.
- 3. Amend Exhibit C by replacing the current Exhibit C with Exhibit C-1.
- 4. All other provisions of this agreement shall remain in full force and effect as originally set forth; and 5. This amendment shall commence upon Governor and Council approval and shall terminate September 30,
- 6. This modification of an existing agreement is hereby incorporated by reference to the existing agreement by

the parties and must be attached to the said agreement.

IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE Department of Education (Agency)

Division of Commissinger's Office

By: 8/2/2022

Frank Edelblut, Commissioner of Education Date

New Hampshire Community Behavioral Health Association Name of Corporation (Contractor)

By: Malinul Korry Roland Lamy. Executive Director <u>1/21/2</u>2 Date

Approved as to form, substance and execution by the Attorney General this _____ day of August 2022

Elizabeth & Brown, Attorney General Office

_____day of _______, 20_____

Approved by the Governor and Council this

By:

EXHIBIT C - I Method of Payment

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Program Fees

Description	Amount
Training, including 5% coordination of services fee	\$125,000
Functional Support Staff Services, including 5% coordination of services fee	\$600,000
High Needs Students, including 5% coordination of services fee	\$174,000
Mileage Reimbursement, at prevailing reimbursement rate	\$18,000
Marketing	\$23,000
Administration	\$60,000
Total	\$1,000,000

The CBHA may include a five percent (5%) coordination fee for Training, Functional Support Staff Services and High Needs Students support services. Such fee shall be inclusive of the above budget amounts.

Reporting: The CBHA shall provide an end of summer/program report detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

Billing Schedule: Fees for this program will be invoiced by the CBHA monthly to the NHDOE. Payment will be net 30 days.

Limitation on Price: Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the State's obligation under this contract shall not exceed \$1,000,000.

Source of Funding: Funds to support this request are available in the account titled GEER II - CRRSA Act 2021, with the ability to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified, as follows:

	FY21-22	FY23	FY24	Total
06-56-56-562010-19590000-102-500731	\$500,000	\$250,000	\$250,000	\$1,000,000
Contract for Program Services				

Payment will be subject to funds availability. In the event that funds are not available, NH DOE shall immediately notify CBHA. Invoices and reports shall be submitted to:

Jessica Lescarbeau, NH Department of Education 25 Hall Street, Concord, NH 03301 Jessica.I.lescarbeau@doe.nh.gov

Contractor Initials

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427021 Certificate Number: 0004958720



IN TESTIMONY WHEREOF.

I hereto set my hand and enuse to be affixed the Scal of the State of New Hampshire, this 14th day of Joly A.D. 2020.

1

William M. Gardner Secretary of State

		1995 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -							
I, _{Same}	Margaret M. Pritchard	, do her	eby certify that:						
	(Name of the Clerk of the Corporatio	n, cannot be signatory)							
		37							
(I)	i am the duly elected clerk of	H Community Behavioral Health	Association						
		(Corporation Name)							
(2)	The following are true copies of the r Corporation duly held on		ing of the Board of Directors of the						
	RESOLVED: That this Corporation its Department of Education.	enter into a contract with the Stat	e of New Hampshire, acting through						
	RESOLVED: That Roland La								
	(Name of Contract Signatory) (Title of Contract Signatory) is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute a								
	documents, agreements and other insi he/she may deem necessary, desirable	ruments, and any amendments, re							
(3)	The foregoing resolution(s) have not28 th day ofJuly,		main in full force and effect as of the						
	(day, month, yr) (must be same date a	is the contract date)							
(4)	<u>Roland Lamy</u> is the duly elected (name of contract signatory)		of the corporation.						
	10 20								
IN WI	TNESS WHEREOF, I have hereunto se	t my hand as the Business Repres	entative of the Corporation this						
	28th day of July	20 22 .							

1

(Signature of Clerk of Corporation)

CERTIFICATE OF VOTE

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MSURED MSURER B: The Mental Health Center for Southern NSURER B: NH DBA CLM Center for Life Management NSURER C: 10 Tsienneto Rd NSURER C: Derry, NH 03038 NSURER C: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXClusions and Conditions of such POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. MSR MYD MSR MYD MSR MYD POLICY NUMBER MSR MYD MAXE BEEN REDUCED BY PAID CLAIMS. MSR MYD POLICY NUMBER MSR MYD MAY PROVIDENTIAL MARKEN TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXClusions and CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. MSR MYD MARK MYD MSR MYD POLICY NUMBER MSR MYD MARK MYD MSR	NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES FICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED
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						22/2022
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVELY OR NEGATIVELY AMEND, SURANCE DOES NOT CONSTITUT	EXTEND OR ALT	ER THE'CO	VERAGE AFFORDED	BY THE	POLICIES
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Eaton & Berube Insurance Agency, Li	LC	LNAME: NIMPERY P	H. Gutakunst,	CIC FAX		
11 Concord Street		PHONE CAT No. 8-TH: 603-88	2-2/00			
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dba Greater Nashua Mental Health 100 West Pearl Street				Care & Human Services S	Self In	
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Department of Education 25 Hall Street Concord NH 03301			I DATE THE	ESCRIBED POLICIES BE C. REEOF, NOTICE WILL I Y PROVISIONS.		
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CERTIFICATE	OF

LIABILITY INSURANCE

CORD 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(les) 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 endomement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Sarah Cutlen, AINS, ACSR PRODUCER MONE (AC. No. Extl: E-MAIL (603) 524-2425 FAX (AC, No); (603) 524-3666 Cross Insurance-Laconia 22 - 8sarah.cullen@crossagency.com 155 Court Street ADDRESS: RISURER(S) AFFORDING COVERAGE NAIC # NH 03248 Leconia Ace American Insurance Company INSURER A : INSURCED ACE Property & Casualty Ins Co INSURER 8 : New Hampshire Employers Ins Co. 13083 Lakes Region Mental Health Center, Inc. INSURER C : 40 Beacon Street East INSURER D POLINER E : NH 03246 Laconia INSURER F : CL2261600009 COVERAGES CERTIFICATE NUMBER: **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. FOUCYEST FOUCYEST INSD WYD TYPE OF INSURANCE LINUTE POLICY NUMBER LTR CONKERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED 250,000 CLAMS-MADE X OCCUR PREMISES (Es occurrence) 25,000 MED EXP (Any one person) 1.000.000 06/26/2022 06/26/2023 A PERSONAL & ADV INJURY 3 000 000 GENLADGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 3,000,000 N POUCY JECT PRODUCTS - COMPJOP AGG LOC Employee Benefits Lisb A 1.000.000 OTHER: COMBINED BINGLE LIMIT AUTONIOBILE LIABILITY \$ 2,000,000 BOOILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY 06/26/2022 06/26/2023 BODILY HUURY (Per socia A ntă 8 PROPERTY DAMAGE (Per eccident) 1.000 Medical payments 4 000 000 UNBRELLA LIAB X OCCUR EACH OCCURRENCE 4,000,000 06/26/2022 08/28/2023 в EXCESS LIAB AOGREGATE . CLAINS-MADE RETENTION 050 **OTH** KERS COMPENSATIO X STATUTE AND EMPLOYERS' LIABLITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED? E.L. EACH ACCIDENT С N 06/26/2022 06/26/2023 1,000,000 EL DISEASE - EA EMPLOYEE pry in KH) Type, describe under DESCRIPTION OF OPERATIONS below 14 1,000,000 E.L. DISEABE - POLICY LIMIT Per Incident \$5,000,000 **Professional Liability** \$7,000,000 06/26/2022 08/28/2023 Appregate . DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached If more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Department of Education 25 Hall Street

