



ADMINISTRATIVE OFFICE  
45 SOUTH FRUIT STREET  
CONCORD, NH 03301-4857



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GEORGE N. COPADIS, COMMISSIONER  
RICHARD J. LAVERS, DEPUTY COMMISSIONER

November 8, 2023

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

**REQUESTED ACTION**

To authorize New Hampshire Employment Security (“NHES”) to enter into a **sole source, retroactive** amendment to an existing service contract with Ascentria Community Services, Inc. d/b/a The Language Bank (VC 222201), Manchester, NH, for in-person foreign language interpretation and written translation services, to increase the Contract Price Limitation to \$22,000.000 from \$12,000.00, an increase of \$10,000.00, with no change to the completion date, effective upon Governor and Council approval through June 30, 2024. 100% Federal funds.

The original contract was approved by the Governor and Council on June 5, 2019 (Item #66) following a competitive bid process. The contract was amended to exercise a two-year renewal option and increase the hourly rate for Ascentria’s in-person foreign language interpretation services on June 29, 2022 (Item #86).

Funding is available in the following account:

02-27-27-270010-8040	DEPT OF EMPLOYMENT SECURITY	<u>SFY 2024</u>
10-02700-80400000-230-500765	Interpreter Services	\$10,000.00

**EXPLANATION**

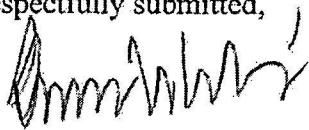
NHES is requesting approval of the attached **sole source, retroactive** contract amendment for in-person foreign language interpretation and written translation services. This request is labeled sole source as NHES is increasing the contract by more than 10% due to a higher number of customers being provided services. During a change in ownership of NHES’s telephonic foreign language interpretation services vendor, staff in NHES’s Appeals Unit experienced difficulties utilizing the telephonic interpretation services. In order to ensure timely and accurate foreign language interpretation services, the Appeals Unit utilized Ascentria’s in-person foreign language services to meet the needs of those served by NHES. The issues impacting the reliability of the telephone interpretation vendor have been addressed and NHES anticipates a return to normal utilization of telephonic interpretation services when appropriate.

*NHES is a proud member of America’s Workforce Network and NH Works. NHES is an Equal Opportunity Employer and complies with the Americans with Disabilities Act. Auxiliary Aids and Services are available on request of individuals with disabilities*

Telephone (603) 224-3311 Fax (603) 228-4145 TDD/TTY Access: Relay 1-800-735-2964 Web site: [www.nhes.nh.gov](http://www.nhes.nh.gov)

As a result of this unexpected increase in the utilization of Ascentria's in-person foreign language interpretation services, NHES has now exhausted the originally approved Contract Price Limitation. NHES has contracted with Ascentria to provide in-person foreign language interpretation services through June 30, 2024. NHES continues to have a need for in-person foreign language interpretation and written translation services. The services covered by this agreement allow NHES to meet its obligation to serve all customers and eliminate barriers to effective communication. Approval of this amendment will enable NHES to continue to meet the needs of those served by the agency.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "George N. Copadis". The signature is stylized and cursive.

George N. Copadis  
Commissioner

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EMPLOYMENT SECURITY  
IN-PERSON FOREIGN LANGUAGE INTERPRETATION AND WRITTEN  
TRANSLATION SERVICES  
CONTRACT 2019-02**

**CONTRACT AMENDMENT #2**

WHEREAS, pursuant to an Agreement based upon RFP #2019-02, approved by the Governor and Executive Council on June 5, 2019, Item #66 (the "Agreement"), Ascentria Community Services, Inc. d/b/a The Language Bank agreed to provide in-person foreign language interpretation and written translation services to the New Hampshire Department of Employment Security (the "Department");

WHEREAS, Section 18 of the Agreement provides that the Agreement may be amended only by written agreement of the Parties;

WHEREAS, the Agreement was amended, as approved by the Governor and Executive Council on June 29, 2022, Item #86, to exercise a two-year renewal option in the Agreement and adjust the hourly rate for language interpreters;

WHEREAS, during a change in ownership of the Department's telephonic foreign language interpretation services vendor, Telelanguage, Inc., now Propio LS LLC, staff in the Department's Appeals Unit experienced difficulties in utilizing the telephonic interpretation services;

WHEREAS, in order to ensure timely and accurate language interpretation services, the Appeals Unit began using Ascentria's in-person services to meet the needs of those served by the Department;

WHEREAS, as a result of this unexpected increase in the utilization of Ascentria's language interpretation services, the Department has exhausted the Contract Price Limitation previously approved by Governor and Council;

WHEREAS, the Department continues to have a need for in-person foreign language interpretation and written translation services for claimants who have limited English proficiency or speak languages other than English and are seeking Unemployment Compensation benefits or reemployment services;

WHEREAS, The Language Bank has satisfactorily performed the services described in the Agreement during the contract term and the Parties desire to continue use of The Language's Bank's services for the duration of the Agreement;

WHEREAS, the Parties have agreed to amend the Price Limitation as set forth in Section 1.8 of the P-37 contract form by increasing the Price Limitation from \$12,000.00 to \$22,000.00, an increase of \$10,000.00.

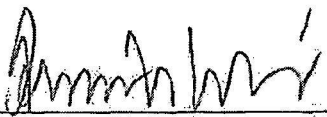
NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the Parties agree as follows:

**Table 1 – Modifications to Price Terms**


Form P-37 General Provisions Section 1.8, Price Limitation	Amend Section 1.8, Price Limitation, by replacing \$12,000.00 with \$22,000.00, an increase of \$10,000.00.
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Except as provided herein, all other provisions of the Agreement shall remain in full force and effect. This modification shall take effect upon the approval of the Governor and Executive Council.

