State of New Hampshire
Department of Health and Human Services
Bureau of Behavioral Health

REQUEST FOR PROPOSAL
&
APPLICATION FOR FUNDING:

For

Family Mutual Support Services

State Fiscal Year 2010-2011
July 1, 2009 - June 30, 2011

March 12, 2009

Room 210S
105 Pleasant Street
State Office Park South
Concord NH 03301
Tel. 603-271-8377

NH Department of Health and Human Services
Division of Community Based Care Services
Bureau of Behavioral Health
RFP 10-DCBCS-BBH-FMS-02

State of New Hampshire
Bureau of Behavioral Health
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TABLE OF CONTENTS

I. Purpose 3
- **A.** Terminology 3

II. Mission
III. Instructions, Conditions, & Notices to Applicants 5
- **A.** Pre-Proposal Conference 5
- **B.** Submittal Deadline 5
- **C.** Formatting Requirements 5
- **D.** Inquiries by Prospective Applicants 6
- **E.** Additional Requirements 6
- **F.** Proposal Evaluation Process 6
- **G.** Award 7
- **H.** Accountable Care 7

IV. Application Element 8
- **A.** Cover Letter 8
- **B.** Table of Contents` 8
- **C.** Statement of Overall Approach to Conducting Project 10
- **D.** Qualifications 10
- **E.** Scope of Services 10
- **F.** Statistical and Financial Forms 10
- **G.** Corrections/Revisions 10

V. Financial Proposal 10
- **A.** Budget Forms 10
  - **1.** Budget Form A 10
  - **2.** Personnel Budget Form B 11
  - **3.** Budget Capital Expense Form C 11
  - **4.** Budget Narrative 11
  - **5.** Cultural Competence Initiatives 11

VI. Sample Contract 11
- Attachment A: Scope of Services 12
- Attachment B: Statistical Forms 14
- Attachment C: Budget Form A and Instructions 14
- Attachment D: Budget Form B Personnel Form and Instructions 30
- Attachment E: Budget Form C Capital Expenditure Report Form 34
- Attachment F: Budget Narrative and Instructions 35
- Attachment G: Cultural Competence Initiatives 42
- Attachment H: Sample Contract (Exhibits A, B, & C) 44
- Attachment I: Instructions for Contract Signature pages 50

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State of New Hampshire
Bureau of Behavioral Health
Request for Proposal and
Application for Funding

I. PURPOSE

The Bureau of Behavioral Health is soliciting proposals for Family Mutual Support Services with the goal of having Family Mutual Support Organization(s) utilize their skills and experiences to help improve treatment planning processes, treatment delivery systems and treatment evaluation, as well as quality improvement activities of the department. Family Mutual Support Services should promote family self-advocacy and self-determination through direct family-to-family and youth peer support activities. Additionally, family members and transitional age youth should be educated and supported to serve on advisory boards, state and regional planning, and quality improvement committees, as well as research design and program development and evaluation committees.

Additionally, the Bureau of Behavioral Health (BBH) is seeking a suicide prevention component for this proposal. The proposal shall include a plan for education and awareness of suicide as a preventable public health issue. The plan should include an evidence base and reflect best practices in the field of suicide intervention and prevention. The training plan shall include professionals that are identified as having an impact on suicide preventions such as primary care providers, law enforcement, faith leaders, juvenile justice and must work in collaborative training efforts with BBH. The program should promote sustainment by training trainers in the model as well as post-vention efforts. A program that includes the outreach to families who have experienced a suicide is crucial.

Awards shall be competitive, based on evaluation factors set forth elsewhere in this Request for Proposal (RFP). The successful applicant(s) shall demonstrate the knowledge, experience, and capacity to fulfill the requirements of the RFP. Family Mutual Support Agencies may apply for all or specific services outlined in this RFP and may partner on submissions. Coordination and collaboration on submissions is also encouraged. All services shall be delivered in a manner that develops comprehensive, culturally responsive support to families in their role as primary caregivers of adults and children with mental conditions. Applicants should indicate how their proposed Family Mutual Support Services would be coordinated with existing services for individuals with mental conditions and their families. Applicants should indicate how they would evaluate family satisfaction and efficacy of services to be provided in their proposal.

A. TERMINOLOGY:

1. **Mental Conditions:** Mental disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association (DSM), excluding those disorders designated by a "V" code in the DSM.

2. **Serious Emotional Disturbance:** A child, who in accordance with He-M 401.08 through He-M 401.11, has a DSM IV diagnosis and serious psychosocial dysfunction.

3. **Cultural Competence:** Knowledge, skills and attitudes that enable people to provide effective supports, services, education and technical assistance to diverse populations.

4. **Family Mutual Support Services:** Families helping Families. These services include but are not limited to: culturally relevant, family-focused educational, informational, referral, and advocacy services that support families in their roles as primary caregivers for adults and children with mental conditions and that help families navigate through the multiple service systems they encounter. These services also included youth-to-youth peer support and education.

5. **Post-vention:** The act of responding to those who have experienced suicide and promoting healing after a suicide.

II. MISSION

Applicants should develop creative and cost effective proposals addressing the areas below that are tailored to effectively meet the goals and requirements in the Purpose Section of this RFP.

A. **INDIVIDUAL FAMILY-TO-FAMILY MUTUAL SUPPORT:** This service is designed to recruit, train and supervise individuals, who have had direct family or personal experience with the public mental health system, to help a family member who is a primary caregiver of a child, adolescent or adult with mental conditions and/or serious emotional disturbance move toward independence and empowerment in service planning and coordination, negotiating complex service systems, advocating for their child or family member's needs and managing the stressors that come with supporting a child or family member with serious emotional disturbance and/or mental condition. Individual family–to-family mutual support must be age and developmentally appropriate addressing the specific needs and issues of individuals receiving services and the provider systems that serve them. Families of individuals being served by the community mental health system are a priority population, but not limited to, receive these services. Applicants should be specific as to whether the proposed services are targeted to the families involved with the children's and/or adult and/or older adult service system(s). Some family-to-family mutual support services targeted to individual families may also be provided in a group format.