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

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	DUCER	1		CONTACT		Blanc			
	wn & Brown of New Hampshire			014034	(603) 42	4-9901	AX (AC, No):	(666)	848-1223
309	Daniel Webster Highway			ANDRESS	Patricia.Le	blanc@Bbrow			_
	-			AUGRESS.			DING COVERAGE		NA/C #
Mer	rimeck		NH 03054	INSURER A	Oblighter		Insurance Company		18058
INCRU				INSURER B	Techeolo		Company, Inc.		42376
	Monednock Family Services			INSURER C					
	64 Main Street			WOURER D					
1	Suite 210			INSURER E					
ł	Keene		NH 03431	INSURER P	-				6
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INER	TYPE OF INSURANCE	ADOL SUBR	POLICY NUNSER	PH (M)		POLICY EXP (MM/DOMMY)	Lakr		
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							DAMAGE TO RENTED PREMISES (Es ecourence)	a 100	,000
		1			1		MED EXP (Any one person)	\$ 5,00	0
		3		01	9/01/2021	09/01/2022	PERSONAL & ADV INJURY	s 1.00	0.000
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					- 1			8	
<u> </u>	AUTONOBILE LIABILITY						COMBINED BINGLE LIMIT	\$ 1,00	0,000
	X ANY AUTO						BODILY INJURY (Per person)	3	
	OWNED SCHEDULED			0	9/01/2021	09/01/2022	BODRLY INJURY (Per accident)	1	
	HIRED NON-OWNED	1					PROPERTY DAMAGE (Per eccident)	ł	
	AUTOB ONLY AUTOB ONLY			r i	1		Medical payments	\$ 5.00	0
<u>}</u>	VUMBRELLA LIAB X OCCUR		010		- 1		EACH OCCURRENCE	, 2,00	000.000
	EXCESS LIAB CLAMS-MADE			01	9/01/2021	09/01/2022	AGGREGATE	, 2,00	0,000
	DED RETENTION \$ 10,000							\$	
	WORKERS COMPENSATION		and product				X PER OTH	3A St	Its NH
					0010031	000100000	E.L. EACH ACCIDENT	\$ 500	,000
8	OFFICERALEMBER EXCLUDED?	N/A		1.0	9/01/2021	09/01/2022	EL DISEASE - EA EMPLOYEE	\$ 500	,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500	,000
							Each Incident	\$1,0	00,000
	Professionel, Liabliky			01	9/01/2021	09/01/2022	Aggregate	\$3,0	000,000
1						\$			
OES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ACORD 1	01, Additional Remarks Schedule,	may be ettacl	hed if more sp	Los is required)			
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	NH Department of Education							23	
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3.6	Concord		NH 03301			. yest	e como		
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	UCER			CONTACT Terl Davis	,			
CGI	Insurance, Inc.				62-8954	FAX (A/C, No):	(866) 5	74-2443
5 Da	rtmouth Drive			ADDRESS: TOWNING	CGIBusinessir	ISUITEINCE.COM	1	NAIC I
Auto	m 👘		NH 03032		phia Insurance			
NAV	100				phia Indomnity			
	The Mental Health Center of Gri	ester Manch	nester, Inc.	INSURER C : A.I.M. M	utuel			
	401 Cypress Street			INSURER D :				
				INSURER E :				
-5	Manchester		NH 03103-3628	INSURER F :			1	
			the second se			REVISION NUMBER:	200	
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	OTHER		00 10			Sexual/Physical Abuse or		
	AUTOHOGILE LABILITY					(Es eccident)	\$ 1,000	1,000
		1 6				BODILY INJURY (Per person)	\$	
8	AUTOS ONLY AUTOS HERED NON-OWNED	- E 11		04/01/2022	04/01/2023	BOOKY INJURY (Per action) PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY	. = 1		45		(Per addent) Hised/borrowed	1 1.000	000
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				04/01/2022	04/01/2023			00,000
Ĭ						AGGREGATE		
	WORKERS COMPENSATION						<u> </u>	
							\$ 500,0	000
¢Ι	OFFICERMEMBER EXCLUDED?	N/A		09/12/2021	09/12/2022		\$ 500,0	200
	IT yes, describe under DESCRIPTION OF OPERATIONS below					EL. DISEASE - POLICY LIMIT	\$ 500,0	000
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C DESC Worl	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	entsi Name hestar Menti	is: Manchester Mental Healt) al Health Ventures, Inc., Amo	h Foundations, Inc., Ma Iskeag Residences Inc	inchester Merri	al Health Realty, Inc.	s 10,00 s s 500,0 s 500,0	00,000
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050				CANCELLATION		24		
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-	ət	Inc.			INSUR					
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X ANY AUTO								BOOILY INJURY (Per person)	\$	
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(Mandetory In NH)								E.L. DISEASE - EA EMPLOYEE	1	
If yes, describe under <u>DESCRIPTION OF OPERATIONS below</u> A Healthcare Prof						03/31/2022	03/31/2023	E.L. DISEASE - POLICY LIMIT \$1,000,000/\$3,00000		
A Healthcare Prof A Physician Prof			100					\$1,000,000/\$3,00000		
ESCRIPTION OF OPERATIONS / LOCATION ividence of insurance. Wiled Health staff share in the Physicians have their own sep Insurance.	limits	of Ins	urance	of the Enti	ty.					
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Concord, NH 0330	1					RIZED REPRESS		ja.		
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ACORD 25 (2018/03) 1 of 1 .#S36355505/M33620109

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ACORD CERTIFICATE OF LIA	BILITY INS				woomm)
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONL CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDE IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the	, EXTEND OR ALTER T TE A CONTRACT BETW R.	HE COVERA EEN THE ISS	GE AFFORDED BY THI SUING INSURER(S), AU	E POLIC THORIZ	IES ED
If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer any rights to the certificate holder in it	the policy, certain poli leu of such endorseme	cles may req nt(s).			
RODUCER ISI Insurance Services LLC	AME: Linda J	74-0123	FAX (A/C, Ne)	:	
Executive Park Drive, Suite 300 ledford, NH 03110	E-MAL ADDRESS: linda.ja		OM FORDING COVERAGE		NAIC 8
55 874-0123 SURED Riverbend Community Mental Health Inc.	INSURER & : Philadel	-	ly insurance Co. are & Human Svc WC		18058 NONAIC
278 Pleasant Street Concord, NH 03301	INSURER C : INSURER D :	·····			
	INSURER E :	1		9	5
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			PERSONAL & ADV INJURY	\$1,00	
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AND EXPLOYERS' LIABILITY			A. ISTATUTE I IER_	.1 001	000
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I yes, desorbe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT		000,000
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SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks &	chadule, may be attached If mo	ore spece la requ	iređ)		
	CANCELLATION				
Department of Education 25 Hall Street	SHOULD ANY OF T THE EXPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B LICY PROVISIONS.		
Concord, NH 03301	AUTHORIZED REPRESE			0	