IN WITNESS WHEREOF, THE Parties have hereunto set their hands as of the day and year shown below.

  
\_\_\_\_\_  
George N. Copadis, Commissioner  
New Hampshire Employment Security

Date: 10/20/23

  
\_\_\_\_\_  
Ascentria Community Services, Inc.  
d/b/a The Language Bank

Date: October 4, 2023

  
\_\_\_\_\_  
Duncan A. Edgar  
New Hampshire Department of Justice

Date: November 6, 2023

\_\_\_\_\_  
Approved by the Governor & Executive Council

Date: \_\_\_\_\_

# State of New Hampshire

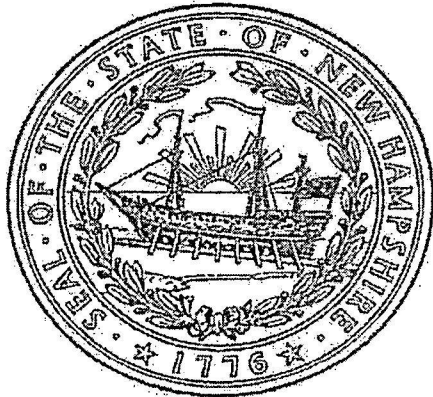
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ASCENTRIA COMMUNITY SERVICES, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on June 13, 2011. 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: 652197

Certificate Number: 0006329958.



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 4th day of October A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State

**CERTIFICATE OF AUTHORITY**

I, Nicholas Sousa, Assistant Corporate Clerk / Secretary, hereby certify that:

1. I am a duly elected officer of Ascentria Community Services, Inc.
2. The following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on July 12, 2022, at which a quorum of the Directors were present and voting.

**VOTED:** That Executive Vice President Aimee Mitchell are duly authorized on behalf of Ascentria Community Services, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further are authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in their judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: October 4, 2023

Signature of Elected Officer: \_\_\_\_\_

Name: Nicholas Sousa

Title: Assistant Corporate Clerk / Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/5/2023

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hays Companies, Inc. 980 Washington St., Suite 325 Dedham MA 02026		<b>CONTACT NAME:</b> Tina Housman <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Tina.Housman@bbrown.com	
<b>INSURED</b> Ascentria Care Alliance, Inc. 11 Shattuck St. Worcester MA 01605		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Compar 16058 <b>INSURER B:</b> The First Liberty Insurance Corp. 33588 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 23-24 GL AUTO UMB WC      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

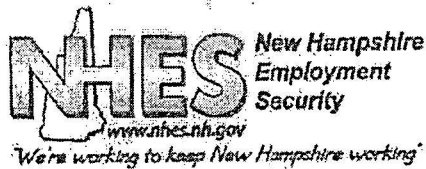
INSR I.T.R.	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC. OTHER:			PHPK2609012	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROPAGG \$ 3,000,000 Employee Benefits \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK2609014	10/1/2023	10/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			PHUB883842	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	HC 1469872 - 00	12/1/2022	12/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			PHPK2609012 Retroactive Date: 1/1/2004	10/1/2023	10/1/2024	Each Occurrence \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Evidence of Insurance

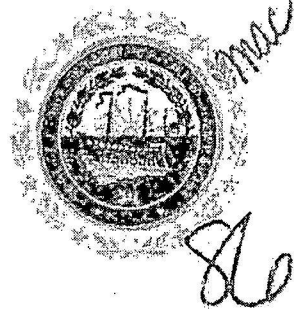
**CERTIFICATE HOLDER****CANCELLATION**

NH Employment Security Administrative Services 45 South Fruit Street Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE James Hays/TADRIG
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ADMINISTRATIVE OFFICE  
45 SOUTH FRUIT STREET  
CONCORD, NH 03301-4857



GEORGE N. COPADIS, COMMISSIONER  
RICHARD J. LAVERS, DEPUTY COMMISSIONER

June 16, 2022

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

**REQUESTED ACTION**

To authorize New Hampshire Employment Security (NHES) to exercise a renewal option and amend a contract with Ascentria Community Services, Inc. d/b/a The Language Bank, Manchester, NH, for in-person foreign language interpretation and written translation services, to allow for an increase in the hourly rate and to extend the contract term by two years from June 30, 2022 to June 30, 2024, with no change to the price limitation of \$12,000.00, effective upon Governor and Council approval. 100% Federal funds.

The original contract was approved by the Governor and Council on June 5, 2019 (Item #66) following a competitive bid process. Federal funding is available in State FY2023 and is anticipated to be available in State FY2024 upon the continued appropriation of funds in the future operating budgets, with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified.

**EXPLANATION**

NHES is requesting approval of the attached contract amendment for in-person foreign language interpretation and written translation services. The services covered by this agreement allow NHES to meet its obligation to serve all customers and eliminate barriers to effective communication. Sufficient funds remain from the original term of this contract due to a lack of in-person services required during the pandemic when over-the-phone interpretation services were utilized instead.

This contract amendment includes a two-year extension as well as an agreed upon increase in the hourly rate.