B. **STATEWIDE EDUCATION AND TRAINING FOR FAMILY MUTUAL SUPPORT:** Education and training activities provided to individuals with mental conditions/serious emotional disturbance and/or family members who are primary caregivers of a child, adolescent or adult with mental conditions and/or serious emotional disturbance. These education and training activities should assist recipients in moving towards independence and empowerment in service planning and coordination, negotiating complex service systems, advocating for their child or family member's needs and managing the stressors that come with supporting a child or family member. Statewide education, support and training activities are provided in a group format.

C. **FAMILY AND YOUTH LEADERSHIP DEVELOPMENT:** Education, training and experiential activities for individuals with mental conditions/serious emotional disturbance and/or family members who are primary caregivers of a child, adolescent or adult with mental conditions and/or serious emotional disturbance. These activities should create

C. knowledge and skills that support empowerment, advocacy and leadership abilities. Goals for this service are to train and support recipients inclusion on and participation with advisory boards, statewide planning committees, quality improvement teams, research design, program evaluation and related activities needing consumer and family involvement. The applicant should specify what age group the leadership development is designed for, an outline of curriculum topics and any supports/activities designed for linking trainees with advocacy opportunities.

D. **PUBLIC EDUCATION:** Statewide education activities to the public about Mental Illness to reduce the stigma associated with mental conditions including serious emotional disturbance and their impact on individuals and their families.

E. **SUICIDE PREVENTION/POSTVENTION:** Statewide education and training to targeted populations to train about the intervention and prevention of suicide. Includes training targeted professionals who may have the earliest and most successful impact in the event of encountering a suicidal person. Utilizing a Best Practice model that is recognized in training for suicide prevention. Provide training to service providers who will respond to those affected by a suicide through outreach.

III. INSTRUCTIONS, CONDITIONS, & NOTICES TO APPLICANTS

C. **LETTER OF INTENT:** All applicants planning to respond to this Request for Proposal shall submit a written Letter of Intent to the submittal address shown below, no later than 3:00 PM on Thursday, March 19, 2009. Proposals from applicants will not be considered without receipt by the Bureau of Behavioral Health of such Letter of Intent by the deadline, unless it is: (a) determined by the Bureau of Behavioral Health that the late receipt was due solely to mishandling by the State after receipt at 105 Pleasant Street (Main Bldg), Concord; or (b) the only proposal received.

D. **SUBMITTAL DEADLINE:** An original unbound proposal is due no later than 3:00 PM on Thursday, April 23, 2009, at:

The Bureau of Behavioral Health
Robin Raycraft-Flynn
105 Pleasant Street (Main Bldg)
State Office Park South
Concord NH 03301

Fax submittal is not authorized. Applicants must submit their proposal on diskette in Microsoft Word/Excel format *in conjunction with* hard copy submittal. However, the hard copy submittal must be received prior to the submittal deadline and shall remain the official, governing version of the proposal for evaluation. Late submissions shall not be evaluated unless it is: (a) determined by The Bureau of Behavioral Health that the late receipt was due solely to mishandling by the State after receipt at 105 Pleasant Street (Main Bldg), Concord; or (b) the only proposal received.

E. **FORMATTING REQUIREMENTS:**

Font style……	12-pt. Times New Roman
Text justification…	Flush left
Margins……	1 inch all around
Headers & Footers.	Page numbers shall be centered at the bottom of the page. Footers may be used for numbering pages.

Note: Formatting requirements do not apply to required attachments such as By-Laws, Personnel Policies, etc.

D. **INQUIRIES BY PROSPECTIVE APPLICANTS:** All questions regarding this Request for Proposal shall be directed to:

The Bureau of Behavioral Health
Attn: Robin Raycraft-Flynn
105 Pleasant Street, Main Bldg.
State Office Park South
Concord NH 03301

Questions shall be directed to Robin Raycraft-Flynn in writing to the above address or by confirmed fax to (603) 271-5040 soon enough to allow a reply to reach all prospective applicants before submission of offers. Unless provided at the Pre-Proposal Conference, oral explanations or instructions given before grant award shall not be binding. Any information given to a prospective applicant concerning the solicitation shall be furnished promptly to all other prospective applicants as an amendment of the solicitation if that information is necessary in submitting offers or if the lack of it would be prejudicial to any other prospective applicants.

E. **ADDITIONAL REQUIREMENTS:**

1. **Reporting:** The successful applicant will be required to submit quarterly utilization and financial reports for each year of the contract period.

a) Quarterly financial reports shall include a corporate Balance Sheet, an Income Statement (Profit & Loss), and Budget-to-Actual Revenue and Expense report (Form A) in a format as required by BBH. Copies of the report format and instructions related to completion may be found in Attachment C.

b) Detailed quarterly statistical reporting requirements outlining contract implementation activities shall be developed by the successful applicant(s) and shall be approved by BBH.

2. **Payment for Services:** Payment for family mutual support services will be determined through the negotiation process with BBH and include a variety of factors, including but not limited to, the number of trainings, number of participants and length of trainings.

F. **PROPOSAL EVALUATION PROCESS:** Proposals must conform to all terms and conditions set forth in this RFP. Proposals that do not conform to all RFP requirements, in the sole judgment of The Bureau of Behavioral Health, may be considered non-responsive and excluded from evaluation.

1. **Evaluation Factors:** All responsible and responsive proposals received by the

submittal deadline shall be evaluated on the basis of the evaluation factors, as set forth below:

	FAMILY MUTUAL SUPPORT EVALUATION FACTORS	MAXIMUM POINTS
1.	Does the applicant provide a clear and coherent statement outlining the overall approach to be employed by the contractor to conduct the project?	10
2.	Is there a description of the applicant's organizational capabilities to deliver the services, including a brief description of their agency, a history of the agency's and/or personal experience in developing and implementing similar projects, a description of related experience, staff competencies including comprehensive resumes for all staff who will work on this project, capacity for financial management of the project, a description of the organizational governance, and the ability to meet state and federal requirements?	30
3.	Does the contractor provide a detailed plan of action including proposed strategies and activities to be carried out to provide the service outlined in Mission and Priorities section of this RFP, including how individual family-to-family mutual support services will be coordinated and accessed, with existing services for individuals with mental conditions and their families. Does it include any in-kind or other activities that will be occurring in conjunction with this project? Is an evaluation plan provided, including a description by which training and other services will be assessed through the contract year and tools to be used?	40
4.	Are the statistical pages completed correctly and goals are reasonable?	10
5.	Is Budget Form A completed on correct forms? Does it include expenses and revenues? Is the budget reasonable? Are expenses justified in the budget narrative? Is the Personnel Form B Form completed?	30
	MAXIMUM TOTAL POINTS	**120**

G. **AWARD:** Proposals may be evaluated and ranked by qualified external reviewers. BBH staff shall assess past performance. Subject to the availability of funds, an award shall be made to a responsible applicant whose proposal conforms to the requirements of the solicitation and has earned a score of at least 75 points. BBH reserves the right to:

1. Award an amount that differs from the amount proposed; and
2. Negotiate with any responsive and responsible applicant to determine specific terms of a grant agreement and budget including how to transition existing family-to-family mutual support services if needed.