ACORD 25 (2016/03) 1 of 1 #\$34344528/M34324721

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	is certificate does not confer rights t	o the cer	lificate holder in lieu of s	uch endor	rsement(s)).			
	oucen ed C. Church insurance			CONTACT NAME: PHONE					
	Wellman Street			LAC. IS. L	ni: 978-458	3-1865		978-45	4-1865
Lo	well MA 01851			ADORESS:	Inorton@	fredochurch.c	m		
					INS.	URER(S) AFFOR	IDING COVERAGE		HAIC #
			SEACMEN-01	1	· · · · · ·		y Insurance Company		18058
	acoast Mental Health Center, Inc.		SCACHERICI	INSURER B	: Granite S	State HC & H	S Trust		
114	45 Sagamore Avenue		8	INSURER C	i:				
Po	rtsmouth NH 03801			INSURER D		•			
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	X COMMERCIAL GENERAL LIABILITY		PODET NUMBER		3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 1,000	000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1 000	
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	I yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
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ACORD	CERTIF		BILI	TY INS	URANC	E		(IKIN/DD/YYYY) 9/2022
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PRODUCER MARSH USA, INC.			CONTA NAME: PHONE	CT	· · · ·			
99 HIGH STREET BOSTON, MA 02110	•		ANG. N	e. Exi):			·	
Altn: Boston.cartrequest@Marsh.com					URER(S) AFFOR	IDING COVERAGE		NAIC B
CN102105463-gaup-21-22			INSURE INSURE	R A : Capitol Spe	claity insurance	Corporation		10328
West Central Services, Inc doe West Central Behavioral Health		17	MSURE					
85 Mechanic SL, Suite C2-1 Box A-10 Labanon, NH 03766			INSURE					
			MSURI	RF:				
COVERAGES	CERTIFICATE			-011365453-01	the second s	REVISION NUMBER:	_	ICY PERIOD
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INSR TYPE OF INSURANCE	INSD WOT	POLICY NUMBER			POLICY EXP		T8	
A X COMMERCIAL GENERAL LABILITY CLAIMS-MADE X OCCUR				11/01/2021	11/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence)	5	1,000,000
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AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED?						E.L. EACH ACCIDENT	8	
(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEI E.L. DISEASE - POLICY LIMIT		·····
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ACORD 25 (2016/03)

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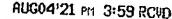
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Frank Edelblut Commissioner Christine Brennan Deputy Commissioner mir

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, N.H. 03301 TEL. (603) 271-3495 FAX (603) 271-1953

July 25, 2021

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Education (Department) to amend an existing contract with the New Hampshire Community Behavioral Health Association (CBHA), Concord, NH, (Vendor Code #355870), by extending the end date from September 30, 2021 to September 30, 2022, and to broaden the scope of services to allow the CBHA mental health training program in non-Rekindling Curlosity Program camp settings including trainings for educators, with no increase to the contract price, effective upon Governor and Counsel approval. The original item was approved by the Governor on June 2, 2021, 100% Federal Funds.

EXPLANATION

As the CBHA has rolled out its mental health training program to New Hampshire camps, they have received outreach from non-Program camps (e.g., non-Rekindling Curiosity camp programs) that also serve school age students. The Department and the CBHA would like to allow such non-Rekindling Curiosity Program camps to participate in the trainings. This can be accommodated at no additional cost to the Program. In addition, because of the late implementation of the Program, not all camps have been able to take advantage of this offer. By extending the time, more camps will be able to participate in the mental health training.

Respectfully submitted,

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Frank Edelblut Commissioner of Education

TDD Access: Relay NH 711 EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

AMENDMENT TO PROFESSIONAL SERVICES CONTRACT

Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021 hereby agree to modify same as follows:

- 1. Amend Section 1.7 Completion Date by removing September 30, 2021 and replacing with September 30, 2022.
- 2. Add to Exhibit B, Section I, "The CBHA shall also offer its mental health training program in non-Program settings that include programs that work with school age students, including trainings for educators."
- 3. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
- This amendment shall commence upon Governor and Council approval and shall terminate September 30, 2022.
- This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE Department of Education (Agency)

Division of Commissioner's Office B١ Commissioner of Education Date

New Hampshire Community Behavioral Health Association Name of Corporation (Contractor)

Kaland B١ July 21, 2021 Roland Lamy Date

STATE OF (N/A COVID 19)

the purposes therein contained.

County of_

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On this the	day of	20 bei	fore me, _	the undersigned
officer, persons	ally appeared			known to me (or satisfactory proven) to be
the person who	se name is subsci	ribed to the within instru	ment and	acknowledged that he/she executed the same for

In witness whereof, I hereto set my hand and official seal.

(N/A COVID 19)	
Notary Public/Justice of the Peace	Commission Expires
pproved as to form, substance and execution by the Attor	ney General this _ day of _ Arg_ 202.1
	Sy Pa
	Christopher Bond, Attorney General Office
pproved by the Governor and Council this	y of, 20

By:

CERTIFICATE OF VOTE (Corporation without a Seal)

do hereby certify that: **Brian Collins** I. (Name of the Clerk of the Corporation, cannot be signatory) I am the duly elected clerk of _____NH Community Behavioral Health Association (1)(Corporation Name) The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the (2) Corporation duly held on _____July 21, 2021 (date) RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education. **Executive Director** Roland P. Lamy RESOLVED: That (Title of Contract Signatory) (Name of Contract Signatory) is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. The foregoing resolution(s) have not been amended or revoked, and remain in full force and effect as of the (3) _ day of September ____ 20 22. 30 th (day, month, yr) (must be some date as the contract date) Executive Director of the corporation.

 Roland P. Lamy
 is the duly elected
 Executive Director
 of the corporation.

 (name of contract signatory)
 (title of contract signatory)
 (title of contract signatory)

IN WITNESS WHEREOF, 1 have hereunto set my hand as the Business Representative of the Corporation this 21st day of July _____, 20_21_.

(Signature of Clerk of Corporation)

STATE OF NEW HAMPSHIRE

COUNTY OF Merrimack

.

On July 21 _____, 20_21 ____, the foregoing instrument was acknowledged before

In witness whereof I hereunto set my hand and official seal.

Peace Notary Public/. e.

My commission expires on: BRIN R. MEAGHER Notary Public County of Merrimack State of New Hamsphire My Commission Expires June 30, 2026

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427023 Certificare Number: 0004958720



IN TESTIMONY WHEREOF.