Respectfully submitted,

Richard J. Lavers  
Deputy Commissioner

Attachments  
GNC/jdr

*NHES is a proud member of America's Workforce Network and NH Works. NHES is an Equal Opportunity Employer and complies with the Americans with Disabilities Act. Auxiliary Aids and Services are available on request of individuals with disabilities*

Telephone (603) 224-3311 Fax (603) 228-4145 TDD/TTY Access: Relay 1-800-735-2964 Web site: [www.nhes.nh.gov](http://www.nhes.nh.gov)



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EMPLOYMENT SECURITY  
IN-PERSON FOREIGN LANGUAGE INTERPRETATION AND WRITTEN  
TRANSLATION SERVICES  
CONTRACT 2019-02  
CONTRACT AMENDMENT #1

WHEREAS, pursuant to an Agreement approved by the Governor and Executive Council on June 5, 2019, Item #66 (the "Agreement"), based upon RFP #2019-02, Ascentria Community Services, Inc. d/b/a The Language Bank agreed to provide in-person foreign language interpretation and written translation services to the New Hampshire Department of Employment Security;

WHEREAS, the Department continues to have a need for in-person foreign language interpretation and written translation services for claimants who have limited English proficiency or speak languages other than English and are seeking Unemployment Compensation benefits or reemployment services;

WHEREAS, Exhibit C, Section 3.1 of the Agreement provides that the term of the Agreement may be extended for one additional two-year term upon mutual agreement of the parties and subject to the approval of Governor and Executive Council;

WHEREAS, The Language Bank has satisfactorily performed the services described in the Agreement during the initial contract term and the Parties desire to extend the term two years, beginning on July 1, 2022 through June 30, 2024;

WHEREAS, Section 18 of the Agreement provides that the Agreement may be amended only by written agreement of the parties;

WHEREAS, the Parties have agreed that in light of unexpected cost increases, the hourly rates for in person language interpretation set forth in Exhibit B, Part 2.1 of the Agreement shall be increased to \$65.00 per hour for standard requests, and an hourly rate of \$85.00 per hour is established for emergency requests (less than 24 hours' notice). In addition, travel charges will be billed portal to portal at the service rate;

WHEREAS, because sufficient funds have been allocated in the Agreement, there will be no increase in the overall Price Limitation (Form P-37 General Provisions Section 1.8) of the Agreement;

WHEREAS, the Parties have agreed to amend the completion date as set forth in the P-37 Contract form at Provision 1.7, Exhibit B, Part 2.1 and Exhibit C, Part 3.1, and all shall be revised to reflect the new completion date of June 30, 2024.

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the Parties agree as set forth in Table 1 below:

Initial all pages  
Vendor Initials AGM

Table 1

Amended Section	Amended Text																										
Form P-37 - General Provisions - Section 1.7	Amend completion of June 30, 2022 to read: June 30, 2024																										
Exhibit B, Section 2.1 - Pricing In Accordance with Proposal	<p>For the term beginning July 1, 2022 through June 30, 2024, the Contractor agrees to provide NHES with services as indicated in Exhibit A of this Agreement at prices shown below. The Contract is for a term beginning upon Governor and Council approval and continuing through June 30, 2024. Any request for service through the end of that term is covered in accordance with the terms set forth herein.</p> <table border="1"> <thead> <tr> <th rowspan="3"></th> <th>Rate for Services</th> <th colspan="2">Travel Charges</th> </tr> <tr> <th>Hourly Rate</th> <th>Hourly Rate</th> <th>Mileage</th> </tr> <tr> <th>Mon - Fri 8:00 a.m. - 4:30 p.m.</th> <th>Flat Rate</th> <th>Per Mile Rate</th> </tr> </thead> <tbody> <tr> <td>In-Person Foreign Language Interpretation</td> <td>\$65.00 for standard requests: \$85.00 for emergency requests (less than 24 hours notice)</td> <td>Portal to portal at the service rate.</td> <td>\$ IRS rate</td> </tr> <tr> <td>Minimum Charge Policy</td> <td colspan="3">Minimum charge of 2 hours per appointment. If a request is cancelled with less than 48 hours' notice (2 full business days prior to scheduled service), NHES will pay for the entire block of time that was scheduled.</td> </tr> <tr> <td>Annual Contract Total</td> <td colspan="3">\$4,000.00 (Unchanged from original)</td> </tr> <tr> <td>Contract Total Not to Exceed</td> <td colspan="3">\$12,000.00 (Unchanged from original)</td> </tr> </tbody> </table>		Rate for Services	Travel Charges		Hourly Rate	Hourly Rate	Mileage	Mon - Fri 8:00 a.m. - 4:30 p.m.	Flat Rate	Per Mile Rate	In-Person Foreign Language Interpretation	\$65.00 for standard requests: \$85.00 for emergency requests (less than 24 hours notice)	Portal to portal at the service rate.	\$ IRS rate	Minimum Charge Policy	Minimum charge of 2 hours per appointment. If a request is cancelled with less than 48 hours' notice (2 full business days prior to scheduled service), NHES will pay for the entire block of time that was scheduled.			Annual Contract Total	\$4,000.00 (Unchanged from original)			Contract Total Not to Exceed	\$12,000.00 (Unchanged from original)		
	Rate for Services		Travel Charges																								
	Hourly Rate		Hourly Rate	Mileage																							
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Annual Contract Total	\$4,000.00 (Unchanged from original)																										
Contract Total Not to Exceed	\$12,000.00 (Unchanged from original)																										
Exhibit C, Section 3.1 Term & Extensions	The Agreement will begin upon Governor and Council approval and remain in effect until June 30, 2024, unless terminated sooner as provided for in the applicable contract provisions. The Initial Term of the Agreement ran from July 1, 2019 through June 30, 2022 and the two-year extension contained in Section 3.1 is exercised by this Amendment.																										

All other terms and conditions of the Agreement remain in effect.