H. **ACCOUNTABLE CARE:** The successful applicant will be required to participate in and cooperate fully with the implementation of contractual performance indicators. Specific Performance Domains will include, but not be limited to:

1. Fiscal;
2. Corporate Compliance;

3. Governance; and
4. Quality domains.

IV. APPLICATION ELEMENTS

A. **COVER LETTER (OPTIONAL):** All applicants may include a cover letter to develop more fully any of the information as requested by this RFP or to provide additional information relevant to the project that was not requested.

B. **TABLE OF CONTENTS:** The following Table of Contents lists required elements for the proposal.

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TABLE OF CONTENTS FOR PROPOSAL (IN THIS SEQUENCE AS REQUIRED FOR CONTRACTS)
1. General Provisions (form P-37) not dated or signed. Include: a. Name of Organization as registered with the Secretary of State's Office (box 1.3.) b. Applicant organization address (box 1.4.) c. Amount requested (box 1.8.) d. Name and Title of Contractor Signor (box 1.12.)
2. Certificate of Vote (not dated or signed)
3. Statement of Overall Approach to Conducting Project (included in proposal but not in contract)
4. Organizational Qualifications (History and Capacity)
5. Program Description
6. Scope of Services (one for each year of the contract period).
7. Statistical Reporting Pages (one for each year of the contract period).
8. Most Recent Audited Financial Statement (new applicants only, include explanation if organization is too new to have had an audit, but instead include most recent income statement and balance sheet)
9. By-Laws, dated, including Statement of Purpose and/or Mission
10. Executive Director Resume
11. Board of Director list (dated with officers designated and all addresses and telephone numbers)
12. Budget Form A (one for each year of the contract period).
13. Personnel Report Form B (one for each year of the contract period).
14. Budget Narrative (one for each year of the contract period).
15. Cultural Competence Initiative (one for each year of the contract period).
16. Copy of 501(c)(3) Designation
17. Copy of Current Policies, dated with the effective date, that include: **18.** Personnel Policies that include: a. Personnel Procurement Procedures b. Provisions for Reasonable Accommodation c. Employee Grievance Procedure, including process to investigate grievances d. Employee Performance Review Procedure e. Sexual Harassment Policy f. Benefits / Vacation / Holiday / Overtime g. Job Descriptions **19.** Accounting Policies and Procedures Manual that include: a. Cash Management Procedures b. Accounts Payable / Receivable Procedures c. Internal Control Procedures d. Expense Reimbursement / Advance Policy **20.** Volunteer Policies and Procedures that include: a. Procurement Procedures b. Service Agreements c. Service Termination Procedures
21. Certification that Board of Directors is at least 51% individuals who have had direct family or personal experience with the mental health system
22. Certificate of Insurance that includes the following coverage: a. Liability (2M in aggregate) b. Worker's Compensation c. Vehicle(s)
23. Letters of Support (new applicants only)

C. **STATEMENT OF OVERALL APPROACH TO CONDUCTING PROJECT:** Statement outlining applicant's interest and overall approach to be employed in the project.

D. **QUALIFICATIONS:** A description of the applicant's organizational capabilities to deliver the services, including a brief description of their agency, a history of their agency's and/or personal experience in developing and implementing similar projects, a description of related experience, comprehensive resumes for all staff who will work on this project, and capacity for financial management of project.

E. **SCOPE OF SERVICES:** A detailed plan of action including proposed strategies and activities to be carried out to provide the service outlined in Mission and Priorities section of this RFP. Include any in-kind or other activities that will be occurring in conjunction with this project. Provide an evaluation plan, including a description by which training and other services will be assessed through the contract year and tools to be used.

F. **STATISTICAL AND FINANCIAL FORMS:** All Statistical forms to be included with the proposal shall have the "header" information at the top of the page filled in completely. This information includes: official name of the agency (including trade name, if any) as registered with the Secretary of State's Office; fiscal period covered; name of the preparer; date of preparation and indicate the appropriate title; original budget or number of amended budget. Please code Cost Centers consistently on all Scope of Services pages, Statistical, Financial, and Personnel Form B reports. Whatever cost center # you use for one should be used for all.

G. **CORRECTIONS / REVISIONS:** Applicants who submit proposals with technical errors will have an opportunity to correct those errors. If you make corrections, they may be submitted by fax, but the original revised page is required to be submitted. When submitting revisions to the RFP, the Contract, and/or Statistical and Financial forms, please mark the page(s) as revised, date the revision, number the revision (01-06-02 Rev. 1 or 01-06-02 Rev. 2) and include a note outlining any and all changes along with the revised forms (particularly if the revision is a statistical or financial page(s) and only some pages have changed).

V. FINANCIAL PROPOSAL

A. BUDGET FORMS

1. **Budget Form A:** Using Budget Form A, Attachment C, provide a full 12-month operating budget, one for each year of the contract period, reflecting total revenues and expenses for the contract period.. Detailed instructions and definitions are found in Attachment C.

2. **Personnel Budget Form B:** Complete Personnel Budget Form B, found in Attachment D, to document your proposed staffing plan for each of the two (2) fiscal years of the contract period. Detailed instructions are also included in Attachment D.