William M. Gardner Secretary of State

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	PLIES PER:			1.54	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,00 \$3.00	0,000
POUCY PRO-			10		PRODUCTS - COMP/OP AGG	\$3,00	0,000
A AUTOHOBILE LIABILITY			10/01/2020	10/01/2021	COMBINED SINGLE LIMIT	s1,00	0,000
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X AUTOS ONLY X	AUTOS NON-OWNED AUTOS ONLY		92. 12	8	PHOPERTY DAMAGE	8	
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DED X RETENTION	10000				AGGREGATE	\$5,00	0,000
B WORKERS COMPENSATION AND EXPLOYERS LABELITY ANY PROPRIETOR/PARTNER/ OFFICERAMENBER EXCLUDED	EXECUTIVE CONTRACTOR		02/01/2021	02/01/2022	X PER OTH STATUTE ER	• \$1,00	0.000
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Concord, NH		ALT	HORIZED REPRESED	ITATIVE			
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ACORD 25 (2018/03) 1	of 1 The ACORD nam	e and logo are registered			ORD CORPORATION.	All right	s reserved.
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CE	NTEKATE HOLDER			CANCELLATION					
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ERT	TFICATE HOLDER		· · · · · · · · · · · ·	CANCELLATION				
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ACORD. CERTIFICATE OF LIA		DATE (HINGOTTYTY)
		4/1 5/2021
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONL CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND BELOW, THIS CERTIFICATE OF DISURANCE DOES NOT CONSTITUT	, EXTEND OR ALTER THE COVERAGE AFFORDED I	BY THE POLICIES
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER		
IMPORYANT: If the certificate holder is an ADDITIONAL INSURED, the If GUEROGATION IS WARVED, subject to the terms and conditions of	the policy, certain policies may require an endorsen	
this certificate does not certific any rights to the certificate holder in I moustail	Entre: Christins,Skohsn	
JSI Insurance Services LLC		A inst
Executive Park Orive, Suite 300	Augustan Christine.Skohangusl.com	
Bedford, NH 03110		
155 874-0123	HSURER(9) APPORQUO COVERAGI REP/RER A : Philedelphia Insurence Company	1. MAIC: 32204
Northern Human Services, Inc.	INSURTS C :	
87 Washington Street	WINER D :	
Conway, NH 03818-6044	ETURCA S :	
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OVERAGES CERTIFICATE NUMBER:	REVISION NUMB	
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illed Haelth staff share in the limits of the Entity. Hysicians have their own separate \$1M/\$3M limits of insurance istarance. vidence of insurance		20
ERTERATE HOLDER	CANCELLATION	
NH Dept of Education	SHOULD ANY OF THE ABOVE DESCRIPTED POLICIE	BE CANCELLED BEFORE
VocaConsi Rehabilitation	THE EXPERATION DATE THEREOF, NOTICE & ACCORDANCE WITH THE POLICY PROVISIONS	MILL BE DELIVERED DI
21 S. Fruit St., Builto 20	HARD THE THE THE POLICY PROVISION	•
Concord, NH 03301	AUTHORIZED ROPRESENTATIVE	
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n Supe	Northern Human Services	. Inc.	85	HEVREN					
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21 S. Fruit St., Suite 20 Concord, NH 03301					LO REFRE	UTATIVE			
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CORD CERTIFICATE OF LIA				BATE (ALMOSITYYT) 1/26/2021				
THIS CERTIFICATE IS ISSUED AS A MATTER OF DEFORMATION ONL CERTIFICATE DOES NUT AFFIRMATIVELY OR NEGATIVELY AMEND BELOW. THIS CERTIFICATE OF DISURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	I, EITEKD OR ALTI ITE A CONTRACT I	ER THE CO SETWEEN T	VERAGE AFFORDED E HE ISSUING DISURER	14 THE POLICIES (5), AUTHORIZED				
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he Community Council of Nashus NH Inc	HEBRER B: CONCOLD GROUP INS							
00 West Pearl 81 estruct NH 03050	PRUNCH C: I'VE LANNUM CHOUP							
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China Made User Strand House / Loca House / VOIICLES (ACORD 191, Additional Remote Balance Reflection Compensation Conserges: NO1; no excluded officians.	han, may be attacted If more	a agangan ito rangudir		8				
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	ERT	IFICATE OF LIA	BILITY INS	URANC	E		1/2021	
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IN BURROGATION IS WAIVED, subject to	o the to	ms and conditions of the p	olicy, certain policie	s may require	an endorsement. A stat	tement on		
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Christine Brennan Deputy Commissioner

Frank Edelblut Commissioner

> STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Stroot Concord, N.H. 03301 TEL. (603) 271-3495 FAX (603) 271-1953

June 3, 2021

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, NH 03301

INFORMATIONAL ITEM

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05 and 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06, 2021-08, and 2021-10, and suspend the Manual of Procedures 150, V., B., 1., requirement, Governor Sununu has authorized the Department of Education (DOE), to enter into a sole source contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, in an amount not to exceed \$500,000 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval through September 30, 2021. 100% Federal Funds.

Funds to support this request are available in the account titled GEER II - CRRSA Act 2021 (GEER II), as follows:

06-56-56-562010-19590000-102-500731 Contracts for Program Svcs

EXPLANATION

This request is sole source because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing

> TOD Access: Relay NH 711 EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

His Excellency, Governor Christopher T. Sununu and the Honorable Council June 3, 2021

concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshireapproved overnight and day youth recreation camps. This program is called "ReKINDIIing Curiosity: Every Kid Goes to Camp" or the "Program."

Services:

In support of the above described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

- 1. <u>Training: CBHA will implement the DOE determined mental health training program (the</u> "Training Program") for Program counselors as follows:
 - a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
 - b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
 - c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
 - d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire CMHC and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.
- 2. Summer Camp Functional Support Staffs.
 - a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
 - b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
 - c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.

3. High Needs Campers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp., CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access His Excellency, Governor Christopher T. Sununu and the Honorable Council June 3, 2021

CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

Other Program Elements:

- 1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
- 2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.
- 3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
- 4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
- 5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

In the event Federal Funds are no longer available, General Funds will not be requested to support this request.

Respectfully submitted,

Frank Edelblut Commissioner of Education



Frank Edelbiut Commissioner Christiene Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, N.H. 03301 TEL (603) 271-3485 FAX (603) 271-1853

May 26, 2021

His Excellency, Governor Christopher T. Sununu State House Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the New Hampshire Department of Education (NH DOE) to enter into a sole source contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, in an amount not to exceed \$500,000 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval through September \$0, 2021.. 100% Federal Funds.

Funds to support this request are available in the account titled GEER II - CRRSA Act 2021 (GEER II), as follows:

06-56-56-562010-19590000-102-500731 Contracts for Program Svcs

<u>FY21</u> \$500,000

EXPLANATION

This request is sole source because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support. Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshire-

TOD Access: Relay NH 711 EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES His Excellency, Governor Christopher T. Sununu April 21, 2021

approved overnight and day youth recreation camps. This program is called "ReKINDIling Curiosity: Every Kid Goes to Camp" or the "Program."