Initial all pages  
Vendor Initials AGM

IN WITNESS WHEREOF, the Parties have hereunto set their hands as of the day and year written.

Ascentria Community Services, Inc. d/b/a The Language Bank



Date: 6/15/2022

State of New Hampshire Department of Employment Security



George N. Copadis, Commissioner  
State of New Hampshire  
Department of Employment Security

Date: 6/15/22

Approved by the Attorney General as to form, substance, and execution

/s/ Stacie M. Masser

State of New Hampshire  
Department of Justice

Date: June 15, 2022

Approved by the Governor and Executive Council

\_\_\_\_\_

Date: \_\_\_\_\_

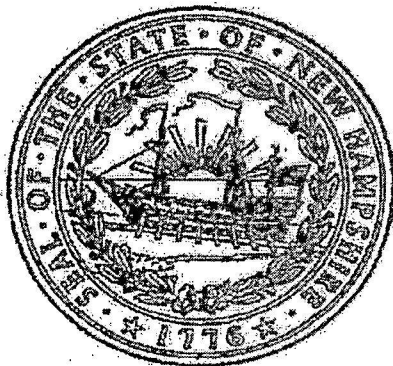
State of New Hampshire  
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ASCENTRIA COMMUNITY SERVICES, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on June 13, 2011. 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: 652197

Certificate Number: 0005790601



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 13th day of June A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

Corporate Resolution

I, Tara Browne, hereby certify that I am duly elected Clerk/Secretary/Officer of  
(Name)

Ascentria Community Services, Inc., I hereby certify the following is a true copy of a vote taken at  
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on September 14, 2021,  
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Aimee Mitchell, Executive Vice President is  
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

Ascentria Community Services, Inc. with the State of New Hampshire and any of  
(Name of Corporation)

its agencies or departments and further is authorized to execute any documents  
which may in his/her judgment be desirable or necessary to effect the purpose of  
this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force  
and effect as of the date of the contract to which this certificate is attached. This authority  
remains valid for thirty (30) days from the date of this Corporate Resolution. 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: June, 14, 2022

ATTEST:   
Tara Browne, Corporate Clerk / Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/12/2021

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rays Companies Inc. 980 Washington Street Suite 325 Dedham MA 02026	CONTACT NAME: Courtney Mitchell PHONE: [ ] FAX: [ ] EMAIL: Courtney.Mitchell@bbrown.com ADDRESS: [ ]
INSURED Ascentria Care Alliance, Inc. 11 Shattuck St. Worcester MA 01605	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Ins Co (NAIC # 18058) INSURER B: The First Liberty Insurance Corp. (33588) INSURER C: [ ] INSURER D: [ ] INSURER E: [ ] INSURER F: [ ]

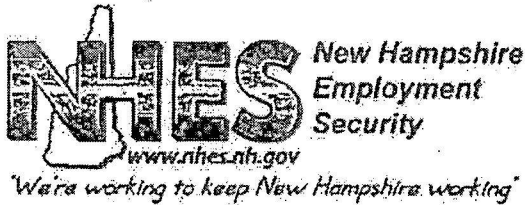
COVERAGES      CERTIFICATE NUMBER: 21-22 GL Auto IMB WC      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

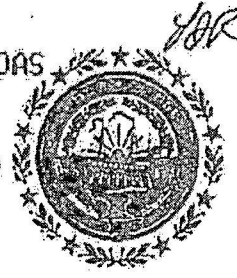
INSR LTR	TYPE OF INSURANCE	ADDL INSUR (INSR / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: [ ]		PH22332417	10/1/2021	10/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PROPS (Ex structure) \$ 100,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PH22332413	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000 BODILY INJURY (Per person) \$ [ ] BODILY INJURY (Per accident) \$ [ ] PROPERTY DAMAGE (Per accident) \$ [ ]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PH22332416	10/1/2021	10/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N [ ] N/A [ ]	WCG-611-282252-011	10/1/2021	10/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - SA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Claims Made		PH22332417 Retroactive Date: 1/1/2004	10/1/2021	10/1/2022	Each Occurrence \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)  
Ascentria Community Services, Language Bank is included as a named insured.

<b>CERTIFICATE HOLDER</b> New Hampshire Department of Employment Security Fiscal Management Section 45 South Fruit Street Concord, NH 03301-4857	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE James Rays/CENITC
--	---



MAY 20 '19 AM 9:32 OAS  
ADMINISTRATIVE OFFICE  
 45 SOUTH FRUIT STREET  
 CONCORD, NH 03301-4857



GEORGE N. COPADIS, COMMISSIONER  
 RICHARD J. LAVERS, DEPUTY COMMISSIONER

May 17, 2019

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

REQUESTED ACTION

To authorize New Hampshire Employment Security (NHES) to enter into an agreement with Ascendria Community Services, Inc. d/b/a The Language Bank, Manchester, NH in the amount not to exceed \$12,000 for in-person foreign language interpretation and written translation services from July 1, 2019 or the date of Governor and Council approval, whichever is later, through June 30, 2022. 100% Federal funds.

Federal funding is anticipated to be available in State FY2020 forward upon the continued appropriation of funds in the future operating budgets, with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

		<u>STATE FISCAL YEAR</u>		
		<u>2020</u>	<u>2021</u>	<u>2022</u>
02-27-27-270010-8040	DEPT OF EMPLOYMENT SECURITY			
10-02700-80400000-230-500765	Interpreter Services	\$4,000.00	\$4,000.00	\$4,000.00

EXPLANATION

NHES is requesting approval of the attached agreement for in-person foreign language interpretation and written translation services. The contract total of \$12,000 is for a three-year period (\$4,000 per year) beginning July 1, 2019 or upon Governor and Council approval, whichever is later, through June 30, 2022.