3. **Budget Capital Expense Form C:** Complete Budget Capital Expense Form C, found in Attachment E. This form will provide detail upon which Budget Form A is based. Expenditures for real property or investments in excess of $10,000 or personal property in excess of $5,000 shall be reported on Budget Capital Expense Form C for each of the two (2) fiscal years of the contract period.

4. **Budget Narrative:** The Budget Narrative provides detailed information upon which Budget Form A is based. Please see the instructions for Budget Form A in Attachment C that includes instructions for the Budget Narrative. Also, see the Attachment F, which includes a Budget Narrative and instructions.

5. **Cultural Competence Initiatives:** Please complete according to instructions provided in Attachment F n for each of the two (2) fiscal years of the contract period.

VI. SAMPLE CONTRACT

Sample Exhibits A., B., and C. are included only as a general guide to the intended contract language and requirements, including applicable State and Federal provisions. The specific contract presented for negotiation or execution with the successful applicant may differ from this example as necessary to reflect specifics of the program or changes in applicable laws or regulations.

Attachment A: Scope of Services

FAMILY MUTUAL SUPPORTS: SCOPE OF SERVICES FY

Agency:

Fiscal Period: -

Date Prepared:

Prepared By:

	INDICATE IF PROPOSED	NUMERICAL GOALS	DESCRIPTION
INDIVIDUAL FAMILY-TO-FAMILY MUTUAL SUPPORT:			
1.			
2.			
3.			
4.			
STATEWIDE EDUCATION & TRAINING FOR FAMILY MUTUAL SUPPORT:			
1.			
2.			
3.			
4.			
FAMILY AND YOUTH LEADERSHIP DEVELOPMENT:			
1.			
2.			
3.			
4.			
PUBLIC EDUCATION:			
1.			
2.			
3.			
4.			

SUICIDE PREVENTION & INTERVENTION TRAINING (to whom, how often)			
1.			
2.			
3.			
4.			
POST-VENTION TRAINING (to whom, how often)			
1.			
2.			
3.			
4.			
SUSTAINMENT (TRAIN-THE-TRAINER) SUICIDE PREVENTION			
1.			
2.			
3.			
4.			
SUSTAINMENT (TRAIN-THE-TRAINER) POST-VENTION			
1.			
2.			
3.			
4.			
SUPPORTS TO SURVIVORS			
1.			
2.			
3.			
4.			

Attachment B: Statistical Forms

The Scope of Services may be used as Statistical pages.

Attachment C: Budget Form A and Instructions

In order to ensure uniformity in reporting, BBH is requesting that Budget Forms A & B cost centers are completed in identical order. Please see the attached sample of Budget Form A & B.

A. **Budget Form A - Summary of Revenues and Expenditures** - (line item financial report form)
This form will show all funding sources and expenditures of the agency allocated to programs funded by BBH.

1. **General Instructions:**

a) Round to the nearest dollar (no cents) and format with commas.

b) Make sure all Financials foot and cross foot. (Add correctly both across and down.)

c) Use only BBH designated line items.

d) All revenues and expenditures must be calculated on the cash method of accounting. In addition, quarterly reports submitted must be based on the following methods: Form A, cash; and Profit & Loss, accrual.

e) All program service fees should be reported at Net only.

f) The use of In-Kind Services shall be shown as an expense and revenue in equal amounts.

2. **Description of Budget Columns**

a) **Total Agency Revenues or Expenses:** This column represents the total budgeted revenues and/or expenses of the agency for all program activities, including all programs funded partially or fully by the BBH, as well as those not funded by the BBH and those related to general administration. The dollar amounts entered in this column shall equal the sum of columns Administration and Total Programs.

b) **Total Administration Revenues or Expenses:** Use of this column is mandatory for all contracts when the total budget exceeds $500,000 but is not required for smaller **contracts.** Include in this column all budgeted revenues and/or expenses representing all of the agency's administrative and general management activities to include:

1) **Executive Staff:** Persons responsible for overall agency management, fundraising, interaction/communication with Board of Directors, and overall financial management. This is not meant to include time Executive Directors spend managing programs versus managing the agency and reporting to the Board.

2) **Financial Management Staff:** Persons responsible for accounting, bookkeeping, payroll, and all agency total budget preparations, monitoring and reporting. Excluding accounts receivable staff which are to be allocated to programs based on amount of activity.

3) **Clerical, Typing, and Data Entry Staff:** Persons responsible for work related to above staff and functions.

4) **Occupancy, Supplies, Equipment, Staff Training** and other costs specifically related to the above staff and activities.

5) **Audit costs** are to be spread by generally accepted accounting principles.

c) **Total Administrative Expenses:** (line 89) will be allocated to individual programs by each program's Total Expenses (line 88) percentage to "total program expenses".

d) **Individual Programs:** Use one column to indicate revenues and/or expenditures for each program by location. In each column give the name of the program and the location. The actual number of columns used will vary with the number programs an agency operates.

e) **Budget Narrative:** (detailed explanation of each line item by program) see attached "Budget Narrative Guidelines")

B. Instructions for Completing Budget Form A – Line Items:

INSTRUCTIONS FOR COMPLETING BUDGET FORM A - LINE ITEMS

DEFINITIONS	BUDGET NARRATIVE	GUIDELINES
400 PROGRAM SERVICE FEES This is not to be used as a budget line; it is a heading. These fees pertain to 1st and 3rd party revenue for clinical mental health services. Net fees are to be used. Net is calculated by subtracting discounts, insurance adjustments, and anticipated bad debt from gross. This will be detailed in the budget narrative.		
401 CLIENT FEES This line item includes all anticipated revenues received directly from clients, their families, or their guardian. This excludes housing rent which is to be included in line 450 and program or service sales on line 421.	The budget narrative should indicate the estimated number of clients for whom fees will be collected, projected by program, including the gross client fees and the amount of the expected collection.	
402 HEALTH MAINTENANCE ORGANIZATIONS (HMOs) Such as Blue Choice, Matthew Thornton, Health Source and out-of-state HMOs.		
403 BLUE CROSS/BLUE SHIELD	The budget narrative should indicate the estimated number of clients who have coverage provided by one of the plans of Blue Cross/Blue Shield.	
404 MEDICAID Payment for services to eligible clients under the combined Federal/State program that pays regardless of age.	The budget narrative should indicate the estimated number of Medicaid clients.	
405 MEDICARE Payment for services under the Federal program, regardless of the state in which the client resides.	The budget narrative should indicate the estimated number of Medicare clients.	
406 OTHER INSURANCE Payment for services to clients who have health insurance coverage other than Blue Cross/Blue Shield.	The budget narrative should indicate the estimated number of clients who have other private insurance coverage.	
411 OTHER PROGRAM FEES This line item includes all other program fee revenue not included in the above categories. Includes out-of-state third-party sources (Medicaid and insurances). Includes revenues from contracts (such as with nursing homes and employers) if client cases are opened and service statistics kept. Please see line 422 for staff or consultative services for which cases are not opened. Includes capitation or fee-for-service contracts. Include community education fees here. This excludes housing rent which is to be included in line 450.	The budget narrative should include the source(s) and the NUMBER of clients.	
420 PROGRAM SALES This category includes all revenue generated in the following line items:		
421 PRODUCTION The item includes all income generated from direct sales of products or services in vocational or consumer-operated programs.	The budget narrative should indicate the basis for projections.	