Services:

In support of the above described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

- 1. Training: CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:
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Other Program Elements:

 CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.

TOD Access; Relay NH 711 EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

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His Excellency, Governor Christopher T. Sununu April 21, 2021

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- 3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
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In the event Federal Funds are no longer available, General Funds will not be requested to support this request.

Respectfully submitted,

Frank Edelblut Commissioner of Education

I hereby approve this request pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05 and 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, and 2020-16, 2020-17 and 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06, and 2021-08 and suspend the Manual of Procedures 150, V., B., 1., requirement.

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6.2.21

Date

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Governor Christopher T. Sununu

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FORM NUMBER P-37 (version 12/11/2019)

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

AGREEMENT The State of New Hampshire and the Contractor bereby mutually agree as follows: GENERAL PROVISIONS

1. IDENTIFICATION.						
1.1 State Agency Name		1.2 State Agency Address				
Department of Education		101 Pleasant Street, Concord, NH 03301				
1.3 Contractor Name		1.4 Contractor Address E Pillsbury St Ste 200, Concord, NH 03301				
NH Community Behavioral I	fcalth .					
1.5 Contractor Phone Number	1.6 Account Number	1.7 Completion Date	1.8 Price Limitation			
603-225-6633	See Exhibit C	September 30, 2021	\$500,000			
1.9 Contracting Officer for 5 Katle Murphy	State Agency	1.10 State Agency Telepho 603-271-3838	one Number			
1.11 Contractor Signature Labord P. 1	lang Date: 05/03/21	1.12 Name and Title of Co Roland Lamy, Executive E				
1.13 State Agency Signatu	ne	Ja14 Name and Title of St	tate Agency Signatory			
mle EN	Date: 6 - 2-21	Eank Edelblut, Commissio	oner of Education			
1.15 Approval by the N.H.	Department of Administration, Divis	tion of Personnel (y applicab	ie)			
By:		Director, On:				
1.16 Approval by the Attor	ney Gayeril (Form, Substance and B	ixecution) (If applicable)				
By: Sh	Fre	on: 6/1/21				
Christopher B						
1.17 Approval by the Gove	mor and Executive Council (If appl	lcabie)				
CAC Item number:		G&C Meeting Date:				

Page 1 of 4

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

herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Norwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Data shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstassing any provision of this Agreement to the contrary, 13 obligations of the State hereunder, including. without lirabation, the continuance of payments hereunder, are contingent gion the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other secount or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price. 5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA \$0:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

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

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

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, in national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor signeds to permit the State or United States access to said of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

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

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date to block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Page 2 of 4

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failurs to perform any other covenant, term or condition of this Agreement.

\$.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

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

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall oever be paid to the Contractor;

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

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

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 5, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of smy Final Report described in the attached EXCHIBIT B. In eddition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

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

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

12. ASSIGNMENT/D/SLEGATION/SUBCONTRACTS.

12.1 The Contractor stdll not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and essignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Page 3 of 4

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

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

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

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

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be stached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

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

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

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

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

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construct in accordance with the laws of the State of New Hampshire, and is binding upon and imares to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONPLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20: THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

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

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

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

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

Page 4 of 4

EXHIBIT A

Special Provisions

Additional Exhibits D-G

Federal Certification 2 CFR 200.415

Required certifications include: (a) To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award and approved project budgets, the annual and final fiscal reports or vouchers requesting payment under the agreements must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows:

By signing this report, 1 certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Amendment to Paragraph. 12.2

Contractor is hereby authorized to assign its obligations under this contract to any of the following entities, provided that contractor shall present evidence to the Department that said entity has obtained insurance consistent with the requirements of paragraph 14 of this agreement before such obligations are assigned:

-

Center for Life Management 10 Tsienneto Road Derry, NH 03038

Monadnock Family Services 64 Main Street, Suite 301 Keene, NH 03431

Community Partners 113 Crosby Road, Suite 1 Dover, NH 03820

Northern Human Services 87 Washington Street Conway, NH 03818

Contractor i

Greater Nashua Mental Health 7 Prospect Street Nashua, NH 03060 Riverbend Community Mental Health, Inc. 278 Pleasant Street, PO Box 2032 Concord, NH 03302

Lakes Region Mental Health Center, Inc. 40 Beacon Street East Laconia, NH 03246

Seacoast Mental Health Center, Inc. 1145 Sagamore Avenue Portsmouth, NH 03801

Mental Health Center of Greater Manchester 401 Cypress Street Manchester, NH 03103

West Central Behavioral Health 9 Hanover Street, Suite 2 Lebanon, NH 03766

Amendment to paragraph 14

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The insurance requirements of paragraph 14 of this agreement are waiver as to contractor, provided that contractor provides evidence of insurance consistent with the requirements of paragraph 14 for any of the entities listed in this Exhibit A who provide services pursuant to this agreement.

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EXHIBIT B Scope of Services

Objective: As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the New Hampshire Department of Education ("NHDOE") will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "ReKINDIling Curiosity" or the "Program."

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3. High.Needs.Cambers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp., CBHA will develop methods to identify and refer children in need of such supports ("identification Methods"), which will be included in the Training Program. Additional supports may include by

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EXHIBIT B Continued

example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

Other Program Elements:

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 CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.

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- CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.
- 3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
- 4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
- CBHA will engage CMHC staff with the Program camps for services rather than engaging them with compers. This approach will ensure that CMHCs do not have to open a case for each child.
- 6. When appropriate, the CMHC staff will make both Emergency Services and CMHC referrals for Program campers who need higher levels of care in coordination with camp staff and legal guardians. Those youths would have open cases if they chose to pursue services with the CMHC.

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EXHIBIT C Method of Payment

Program Fees

Training:

Unit price: \$150 per hour Assumes a maximum of 20 students per training	
15 Senior Level counselor trainings @ 4 hours: 60 hours	\$9,000
15 Junior Level counselor trainings @ 2 hours: 30 hours	\$4,500
Travel: .56 per mile	\$5,821
Materials: \$20 per councilor @ 600	\$12,000
Adapt existing trainings: \$1,200 per center @10	\$12,000
Total	\$43,321

Functional Support Staff:

\$866 per day, plus travel 10 staff per center x 10 centers = 100 staff 10 staff x 50 staff days per week @ \$866 x 8 weeks	\$346,400
Travel 20,000 miles @.56 per mile	\$11,200
Total	\$357,600

High Needs Campers:

While it is most likely that these campers will become, or are already, clients of their local CMHCs, most of the costs will be captered by Medicaid or the camper's family's commercial provider. For those costs not otherwise covered, the fee schedule will be as follows.

Consultation at \$125 per hour Estimated number of campers: 100 @ 2 hours per consultation	
Travel 2,500 miles @.56	\$1,400
Uninsured camper reimbursement	\$50,000
Total	\$51,400

EXHIBIT C Continued

Marketing:

CBHA will undertake a 2-phase marketing and communications plan in support of the Summer Camps Supports Program.