A competitive bid process was undertaken for in-person foreign language interpretation and written translation services at NHES's offices statewide. A "Request For Proposal" (RFP) was simultaneously posted to two (2) state websites and sent to thirty-two (32) vendors. Two (2) vendors submitted proposals for in-person foreign language interpretation and written translation services. Each proposal was evaluated and scored with regard to qualifications, experience and cost. The vendor receiving the highest score was selected. A list containing vendor names and scores is attached.

Respectfully submitted,

George N. Copadis  
 Commissioner

Attachments  
 GNC/jdr



STATE OF NEW HAMPSHIRE  
Department of Employment Security  
Scoring Sheet

RFP # NHES 2019-02

Language Interpretation Services

Issue Date: March 26, 2019

Due Date: April 15, 2019

PROPOSER NAME	TECHNICAL PROPOSAL			PRICE PROPOSAL	TOTAL PROPOSAL	RANK
	1) Relevant Experience/ Overall Qualifications	2) Vendor Team, Quality Control and Ability to meet RFP Requirements	3) References from Clients... 5 points reserved for public sector client references			
MAXIMUM POINTS	20	20	15	45	100	
Allworld Language Consultants	15	12	15	37	79.4	2
The Language Bank	20	20	15	45	100	1

**EVALUATION TEAM:**

Megan Yaple, Counsel

Colleen O'Neill, Administrator

Pamela Szacik, Administrator

Jill Revels, Business Administrator

RFP was posted to two state websites and sent to 32 vendors.

2 Proposal(s) Submitted

2 Responding Vendor(s)



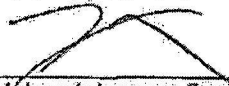
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name NH Employment Security		1.2 State Agency Address 45 South Fruit Street, Concord, NH 03301	
1.3 Contractor Name Ascentria Community Services, Inc. d/b/a The Language Bank		1.4 Contractor Address 340 Granite Street, Manchester, NH 03102	
1.5 Contractor Phone Number 844-579-0610	1.6 Account Number 10-027-8040-230-500765	1.7 Completion Date June 30, 2022	1.8 Price Limitation \$12,000.00
1.9 Contracting Officer for State Agency George N. Copadis		1.10 State Agency Telephone Number (603) 228-4000	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Timothy Johnstone, Chief Operating Officer	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Hillsborough</u> On <u>4/27/2019</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <u>Cathleen K Arredondo</u> [Seal]		My Commission Expires <u>4/22/2020</u>	
1.13.2 Name and Title of Notary or Justice of the Peace <u>Cathleen K Arredondo, Executive Assistant</u>			
1.14 State Agency Signature <u>George N. Copadis</u> Date: <u>5/16/19</u>		1.15 Name and Title of State Agency Signatory George N. Copadis, Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <u>[Signature]</u> On: <u>5/17/2019</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

**2. EMPLOYMENT OF CONTRACTOR/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 A which is incorporated herein by reference ("Services").

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

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, 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 1.14 ("Effective Date").

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

**4. CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and 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 terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account 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 B 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 80:7-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 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 opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright 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, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with 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 in 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.

#### 8. EVENT OF DEFAULT/REMEDIES:

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, 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 never be paid to the Contractor;

8.2.3 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 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

#### 9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

9.2 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.

9.3 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.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall 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 any Final Report described in the attached-EXHIBIT A.

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. 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 maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive 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; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 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.

Contractor Initials

Date

  
8/24/2019

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 thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

#### 15. WORKERS' COMPENSATION.

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

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. 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 Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. **WAIVER OF BREACH.** 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.

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

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

such approval is required under the circumstances pursuant to State law, rule or policy.

#### 19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures 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.

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 provisions set forth in the attached EXHIBIT C 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 relating hereto.

Contractor Initials

Date

The signature is written in black ink and appears to be 'C. J. [unclear]'. The date is written as '4/23/2013'.

## EXHIBIT A

### 1 SCOPE OF SERVICES

#### 1.1 OVERVIEW

New Hampshire Employment Security ("NHES") administers unemployment compensation benefits and oversees programs designed to assist unemployed individuals in seeking and finding gainful employment. The scope of services to be provided by The Language Bank (the "Contractor") under this Agreement includes performing all work, and providing all labor, materials, tools, equipment, and transportation necessary to provide in-person foreign language interpretation in the target languages through any and all requested phases of a claimant's interaction with NHES. The purpose of carrying out this work is to ensure that the Department's limited English proficient (LEP) customers (also referred to as "claimants") are able to obtain access to available programs and benefits without language barriers, and are afforded due process in adjudicatory proceedings. In some cases, associated document translation may be requested.

Document translation services will be utilized on an as-needed basis, with no minimum amount of work guaranteed under this agreement. Foreign language interpretation and associated document translation must be conducted so as to faithfully and accurately convey the meaning of the source language. Interpretations should reflect the style, register and cultural context of the source message without omissions, additions, or embellishments.

#### 1.2 DELIVERABLES

Services will be provided as described in the Contractor's Technical and Cost Proposal dated April 12, 2019, submitted in response to RFP # NHES 2019-02 for Language Interpretation Services. The Contractor's Proposal is hereby incorporated by reference into this Agreement.