DEFINITIONS	BUDGET NARRATIVE	GUIDELINES
422 SERVICE Agency provision of professional staff services or consultation by contract. Client cases are not opened.	The budget narrative should indicate the basis for projection.	
430 PUBLIC SUPPORT This category includes all the following sources of support.	All revenues in this category (431-435) shall be allocated based on donor restrictions.	All line items in this category should be equal to last year's levels unless specific justification/documentation is provided.
431 UNITED WAY All funds provided by United Way.	The budget narrative should indicate the United Way chapter(s) involved and the basis for projection and allocation.	
432 LOCAL/COUNTY GOVERNMENT Includes all funds provided by towns, cities, and/or counties.	The budget narrative should indicate the municipalities involved and the basis for projection and allocation.	
433 DONATIONS/CONTRIBUTIONS Income received from restricted or unrestricted contributions.	The budget narrative should indicate the basis for projection and allocation.	
435 OTHER PUBLIC SUPPORT Includes other public support not covered by ABOVE line items.	The budget narrative should indicate source(s) and basis for projection and allocation.	
436 DIVISION OF VOCATIONAL REHABILITATION Self-explanatory.		
437 OFFICE OF ALCOHOL &/DRUG ABUSE PREVENTION & RECOVERY Self-explanatory.		
438 DIVISION OF CHILDREN, YOUTH AND FAMILIES Self-explanatory.		
439 STATE EMERGENCY SHELTER GRANT Self-explanatory.		
440 FEDERAL FUNDING This category includes any federal grants received (NOT client fee subsidies).	The budget narrative should indicate the purpose(s) and amount(s) of any Federal grant(s).	
441 BLOCK GRANTS Income from Federal block grants.		Include on BBH (481) until final submittal. This amount shall be allocated to agencies by BBH when available.
442 COMMUNITY SUPPORT PROGRAM Revenue from the community support program grant.		Include on BBH (481) until final submittal. This amount shall be allocated to agencies by BBH when available.
443 CSP ANTICIPATED (AMENDMENT) Self-explanatory.		Include on BBH (481) until final submittal. This amount shall be allocated to agencies by BBH when available.
444 HUD Self-explanatory.		
445 OTHER FEDERAL GRANTS Any Federal grant not included above.		
446 PATH		
447 CARE NH Self-explanatory.		Include on BBH (481) until final submittal. This amount shall be allocated to agencies by BBH when available.
448 MHSIP Self-explanatory.		Include on BBH (481) until final submittal. This amount shall be allocated to agencies by BBH when available.

DEFINITIONS	BUDGET NARRATIVE	GUIDELINES
450 RENTAL INCOME This line item includes any income obtained as the result of property or equipment rental. This includes rent collected from clients for agency-operated housing.	The budget narrative should describe the property/equipment to be rented and the basis for projected revenue amount.	All rental income that cannot be identified to specific programs shall be included in general management. This includes income from rental of computer hardware and/or software, and time-sharing income. The narrative shall give a complete breakdown, the source(s), and how it is to be allocated.
460 INTEREST INCOME Includes all revenue generated from investment accounts or savings accounts.	The budget narrative should describe the source of interest and the basis for projection.	All interest earned shall be recorded under general management, unless the interest is restricted and allocated for a specific use or program.
470 IN KIND DONATIONS This line item should be equal to the value of in kind expense.	A budget narrative is required. This should explain how the value of in kind donations was calculated.	
480 BBH		
481 COMMUNITY MENTAL HEALTH All income generated from BBH for State mandated mental health services.		
482 COMMUNITY DEVELOPMENTAL SERVICES All income generated from BBH for State mandated developmental service programs.		
490 OTHER REVENUES This line item includes any revenues not reported in any of the above line items.	The source and basis for projection and allocation shall be explained in the budget narrative.	
491 BBH APPROVED CARRYOVER		
500 GM ALLOCATION GM allocation is based on the percentage of each program's revenue to the total program revenue. (Total program revenue equals total Agency revenue less GM revenue. These percentages are then applied to total GM revenue and allocated to the individual cost centers.)		
600 PERSONNEL COSTS This category includes all of the following personnel costs:	Completion of budget Form B - Personnel Report - will summarize the salaries	The BBH audit staff and Program Review Specialists shall review all personnel.
601 SALARIES AND WAGES This line item includes payment for full and part-time personnel services accrued in whatever form and whether paid immediately or deferred for services rendered by employees of the agency during the fiscal year. Premiums for overtime, extra pay shifts, on-call rotations, and multi-shift work should be included here.		
602 EMPLOYEE BENEFITS This line item includes all benefits paid to, or on behalf of employees, i.e. health and dental insurances, retirement plans, worker's compensation, unemployment insurance, and taxable benefits which are not attributable to other lines, etc.	The budget narrative must indicate the types of benefits provided and the method used for calculating the cost of each type of program.	Please note that we are asking that all autos for personal use (taxable) be included in this line item and detailed in the budget narrative.
603 PAYROLL TAXES This line item includes all employer payments made for Social Security and Medicare payroll taxes.	The budget narrative should reflect the calculation of costs by program.	