- Phase I:
 - . o Audience: Primarily summer camp directors/leadership
 - o News Release announcing the CMHC role in the Summer Camps Supports Program
 - o Kick Off News release
 - o Local CMHC letter to summer camps' mental health supports
 - Updates to CBHA Web site to offer information and navigation for the Summer Camps Supports Program
 - Coordination of Summer Camps Supports Program web site messaging and separate pages informed by the DOE's communications
 - o Kickoff news release
 - CBHA will be available to react to news media inquiries about the program and will coordinate with DOE
 - o End of summer news release

 Phase II: If the uptake in camp participation is low, a second phase outreach program from CBHA will be undertaken:

- o Local CMHC outreach to regional summer camps
- o Validation messaging form participating camps to those not yet enrolled
- o Web site updates

\$140 per hour: •

o Phase 1 30 hours:	\$4,200
o Phase 2 15 hours	\$2,100
Materials:	\$2,500
TOTAL	008.82

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Administration:

7.5%: \$38,879.00

). Sub-contracting with CMHCs

- a. Develop and implement training and staffing agreements
- b. Develop and implement scheduling of training programs
 - i. Craft camp counselor participation certification reporting process to DOE
- 2. Training Schedules

a. Hosted by local CMHC

- b. Outreach and counselor registration
- 3. Functional Supports Staffing
 - a. Develop and implement system for participating camps to connect with local CMHC i. Basic Agreement
 - b. Develop and implement staff assignment and scheduling to local summer camps
 - c. Develop and implement time reporting and billing method.
 - i. CMHC invoicing to CBHA
 - ii. CBHA invoicing to DOE

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- 4. Reporting:
 - a. End of summer/program report from CBHA detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

Subtotals:

Training	\$43,321
Staff	\$357,600
High needs	\$51,400
Marketing	\$8,800
Administration	\$38,879
TOTAL	\$500,000

Billing Schedule: Fees for this program will be invoiced by the CBHA monthly to the NHDOE. Payment will be net 30 days.

Limitation on Price: Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the total budget exceed the price limitation of \$500,000.

Source of Funding: Funds to support this request are available in the account titled GEER II - CRRSA Act 2021 in FY 21 as follows:

06-56-56-562010-19590000-102-500731Contract for Program Services

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FY'21 \$500,000 ı.å

Payment will be subject to funds availability. In the event that funds are not available, NH DOE shall immediately notify CBHA. Invoices and reports shall be submitted to:

Katie Murphy Division of Learner Support NH DOE 101 Pleasant Street Concord, NH 03301 Susan.K.Murphy@doe.nh.gov

EXMISIT D

Contractor Obligations

Contracts in excess of the simplified acquisition threshold (currently set at \$250,000) must address administrative, contractual, or legal remedies in instances where the contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate. Reference: 2 C.F.R. § 200.326 and 2 C.F.R. 200, Appendix II, required contract clauses.

The contractor acknowledges that 31 U.S.C. Chop. 38 (Administrative Remedies for False Claims and Statements) applies to the contractor's actions periolning to this contract.

The Contractor, certifies and affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq. apply to this certification and disclosure, if any.

Breach

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A breach of the contract clauses above may be grounds for termination of the contract, and for debarment as a contractor and subcontractor os provided in 29 C.F.R. § 5.12.

Fraud and False Statements

The Contractor understands that, if the project which is the subject of this Contract is financed in whole or in part by federal funds, that if the undersigned, the company that the Contractor represents, or any employee or agent thereof, knowingly makes any false statement, representation, report or claim as to the character, quality, quantity, or cost of material used or to be used, or quantity or quality work performed or to be performed, or makes any false statement or representation of a material fact in any statement, certificate, or report, the Contractor and any company that the Contractor represents may be subject to prosecution under the provision of 18 USC §1001 and §1020.

Environmental Protection

(This clause is applicable if this Contract exceeds \$150,000. If applies to Federal-aid contracts only.)

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The Contractor is required to comply with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857 (h), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40, CFR Part 15) which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to the FHWA and to the U.S. EPA Assistant Administrator for Enforcement.

Procurement of Recovered Materials

In accordance with Section 6002 of the Solid Waste Disposal Act [42 U.S.C. § 6962], State agencies and agencies of a political subdivision of a state that are using appropriated Federal funds for procurement must procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000; must procure solid waste management services in a manner that maximizes energy and resource recovery; and must have established an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Exchibil E

Federal Debarment and Suspension

- a. By signature on this Contract, the Contractor certifies its compliance, and the compliance of its Sub-Contractors, present or future, by stating that any person ossociated therewith in the capacity of owner, partner, director, officer, principal investor, project director, manager, auditor, or any position of authority involving federal funds:
 - 1. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal Agency:
 - 2. Does not have a proposed debarment pending;

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- 3. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal Agency within the past three (3) years; and
- Has not been indicted, convicted, or had a civil judgment rendered against the firm. by a court of competent jurisdiction in any matter involving traud or official misconduct within the past three (3) years.
- b. Where the Contractor or its Sub-Contractor is unable to certify to the statement in Section a.1. above, the Contractor or its Sub-Contractor shall be declared ineligible to enter into Contract or participate in the project.

x. Where the Contractor or Sub-Contractor is unable to certify to any of the statements as fisted in Sections a.2., a.3., or a.4., above, the Contractor or its Sub-Contractor shall submit a written explanation to the DOE. The certification or Applanation shall be considered in connection with the DOE's determination whether to enter into Contract.

d. The Contractor shall provide immediate written notice to the DOE if, at any time, the Contractor or its Sub-Contractor, learn that its Debarment and Suspension certification has become erroneous by reason of changed circumstances.

Exhibit F

Anti-Lobbying

The Contractor agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, execute the following Certification:

The Contractor certifies, by signing and submitting this contract, to the best of his/her knowledge and belief, that:

- a. No federal appropriated funds have been paid or shall be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence any officer or employee of any State or Federal Agency, a Member of Congress, an officer or employee
- of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any federal grant, the making of any federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or shall be paid to any person for influencing or attempting to influence an officer or employee of any Federal Agency, a Member of Congress, and officer or employee of Congress, ar an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit the "Disclosure of Lobbying Activities" form in accordance with its instructions (http://www.whiterbouse.gov/omb/grants/stillin.pdt).
- c. This casilification is a material representation of fact upon which respine was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making and entering into this transaction imposed by Section 1352, Title 31 and U.S. Code. Any person who fails to file the required certification shall be subject to 'a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- d. The Contractor also agrees, by signing this contract that it shall require that the language of this certification be included in subcontracts with all Sub-Contractor(s) and lower-tier Sub-Contractors which exceed \$100,000 and that all such Sub-Contractors and lower-tier Sub-Contractors shall certify and disclose accordingly.
- e. The DOE shall keep the firm's certification on file as part of its original contract. The Contractor shall keep individual certifications from all Sub-Contractors and lower-lier Sub-Contractors on file. Certification shall be retained for three (3) years following completion and acceptance of any given project.