A. Foreign Language Interpretation Services will include the following:

1. Providing face-to-face interpretation (from English to another language or vice versa) for NHES' LEP customers in a professional manner.
2. Ensuring that all interpreters providing services under this Agreement are professionally trained, with a verified level of fluency in the specified target language(s).
3. Face-to-face interpretation services shall be provided in NHES facilities in up to twelve (12) locations statewide. Travel will be charged at the rates stated in the Contractor's Technical and Cost Proposal ("Proposal") at Exhibit B, Vendor Price Proposal.

Contractor Initials  
Date

  
4/23/2019

- B. Foreign Language Written Translation Services may be used as a support to the Interpreter Services in this agreement and may include the following:
1. Providing written translation services (from English to another language or vice versa) for LEP clients.
  2. Providing document translations for use in an electronic format.
  3. Working with NHES to maintain accurate documentation of English and second language translation documents in an archivable format.
  4. Forwarding or transferring translations electronically in a secure format.
  5. Translation services shall be provided at the Contractor's work site or in other locations as mutually agreed.
- C. For both interpretation and translation services, the Contractor shall ensure that language interpretation and translations are technically correct and culturally proper.
- D. Contractor shall deliver language interpretation services within one day (24 hours) to three days (72 hours) after receiving a request from NHES. As described in the Proposal, requests for interpreters will be made via "Lingo," the Contractor's web-based database. The Contractor warrants that Lingo is a secure system through which users may schedule interpreters and see a calendar view of appointments. The Contractor will establish appropriate access levels to Lingo for designated NHES staff and administrators. Administrator level access will be provided to allow the option of printing reports for data collection.
- E. Interpreters must be able to travel to and from NHES' facilities throughout New Hampshire to attend hearings and/or provide other services based on seventy-two (72) hours' notice. See Attachment A to this Agreement for an NHES Facilities List. On-site services will be required during the work week (Monday through Friday) between the hours of 8:00 a.m. and 4:30 p.m., not including travel.
- F. The Contractor shall provide translation of documents and other written materials within one day (24 hours) to four days (96 hours) after receiving a request from NHES, assuming that the records to be translated are not voluminous. Contractor shall employ quality assurance measures as described in the RFP Response at Section F-iii.
- G. The Contractor will be provided timely access to electronic copies of materials and other resources as may be needed to complete the work. Electronic copies shall be transmitted via a secure process available at <https://securefile.ascentria.org/filedrop/Language Bank>.

Contractor Initials  
Date

  
Date 8/12/2014


The Contractor must maintain the confidentiality of all materials received and produced in connection with this work to the extent they are not already in the public domain. All material translated in the course of the contract work will remain the property of NHES.

- H. All documents that are provided for translation and any translated copies will be maintained in a secure environment. Access will be restricted to only those authorized personnel who need it to perform their work within the confines of this Agreement. The Contractor agrees to process and store data in a manner that will protect its confidentiality and in such a way that unauthorized persons cannot access or retrieve the data by means of computer, remote terminal or other means. Data will be retained only for the period required for the work to be performed. The Contractor agrees to promptly report to NHES any suspected violations of the confidentiality requirements of this Agreement.
- I. Foreign language interpreter services have been used most frequently to assist claimants applying for unemployment benefits and/or seeking reemployment services at one of NHES' twelve (12) Local Offices. Interpreter services may be used when claimants require in-person assistance at administrative hearings regarding benefits. Interpreter services may also be used from time to time in other phases of interaction, including but not limited to individual and group meetings such as Benefits Rights Interviews (BRI's), Rapid Response meetings held in cases of mass layoffs, investigation interviews, and individual intensive reemployment services and workshops. In each case, services must be provided in accordance with the timetable indicated above.
- J. Qualified interpreters are needed for a range of languages, including but not limited to: Spanish, Portuguese, Mandarin, Cantonese, French, Haitian, Korean, Vietnamese, Armenian, Cambodian, Bosnian, Arabic, Farsi, Bhutanese, Kinyarwanda, and Swahili. The charges for all language translation provided under this Agreement will conform to the rates set forth in the Contractor's Technical and Price Proposal at Exhibit B.

### 1.3 PROJECT STAFFING

Key project staffing shall be provided as described in the Proposal. Qualified interpreters/translators selected to work on the project will be as identified in the Proposal unless otherwise reviewed with and consented to by NHES in writing.

Contractor Initials  
Date

  
4/23/2011

#### 1.4 QUALITY OF WORK AND QUALITY ASSURANCE

The work shall proceed in accordance with the Proposal, including communication process, client service, internal tracking, escalation and problem resolution, and program evaluation. The Contractor's management activities will include the oversight of schedule, quality of deliverables, and client service. The Contractor's responsibilities include meeting all contract requirements and upholding quality standards identified in the Proposal. The Contractor's Quality Assurance Process, including translation, editing and proofreading and, internal QA, shall be carried out in all respects as per the Proposal.

Contractor Initials  
Date

  
4/30/19



## EXHIBIT B

### 2 PRICE TERMS

#### 2.1 PRICING IN ACCORDANCE WITH PROPOSAL

The Contractor agrees to provide NHES with services as indicated in Exhibit A of this Agreement at prices quoted in the Proposal and as shown below. The Contract is for a term beginning upon Governor and Council approval and continuing through June 30, 2022. Any request for service through the end of that term is covered in accordance with the terms set forth herein.