DEFINITIONS	BUDGET NARRATIVE	GUIDELINES
610 CLIENT WAGES This line item includes wages and salaries paid to clients for work-performed in agency-operated or affiliated work training programs or consumer operated peer supports. Any required payroll taxes should be included on line 603 and benefits on 602.	The budget narrative should reflect the method used to calculate client wages.	
620 PROFESSIONAL FEES AND CONSULTANTS This category includes the following costs:		
621 SUBSTITUTE STAFF Includes all temporary personnel costs associated with staffing coverage needed due to employee absenteeism and/or staff vacancies. This should be limited to externally contracted substitute or temporary staff. Overtime, relief shifts, and on-call rotations performed by agency employees should be on Form B and included on line 601.		
622 CLIENT EVALUATIONS AND TREATMENT SERVICES This line item includes all professional services purchased including comprehensive screening evaluations, physical exams, other types of evaluations, specialized client services, respite, etc. (This does not include the cost of any full or part-time staff, as reflected in the personnel budget, whose responsibilities include client evaluations.)	The budget narrative should explain how evaluations costs were arrived at, including the number of clients and types/costs of evaluations/services to be purchased.	
624 ACCOUNTING This would include check writing and payroll fees.	The budget narrative should explain the purpose and cost of accounting fees and spread to programs by GAO.	
625 AUDIT FEES This item includes the cost of accounting and auditing fees.	The budget narrative should explain the amount projected for audits spread cost by GAO.	
626 LEGAL FEES This line item includes all legal fee costs that the agency expects to incur as the result of contractual obligations to BBH.	The budget narrative should explain the purpose and cost of legal fees. The method of cost allocation to programs should be based upon direct costs.	
627 OTHER PROFESSIONAL FEES AND CONSULTANTS This line item includes any consultant and/or professional fees not covered by the line item above, such as program evaluations. Fees incurred for any type of staff development and/or training should be reflected in the appropriate staff development line item. This line should not be used for agency staff. See instructions regarding line 601 and Form B for overtime or on-call rotations.	The budget narrative should explain the purpose and cost of other fees anticipated. The method of cost allocation to the programs should be based upon direct cost, if possible, or number of clients.	
630 STAFF DEVELOPMENT AND TRAINING This category includes all staff development and training costs as follows:	The budget narrative should explain the purpose and method used to project costs for staff development and training line items. The method of cost allocation to programs should be based upon direct costs, if possible, or number of FTEs.	

DEFINITIONS	BUDGET NARRATIVE	GUIDELINES
631 PUBLICATIONS AND JOURNALS Includes all books, publications, and training materials purchased for staff development/training purposes.		
632 IN-SERVICES TRAINING CONSULTANTS Includes the cost of paying professionals to provide in-service training/consultation to any staff members.		
633 CONFERENCES AND CONVENTIONS This item includes expenses for attending any conferences, workshops, conventions, and meetings. Travel costs associated with these are to be reported here.		
634 OTHER STAFF DEVELOPMENT Includes any staff development costs not covered by the line items above (such as individual staff member's tuition).		
640 OCCUPANCY COSTS This category includes all costs as follows:	All occupancy costs (641-647) should be cost allocated to programs. The method of cost allocation should be based upon direct costs, if possible, or square footage. The budget narrative should provide a breakdown of interest and principal.	
641 RENT This item should reflect the cost of renting any facility utilized for agency.		
642 MORTGAGE PAYMENTS This item should reflect the interest and principal costs for any facility utilized for agency activities.		
643 HEATING COSTS This line item includes all heating costs, i.e. electricity, gas, or oil.		
644 OTHER UTILITIES This item includes all other utility costs, i.e. electricity, water, sewage, gas.		
645 MAINTENANCE AND REPAIRS This line item includes the costs of materials and supplies needed for routine maintenance and repairs and/or maintenance contracts (i.e. garbage removal and snowplowing).		
646 TAXES This line item includes tax payments and/or payments in lieu of taxes.		
647 OTHER OCCUPANCY COSTS This line item is for any other occupancy costs not covered by the line items listed above. (Renovation costs should be included in capital expenditures.)		
650 CONSUMABLE SUPPLIES This category includes all costs as follows:	All consumable supplies (651-654) should be cost allocated to programs. The method of allocation should be based on direct costs, if possible, or FTEs.	

DEFINITIONS	BUDGET NARRATIVE	GUIDELINES
651 OFFICE This item includes the cost of consumable materials used for office operations, such as paper, pens, notebooks, printed checks, photocopy supplies, etc.		
652 BUILDING/HOUSEHOLD This line item includes the cost of consumable supplies used for buildings and grounds as well as all household supplies (toilet paper, paper towels, cleaning supplies, etc.)		
653 REHABILITATION/TRAINING This line item includes the cost of materials used in client programs, such as paper, pens, paint brushes, personal grooming items, sets of practice materials, etc. Do not include materials to be used for production or subcontract work.		
654 PRODUCTION AND SALES Includes the cost of materials that are purchased for the purpose of making products that are sold or used in the performance of subcontract work.		
655 FOOD This line item includes the cost of raw or prepared food goods for client services.		
656 MEDICAL This line item includes all medicines, drugs, and first aid supplies.		
657 OTHER CONSUMABLE SUPPLIES This is an optional line that agencies may use to track some consumable supplies separately. Examples: computer supplies, laundry, etc.		
660 CAPITAL EXPENDITURES Capital expenditures are defined as expenditures for all items having a useful life of more than one year.	The Capital Expenditure Report - Budget Form C will provide backup for this line item. If direct cost allocation is not possible, FTEs should be used.	Expenditures for real property or investments in excess of $10,000 or personal property in excess of $5,000 shall be reported on Budget Form C.
665 DEPRECIATION Form A depreciation line represents the cost of capitalized items currently being depreciated. This amount needs to be put in a separate savings account to be used only for the replacement of capitalized items.		
670 EQUIPMENT RENTAL This line item includes the cost of renting equipment, i.e. typewriters, etc. (Postage meters should be included in Account #730-postage.)	The budget narrative should indicate the type and purpose of rented equipment. If direct allocation is not possible, FTEs should be used.	
680 EQUIPMENT MAINTENANCE This line item includes the cost of equipment service maintenance contracts.		
700 ADVERTISING This line item reflects costs for advertising, including personnel vacancies, specialized home care recruitment, public hearing notices, etc.	The budget narrative should indicate the basis for projected advertising costs. If direct cost allocation is not possible, FTE should be used.	