Echibil G

Rights to Inventions Made Under a Contract, Copy Rights and Confidentiality

Rights to Inventions Made Under a Contract or Agreement

Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the DOE.

Any discovery or invention that arises during the course of the contract shall be reported to the DOE. The Contractor Is required to disclose inventions promptly to the contracting officer (within 2 months) after the Inventor discloses It in writing to contractor personnel responsible for patent matters. The awarding agency shall determine how rights in the invention/discovery shall be allocated consistent with "Government Patent Policy" and Title 37 C.F.R. § 401.

Confidentiality

All Written and orol information and materials disclosed or provided by the DOE under this agreement constitutes Confidential Information, regardless of whether such information was provided before or after the date on this agreement or how it was provided.

The Contractor and representatives thereof, acknowledge that by making use of, acquiring or adding to information about matters and data related to this agreement, which are confidential to the DOE and its partners, must remain the exclusive property of the DOE.

Confidential information theans all data and information related to the business and operation of the DOE, including but that imited to all school and student data contained in NH Title XV, Education, Chapters 186200.

Confidential information includes but is not limited to, student and school district data, revenue and cast information, the source code for computer software and hardware products owned in part or in whole by the DOE, financial information, partner information[including the identity of DOE partners], Contractor and supplier information, [including the identity of DOE Contractors and suppliers], and any information that has been marked "confidential" or "proprietary", or with the like designation. During the term of this contract the Contractor agrees to abide by such rules as may be adopted from time to time by the DOE to maintain the security of all confidential information. The Contractor further agrees that it will always regard and preserve as confidential information/data received during the performance of this contract. The Contractor will not use, copy, make notes, or use excerpts of any confidential information, nor will it give, disclose, provide access to, or otherwise make available any confidential information to any person not employed ar contracted by the DOE or subcontracted with the Contractor.

Ownership of Intellectual Property

The DOE shall relain ownership of all source data and other intellectual property of the DOE provided to the Contractor in order to complete the services of this agreement. As well the DOE will retain copyright ownership for any and all materials, patents and intellectual property produced, including, but not limited to, brochures, resource directaries, protocols, guidelines, posters, or reports. The Contractor shall not reproduce any materials for purposes other than use for the terms under the contract without prior written approval from the DOE.

Contractor initiali <u>RPL</u> Date 05/03/21

State of New Hampshire Department of State

CERTIFICATE

L. William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transiet business in New Hampshire on January 24, 2003. 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: 427021 Certificate Number: 0004958720



IN TESTEMONY WHEREOF,

I hereto set my band and cause to be affixed the Seal of the State of New Hampshire, this 14th day of July A.D. 2020.