	Spanish	Vietnamese	Bosnian	Arabic	Chinese
Per Hour In-person Interpretation Rates	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00
Per Word Written Translation Rates	\$0.18	\$0.25	\$0.25	\$0.25	\$0.25
Per Hour Travel Rate**	\$33.00				
Per Mile Rate**	IRS Rate				
Minimum Charge Policy	Minimum charge of 2 hours per appointment. Additional charges will be in half hour time intervals. If a request is cancelled with less than 24 hours' notice (1 full business day prior to scheduled service), NHES will pay for the entire block of time that was scheduled.				
** Per hour travel and mileage rates charged only after the first 20 miles and not for the last 20 miles.					
Annual Contract Total:				\$4,000.00	
Contract Total Not To Exceed				\$12,000.00	

Per Word translation rate pricing is inclusive of translating, editing, proofreading, formatting, and delivery of materials.

Hourly unit pricing for in-person interpretation and document translation in languages other than the five languages specified above will be consistent with the uniform rates set forth in the above table. Per word written translation rates for languages other than those specified above will be agreed upon prior to work being performed.

Contractor Initials  
Date

*[Signature]*  
*[Date]*

## 2.2 INVOICES

The Contractor will invoice upon completion of each request for interpretation services or document translation services.

NHES will make payment within thirty (30) days following receipt of approved invoices in accordance with the normal State payment process.

Invoices should be sent to:

New Hampshire Employment Security  
ATTN: Fiscal Management Section  
45 South Fruit Street  
Concord, NH 03301

Contractor Initials

Date

Handwritten signature and date, possibly "J. J. [unclear]" and "1/23/01".

## EXHIBIT C

### 3. ADDITIONAL PROVISIONS

#### **3.1 TERM & EXTENSION**

The agreement will begin upon Governor and Council approval and remain in effect until June 30, 2022, unless terminated sooner as provided for in the applicable contract provisions. The Contract may be extended for up to two (2) additional years upon mutual agreement of the parties and subject to the approval of Governor and Council.

#### **3.2 CONTRACT DOCUMENTS**

Standard terms and conditions are set forth in the Standard State Contract form, P-37. In the case of any conflict in terms between Exhibit C and the P-37, the provisions of the P-37 form will control.

#### **3.3 TERMINATION FOR CONVENIENCE**

If Contractor fails to perform services as required, this agreement may be terminated for cause as provided in the P-37 contract form. Either party may terminate this agreement for convenience at any time prior to effective date of termination by giving sixty (60) days advance written notice of intent to terminate to the other party.

#### **3.4 CONFIDENTIALITY AND CRIMINAL RECORD**

Contractor and each of its employees working on NHES property will be required to sign and submit a **STATEMENT OF CONFIDENTIALITY OF RECORDS FORM** prior to the start of any work under this Agreement. The Contractor has represented that its administrative staff and interpreter staff undergo NH criminal background checks as part of the hiring process. If there is any individual working for the Contractor who will be visiting an NHES facility who has not completed such screening process, the Contractor agrees that a Criminal Record Authorization Form will be provided prior to the start of any on site work by such employee. There is a fee for each background check required, which must be paid by the Contractor.

#### **3.5 DAMAGE**

Contractor agrees that any damage to building(s), materials, equipment, or other property during performance of its services will be repaired at its expense. Contractor agrees to return all buildings, materials, equipment or property affected by the Contractor's work to their original condition or better. Contractor agrees to obtain approval of the NH Employment Security representative assigned to project for any sub-contractor performing such repair work.

#### **3.6 INSURANCE**

Contractor will furnish a Certificate of Insurance as evidence of the existence of Comprehensive General Liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per claim and \$2,000,000 per incident. Contractor agrees to maintain workers' compensation and employer's liability insurance for all Contractor employees engaged in the performance of the agreement and provided updated certificates for such coverage.

Contractor Initials

Date

 2/27/2019

### 3.7 SUB-CONTRACTING

Contractor will not assign, subcontract, or otherwise transfer any duty, obligation, or performance required by this Agreement without the prior written consent of NH Employment Security.

### 3.8 CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS IN PRIMARY COVERED TRANSACTIONS

Contractor certifies that the primary participant, and its principals, to the best of its knowledge and belief, are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or State agency. Contractor will inform NH Employment Security of any changes in the status regarding this statement.

### 3.9 VENDOR APPLICATION/ALTERNATE W-9

In connection with this Contract, the Contractor shall have completed and filed a Vendor Application and Alternate W-9 Form with the New Hampshire Bureau of Purchase and Property.

### 3.10 AMERICANS WITH DISABILITIES ACT

The undersigned Contractor agrees to comply with all Federal, State, and Local ADA rules and regulations.

### 3.11 NON-DISCRIMINATION

In connection with the furnishing of services under the Contract, the Contractor agrees to comply with all laws, regulations, and orders of federal, state, county, or municipal authority which impose any obligations or duties upon the Contractor, including but not limited to civil rights laws, non-discrimination laws, and equal opportunity laws.

During the term of the Contract, Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, creed, age, sex, sexual orientation, disability, national origin, marital status, or veteran status, and will take appropriate steps to prevent such discrimination.

### 3.12 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT (if applicable)

Contractor agrees to comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

### 3.13 CLEAN AIR ACT AND THE FEDERAL WATER POLLUTION CONTROL ACT (if applicable)

For contracts in excess of \$150,000, the Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. §§ 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. §§ 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

Contractor Initials  
Date

*[Handwritten Signature]*  
*[Handwritten Date]*

**3.14 BYRD ANTI-LOBBYING AMENDMENT (if applicable)**

For contracts in excess of \$100,000, the Contractor certifies it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352. Contractor must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award/contract.