DEFINITIONS	BUDGET NARRATIVE	GUIDELINES
710 PRINTING This line item includes the cost of printing, photography, art work, proofs, leaflets, brochures, etc.	The budget narrative should indicate the basis for projected printing costs. If direct cost allocation is not possible, FTE should be used.	
720 TELEPHONE/COMMUNICATIONS This line item includes costs related to telephones, telegraph, mailgrams, and other communications expenses such as internet and we-hosting fees.	The budget narrative should indicate the type of telephone system(s), number of instruments, number of WATTS lines and cost, and whether phones are leased or owned. The method of allocation should be based on direct cost whenever possible.	
730 POSTAGE/SHIPPING This line item includes costs related to postage stamps, trucking, and delivery.	The budget narrative should identify costs related to postage meters, if applicable. The method of allocation should be based upon direct costs whenever possible.	
740 TRANSPORTATION This category includes costs as follows:		
741 BOARD MEMBERS This line item includes all expenses for travel and transportation of board members, such as mileage reimbursement, rental of vehicles, hotels, meals, etc.		
742 STAFF This line item includes all expenses for travel and transportation of agency staff, such as mileage reimbursement, rental of vehicles, hotels, meals, etc. This includes travel related to administration as well as client transportation in private vehicles.		
743 CLIENTS This line item includes all expenses for transportation of clients, with the exception of drivers who should be shown in the personnel budget. Allowable costs include vehicle lease/loan payments, operating and maintenance expenses and registration. Staff reimbursement for client travel is to be on line 742 above.		
744 DELIVERY OF PRODUCTS This line item includes all expenses for the delivery of products as the result of contracts or direct sales activities.		This should be considered a production and sales expense that is offset by production and sales revenue.
750 ASSISTANCE TO INDIVIDUALS This category includes all costs as follows:	The method of allocation for lines 751-752 is based upon direct costs.	
751 CLIENT SERVICES Include the cost of special funds for providing assistance to clients for the purchase of services or goods when no other funding source is available.		
752 CLOTHING This line item includes the costs for client clothing and personal items (hair dryers, razors, etc.) in community residences only. This fund should be used only when no other resources are available.		

DEFINITIONS	BUDGET NARRATIVE	GUIDELINES
760 INSURANCE This category includes all costs as follows:	The budget narrative should indicate the number and types of employees covered and the limits of coverage. The method of allocation will be based upon direct costs.	
761 MALPRACTICE AND BONDING This line item includes all payments made to meet BBH contractual obligations for malpractice and bonding.		
762 VEHICLES This line item should reflect all vehicle insurance costs.	Include the number of vehicles covered, the type of coverage, and the limitations thereof. The method of allocation will be based on mileage per program.	
763 COMPREHENSIVE PROPERTY AND LIABILITY This line item should reflect all comprehensive property and liability costs.	Indicate the types and limitations of coverage. The method of allocation should be based on direct cost. Allocations may be based on square footage or FTE where square footage cannot be determined.	
770 MEMBERSHIP DUES	Identify the specific agency memberships. The method of allocation should be based on direct costs of FTEs.	
800 OTHER EXPENDITURES This line item should reflect any costs that are not included in any of the above line items.	Describe any other expenses and the basis for projected costs in detail.	
801 INTEREST EXPENSE	This is for interest expense on lines of credit, mortgage interest (if booking depreciation and not the mortgage payments), and other interest.	
802 IN-KIND EXPENSE Should equal in-kind revenue.		
900 ADMINISTRATIVE ALLOCATION GM allocation is based on the percentage of each program's expense to the total program expense. (Total program expense equals total agency expense less GM expense. These percentages are then applied to the total GM expense and then allocated to the individual cost centers.)		

	Region: Agency: Program: FISCAL PERIOD: FY Contract	Total Agency	Total Administration	Individual Family To Family Mutual Support 111a	Statewide Education & Training for Family Support 211a	Family & Youth Leadership & Development 311a	Public Education 411a	Other Non-BBH 111f
400	**PROG. SERV. FEES**							
401	Net client fees	0	0	0	0	0	0	0
402	HMO's	0	0	0	0	0	0	0
403	BC/BS	0	0	0	0	0	0	0
404	Medicaid	0	0	0	0	0	0	0
405	Medicare	0	0	0	0	0	0	0
406	Other insurance	0	0	0	0	0	0	0
411	Other program fees	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0
420	**PROG. SALES**							
421	Production	0	0	0	0	0	0	0
422	Service	0	0	0	0	0	0	0
430	**PUBLIC SUPPORT**							
431	United Way	0	0	0	0	0	0	0
432	Local/County Government	0	0	0	0	0	0	0
433	Donations/Contributions	0	0	0	0	0	0	0
435	Other public support	0	0	0	0	0	0	0
436	DVR	0	0	0	0	0	0	0
437	Div. Alc/Drug Abuse Prev & Recovery	0	0	0	0	0	0	0
438	DCYF	0	0	0	0	0	0	0
439	State Emergency Shelter Grant	0	0	0	0	0	0	0
440	**FEDERAL FUNDING**							
441	Block Grants	0	0	0	0	0	0	0
442	Community Support Prog	0	0	0	0	0	0	0
443	CSP Anticipated (amendment)	0	0	0	0	0	0	0
444	HUD	0	0	0	0	0	0	0
445	Other federal grants	0	0	0	0	0	0	0
446	PATH	0	0	0	0	0	0	0
447	CARE NH	0	0	0	0	0	0	0
448	MHSIP	0	0	0	0	0	0	0
450	RENTAL INCOME	0	0	0	0	0	0	0
460	INTEREST INCOME	0	0	0	0	0	0	0
470	IN-KIND DONATIONS	0	0	0	0	0	0	0
480	**BBH**							
481	Community Mental Health	0	0	0	0	0	0	0
482	Community Developmental Services	0	0	0	0	0	0	0
490	OTHER REVENUES	0	0	0	0	0	0	0
491	Other BBH (carry over)	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0
500	GM Allocation	0	0	0	0	0	0	0
	TOTAL PROGRAM REVENUES	0	0	0	0	0	0	0