William M. Gardner Secretary of State

CERTIFICATE OF VOTE

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(1) I am the day elected clerk of <u>NH Community Behavioral Health Association</u> (Corporation Name) (2) The following are true copies of the scalar day should at a meeting of the Board of Directors of the Corporation duly held on <u>April 21, 2021</u> (date) RESOLVED: That this Corporation enter has a contract with the State of New Hampshire, sciling through its Department of Education. RESOLVED: That this Corporation enter has a contract with the State of New Hampshire, sciling through its Department of Education. RESOLVED: That this Corporation enter has a contract with the State of New Hampshire, sciling through its Department of Education. (Name of Contract Signatory) (Tiles of Contract Signatory) (1) is bretzly anthorized on behalf of this Ageory to enter into the said contract with the State and to execute and all documents, agreements and other instruments, and are an encodents, revisions, or modifications thereto, as both may decen necessary, desirable or appropriate. (3) The foregoing insolution(s) function is there instrument date) (4)		Brian Collins Name of the Clerk of the Corporation, cannot be signatory	
(Corporation Name) (2) The following are true copies of [A respliting days adopted at a meeting of the Board of Directors of the Corporation duly held on <u>April 21, 2021</u> (date) RESOLVED: That this Corporation enter (no a contract with the State of New Hampshire, acting through its Department of Education. RESOLVED: That this Corporation enter (no a contract with the State of New Hampshire, acting through its Department of Education. RESOLVED: That this Corporation enter (no a contract with the State of New Hampshire, acting through its Department of Education. RESOLVED: That this Corporation enter (no a contract with the State of New Hampshire, acting through its Department, agreements Signatory) (This of Contract Signatory) is hereby stathorized on behalf of this Agency to enter into the state contract with the State and to execute and all documents, agreements and other instruments, and ary antendments, revisions, or modifications thereto, as behan may deem nonessary, descrable or appropriate. (3) The (hegging resplittent(2)) have goin berg straighted or revoked, and remain in full force and effect as of the <u>3010¹¹ day of SepferinBer 2021</u> (day, month, yr) (must be same date as the contract date) (4) <u>Repland P. Liamy</u> is the day aleving <u>Executive Director</u> of the corporation. (1) (use of contract signatory) (1) WITNESS WHEREOF, I have horecurso set my hand as the Businers Representative of the Corporation this <u>day of May 7021</u> . STATE OF NEW HAMPSHIRE COUNTY OF <u>Merrimaeck</u> On <u>Mary 4</u> 20 <u>31</u> , the foregoing instrument was acknowledged be false and Mary Market		(Name of the Clerk of the Corporation, cannot be lignatory)	
(Corporation Name) (Corporation Name) (2) The following are tree coopies of the prophylicity adopted at a meeting of the Board of Directors of the Corporation duly held on <u>April 27, 2021</u> (date) RESOLVED: That this Corporation center into a construct with the State of New Hampshire, acting through its Department of Education. RESOLVED: That this Corporation center into a construct with the State of New Hampshire, acting through its Department of Education. RESOLVED: That this Corporation center into a construct with the State of New Hampshire, acting through its Department of Education. RESOLVED: That this Corporation center into a construct with the State of New Hampshire, acting through its Department, and end the I faith on the state of the Appendix Signatory) (This of Contract With the State and to execute and all documents, and error through the ball of this Ageory to exter into the state contract with the State and the execute and all documents, and error through the state of the Contract Signatory) is berefy addeen atoessary, dearbable or appropriate. (3) The foregoing itsolution(1) faive goal been animated or revoked, and remain in full force and effect as of the <u>30th</u> doy of <u>September</u> <u>3021</u> (the of contract signatory) (thus be some date as the contract signatory) (thus be some date as the contract signatory) (the of contract signatory) (the of contract signatory) (the of contract signatory) (the day of <u>May</u> <u>2021</u>). (N WITNESS WHEREOF, 1 have betterunto set my hand as the Business Representative of the Corporation this day of <u>May</u> <u>2021</u> . (Signature of Clerk of Corporation) (IN WITNESS WHEREOF, 1 have betterunto set my hand as the Business Representative of the Corporation this day of <u>May</u> <u>2021</u> . (IN WITNESS WHEREOF, 1 have betterunto set my hand and official set). (M error May <u>2023</u> , the foregoing instrument was acknowledged be favor. (May of Listor of Theory Public/Justice of Theory Public/J	03	NH Community Behavioral Health Association	
(date) RESOLVED: That this Corporation exter into a contract with the State of New Hampshire, acting through its Department of Education. RESOLVED: This Meand P. Lastry Excentive Director (Name of Contract Signatory) (Title of Contract Signatory) is hereby authorized on behalf of this Agreey to enter into the sold contract with the State and the scenate and all documents, greements and other instruments, and any amendments, revisions, or modifications thereto, as bethan may deem necessary, desirable or appropriate. (3) The foregoing insolution(s) have got been structed or revoked, and remain in full force and affect as of the adv of September	(1)	(Corporation Name)	
(date) RESOLVED: That this Corporation exter (no a contract with the State of New Hampshire, acting through its Department of Education. RESOLVED: This Chand P. Lainy Executive Director (Name of Contract Signatory) (Title of Contract Signatory) is hereby authorized on behalf of this Agency to enter into the sold contract with the State and the scenate and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as behalp may deem necessary, desirable or appropriate. (3) The forgening insolution(s) there got been spin-inded or revoked, and remain in full force and affect as of the adv of September		The fifth of the second of the second share fifth a desired of a meeting of the Daniel of Directory of the	
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Its Department of Education. RESOLVED: This Rohand P. Latny Executive Director (Name 6) Contract Signatory) (Title of Contract Signatory) is hereby suborized on bobalf of this Agency to enter into the said contract with the State and to execute and all documents, and any anicoducents, revisions, or modifications thereto, as both may deem necessary, describe or appropriate. (3) The forgoing resolution(s) have not been suborded or revoked, and remain in full force and affect as of the dify of September _ 2021. (4) Roland P. Lamy _ is the dify electify _ 2021. (4) Roland P. Lamy _ is the dify electify _ 2021. (4) Roland P. Lamy _ is the dify electify _ 2021. (4) Roland P. Lamy _ is the dify electify _ 2021. (4) Roland P. Lamy _ is the dify electify _ 2021. (4) Roland P. Lamy _ is the dify electify _ 2021. (6) Moland P. Lamy _ is the dify electify _ 2021. (7) (10) (10) (10) May of _ May _ 2021. (11) (11) (11) (12) Robing State of the properties of the corporation this dift. (13) (11) (12) (14) (12) (12) (15) (12) (12)			
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thereto, as between may decen accessary, desirable or appropriate. (3) The force and affect as of the <u>30th</u> day of <u>September</u> 2021. (day: month, yr) (must be same date as the contrast date) (4) <u>Roland P. Lamy</u> is the daty sherein <u>Executive Director</u> of the corporation. (trained of courtest signistory) (4) <u>Roland P. Lamy</u> is the daty sherein <u>Executive Director</u> of the corporation. (trained of courtest signistory) (1) WITNESS WHEREOF, I have horeunto set my hand as the Business Representative of the Corporation this <u>4th</u> day of <u>May</u> 2021. (Signature of Clerk of Corporation) State of New Hampshire COUNTY OF <u>Merrimack</u> On <u>Miny 4</u> , 2021, the foregoing instrument was acknowledged be for appendix of the COVID with the COVID with the foregoing instrument was acknowledged be for appendix of COVID with the COV		is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute	
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30th day of September 2021 (day, month, yr) (must be same date as the contrast date) Bxécutive Directór of the corporation. (4) Roland P. Liamy is the daty elevel; Exécutive Directór of the corporation. (10) (name of coutries signatory) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (11) (12) (11) (11) (12) (11) (11)			
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IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this day of <u>May</u>	4)	(the of contract tighter is the only elevel) (the of contract signatory)	¥
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STATE OF NEW HAMPSHIRE COUNTY OF <u>Merrimack</u> On <u>Mary 4</u> , 20 21, the foregoing instrument was acknowledged be for any Mary 4 In witness whereof 1 here unto set my hand and official seal. My commission expires on: ERIN K. MEAGHER Notary Public, State of New Hampshire		Pris Colin	
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Notary Public, State of New Hampshire		TY OF <u>Merrimack</u> On <u>May 4</u> , 20 <u>21</u> , the foregoing instrument was acknowledged before my hand and official seal.	
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THIS CERTUFICATE IN ISSUED AS A MATTER OF INFORMATION ONLY CERTUFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, I BELOW. THIS CERTUFICATE OF INSURANCE DOES NOT CONSTITUTE REPRESENTATIVE OR PRODUCER, AND THE CENTIFICATE HOLDER. UNFORTANT. If the certificate holder as ADDITIONAL UNSURED, the is SURDOATION IS WAIVED, subject to the terms and conditions of th this certificate does not confir any rights to the certificate holder. In De RECOVER OF Park Drive, Suite SUD Sectory, NH O3110 SEX 60000000 Northern Humon Services, Inc. 87 Washington Street Conway, NH 03818-6044. COVERAGES CERTUFICATE NUMBER; THE IS YO CERTIFY THAT THE POLICES OF RESURANCE LISTED SELOW I SUCCESSION OF MAY HER THE RESURANCE LISTED SELOW I SUCCESSION OF MAY FROM THE RESURANCE LISTED SELOW I SUCCESSION OF POLICES OF RESURANCE LISTED SELOW I AND CONTINUES AND CONTINUES OF SUCH POLICES OF RESURANCE AND CONTINUES SUCCESSION OF SUCH POLICES OF RESURANCE LISTED SELOW I AND CONTINUES AND CONTINUES OF SUCH POLICES IN MAY HERE THE RESURD CONTINUES AND CONTINUES OF SUCH POLICES IN MAY HERE AND CONTINUES OF SUCH POLICES OF RESURANCE AND CONTINUES SUCH POLICES OF RESUMED ANY FERTING. THE RESURD OF CONTINUES OF SUCH POLICES. LISTE DRIVEN MAY HE SUCH POLICES OF RESUMED ANY FERTING. THE RESURD OF CONTINUES SUCH POLICES OF RESUMED ANY FERTING. THE RESURD OF CONTINUES OF SUCH POLICES. LISTED DED SELOW I SUCCESSION OF SUCH POLICESS. LISTED DED SELOW I SUCCESSION OF SUCCESSION OF SUCH POLICES. LISTED DE	EXTERIO CR / IA CONTRACT POLICYURA POLICYURA IN OF BUCK IN IN OF BUCK IN IN OF BUCK IN IN OF BUCK IN INFORMATION	ALTER T T SETA and harve tain pos lonserne Christia Philade Philade	THE POSURES ADDITIONAL Clas may req mits). no.Skohan 74,0123 misostorium	AGE AFFORMED BY TI SUDIO DISURER(S), A LI MSURED provision juire an endorsement. Rest.com regression coverage ce Company REVISION NUMBER: D AMARD ABOVE FOR TICUMENT WITH RESPECT TICUMENT WITH RESPECT TICUMENT WITH RESPECT TICUMENT WITH RESPECT TICUMENT WITH RESPECT	HE POLI UTHORE A state Wil- HE POLIC	CLEB adorsed. sant on 32204 32204
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