**3.15 DAVIS-BACON ACT (if applicable)**

Davis-Bacon Act and Related Acts, apply to contractors and subcontractors performing on federally funded/assisted contracts in excess of \$2,000 for construction, alteration, or repair (including painting and decorating) of public buildings or public works. Under these Acts, contractors and subcontractors must pay laborers and mechanics prevailing wages and fringe benefits for corresponding work on similar projects in the area as determined by the Department of Labor. When there is no Davis-Bacon assignment, applicable Wage Determination is realized by using the lowest skilled craft above laborer, excluding power equipment rate.

**3.16 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (if applicable)**

For contracts in excess of \$100,000 that involve the employment of mechanics or laborers, the Contractor agrees to comply with 40 U.S.C. §§ 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. § 3702 of the Act, the Contractor is required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. § 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous.

Contractor Initials  
Date

*[Handwritten Signature]*  
*[Handwritten Date]*

ATTACHMENT A  
NHES FACILITIES LIST

NHES OFFICE	CONTACT PERSON	TELEPHONE
151 Pleasant Street Berlin, NH 03570-0159	Mark Belanger, Manager	(603) 752-5500
17 Water Street Claremont, NH 03743-2261	KB Miller, Manager	(603) 543-3111
45 South Fruit Street Concord, NH 03301-4857	Carol Aubet, Manager	(603) 228-4100
518 White Mountain Highway Conway, NH 03818	Tania Drummond, Manager	(603) 447-5924
426 Union Avenue, Suite 3 Laconia, NH 03246-2894	Carol Aubet, Manager	(603) 524-3960
646 Union Street Littleton, NH 03561	Tania Drummond, Manager	(603) 444-2971
300 Hanover Street Manchester, NH 03104	Luc Mailloux, Manager	(603) 627-7841
6 Townsend West Nashua, NH 03060-3285	Dijana Radujkovic, Manager	(603) 882-5177
2000 Lafayette Road Portsmouth, NH 03801-5673	Sarah Morrissey, Manager	(603) 436-3702
29 South Broadway Salem, NH 03079-3026	Dijana Radujkovic, Manager	(603) 893-9185
6 Marsh Brook Drive Somersworth, NH 03878-3878	Sarah Morrissey, Manager	(603) 742-3600

Contractor Initials

Date: *5/2/2019*

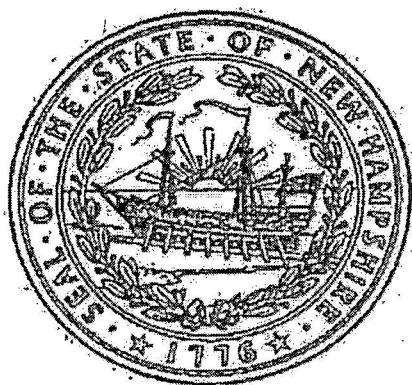
State of New Hampshire  
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ASCENTRIA COMMUNITY SERVICES, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on June 13, 2011. 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: 652197

Certificate Number: 0004486124



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 2nd day of April A.D. 2019,

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

## CERTIFICATE OF VOTE

I, Tara E. Browne do hereby certify that:  
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Ascentria Community Services, Inc.  
(Agency Name)
2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on December 7, 2018:  
(Date)

RESOLVED: That the Chief Operating Officer  
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 29<sup>th</sup> day of April, 2019.  
(Date Contract Signed)

4. Timothy Johnstone is the duly elected Chief Operating Officer  
(Name of Contract Signatory) (Title of Contract Signatory)  
of the Agency.

Tara E. Browne  
(Signature of the Elected Officer)

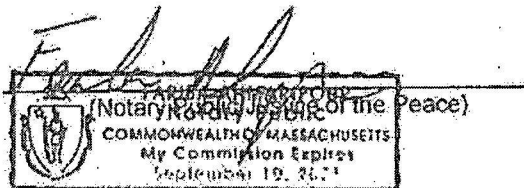
COMMONWEALTH OF MASSACHUSETTS

County of Worcester

The forgoing instrument was acknowledged before me this 29<sup>th</sup> day of April, 2019.

By Tara E. Browne, Clerk  
(Name of Elected Officer of the Agency)

(NOTARY SEAL)



Commission Expires: 9/10/2021





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2019

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hays Companies Inc. 133 Federal Street, 4th Floor  Boston MA 02110	<b>CONTACT NAME:</b> Tina Housman <b>PHONE (A.C. No., Ext.):</b> (617) 723-7775 <b>FAX (A.C. No.):</b> <b>E-MAIL ADDRESS:</b> thousman@hayscompanies.com														
<b>INSURED</b> Ascentria Care Alliance Good News Garage 14 East Worcester Street Suite 300 Worcester MA 01604	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Insurance Companies</td> <td>92535</td> </tr> <tr> <td>INSURER B: Philadelphia Indemnity Ins Co</td> <td></td> </tr> <tr> <td>INSURER C: The First Liberty Insurance</td> <td>33588*</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Insurance Companies	92535	INSURER B: Philadelphia Indemnity Ins Co		INSURER C: The First Liberty Insurance	33588*	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: The First Liberty Insurance	33588*														
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**      **CERTIFICATE NUMBER:** CL192174716      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	PHPR1886495	10/1/2018	10/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PHPR1886490	10/1/2018	10/1/2019	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		PHOR648618	10/1/2018	10/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	MC6-611-242252-018	10/1/2018	10/1/2019	PER STATUTE    OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
A	Property		PHPR1886495	10/1/2018	10/1/2019	Business Personal Property \$150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 New Hampshire Department of Employment Security is included as an Additional Insured where required by written contract as respects the terms and conditions of the policy.

<b>CERTIFICATE HOLDER</b>  New Hampshire Department of Employment Security 45 South Fruit Street Concord, NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  James Hays/JHURLE
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