Region: Agency: Program: FISCAL PERIOD: FY Contract		Total Agency	Total Administration	Individual Family To Family Mutual Support 111a	Statewide Education & Training for Family Support 211a	Family & Youth Leadership & Development 311a	Public Education 411a	Other Non-BBH 111f
600	**PERSONNEL COSTS**							
601	Salary & Wages	0	0	0	0	0	0	0
602	Employee Benefits	0	0	0	0	0	0	0
603	Payroll taxes	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0
610	Client Wages	0	0	0	0	0	0	0
620	**PROFESSIONAL FEES**	0	0	0	0	0	0	0
621	Substitute Staff	0	0	0	0	0	0	0
622	Client Evaluations/Services	0	0	0	0	0	0	0
624	Accounting							
625	Audit Fees	0	0	0	0	0	0	0
626	Legal Fees	0	0	0	0	0	0	0
627	Other Professional Fees/Consult							
630	**STAFF DEV & TRNG.**	0	0	0	0	0	0	0
631	Journals & Publications	0	0	0	0	0	0	0
632	In-Service Training	0	0	0	0	0	0	0
633	Conferences & Conventions	0	0	0	0	0	0	0
634	Other Staff Development	0	0	0	0	0	0	0
640	**OCCUPANCY COSTS**	0	0	0	0	0	0	0
641	Rent	0	0	0	0	0	0	0
642	Mortgage Payments	0	0	0	0	0	0	0
643	Heating Costs							
644	Other Utilities	0	0	0	0	0	0	0
645	Maintenance & Repairs	0	0	0	0	0	0	0
646	Taxes	0	0	0	0	0	0	0
647	Other Occupancy Costs	0	0	0	0	0	0	0
650	**CONSUMABLE SUPPLIES**	0	0	0	0	0	0	0
651	Office	0	0	0	0	0	0	0
652	Building/Household	0	0	0	0	0	0	0
653	Educational/Training	0	0	0	0	0	0	0
654	Production & Sales	0	0	0	0	0	0	0
655	Food	0	0	0	0	0	0	0
656	Medical	0	0	0	0	0	0	0
657	Other Consumable Supplies							
660	CAPITAL EXPENDITURES	0	0	0	0	0	0	0
665	DEPRECIATION	0	0	0	0	0	0	0
670	EQUIPMENT RENTAL	0	0	0	0	0	0	0
680	EQUIPMENT MAINTENANCE	0	0	0	0	0	0	0
	Subtotal page	0	0	0	0	0	0	0

Region: Agency: Program: FISCAL PERIOD: FY Contract	Total Agency	Total Administration	Individual Family To Family Mutual Support 111a	Statewide Education & Training for Family Support 211a	Family & Youth Leadership & Development 311a	Public Education 411a	Other Non-BBH 111f
Total Carried Forward	0						
700 ADVERTISING	0	0	0	0	0	0	0
710 PRINTING	0	0	0	0	0	0	0
720 TELEPHONE/COMMUNICATIONS	0	0	0	0	0	0	0
730 POSTAGE/SHIPPING	0	0	0	0	0	0	0
740 TRANSPORTATION	0	0	0	0	0	0	0
741 Board Members	0	0	0	0	0	0	0
742 Staff	0	0	0	0	0	0	0
743 Clients	0	0	0	0	0	0	0
744 Delivery Products							
750 ASSIST.TO INDIVIDUALS	0	0	0	0	0	0	0
751 Client Services	0	0	0	0	0	0	0
752 Clothing							
760 INSURANCE	0	0	0	0	0	0	0
761 Malpractice & Bonding	0	0	0	0	0	0	0
762 Vehicles	0	0	0	0	0	0	0
763 Comprehensive Property & Liability	0	0	0	0	0	0	0
770 MEMBERSHIP DUES	0	0	0	0	0	0	0
800 OTHER EXPENDITURES	0	0	0	0	0	0	0
801 INTEREST EXPENSE	0	0	0	0	0	0	0
802 IN-KIND EXPENSE	0	0	0	0	0	0	0
TOTAL EXPENSES							
900 ADMINISTRATIVE ALLOCATION	0	0	0	0	0	0	0
TOTAL PROGRAM EXPENSES	0	0	0	0	0	0	
SURPLUS / (DEFICIT) Total Revenue – Total Expenses (line 49-116)	0	0	0	0	0	0	

Attachment D: Budget Form B Personnel Form

Budget Form B Personnel

Agency:

Fiscal Period:

Date Prepared:

Prepared By:

	Employee Name	Position	Pos. Code	Status	Years	Degree Code	HOURS per WEEK	HOURLY RATE	WEEKLY SALARY	ANNUAL SALARY	PAYROLL TAXES SOCIAL SECURITY 6.20%	PAYROLL TAXES MEDICARE 1.45%	WORKER'S COMP
1							0.00	0.00	0.00	0.00	0.00	0.00	0.00
2							0.00	0.00	0.00	0.00	0.00	0.00	0.00
3							0.00	0.00	0.00	0.00	0.00	0.00	0.00
4							0.00	0.00	0.00	0.00	0.00	0.00	0.00
5							0.00	0.00	0.00	0.00	0.00	0.00	0.00
6							0.00	0.00	0.00	0.00	0.00	0.00	0.00
7							0.00	0.00	0.00	0.00	0.00	0.00	0.00
8							0.00	0.00	0.00	0.00	0.00	0.00	0.00
9							0.00	0.00	0.00	0.00	0.00	0.00	0.00
10							0.00	0.00	0.00	0.00	0.00	0.00	0.00
11							0.00	0.00	0.00	0.00	0.00	0.00	0.00
12							0.00	0.00	0.00	0.00	0.00	0.00	0.00
13							0.00	0.00	0.00	0.00	0.00	0.00	0.00
14							0.00	0.00	0.00	0.00	0.00	0.00	0.00
15							0.00	0.00	0.00	0.00	0.00	0.00	0.00
16							0.00	0.00	0.00	0.00	0.00	0.00	0.00
17							0.00	0.00	0.00	0.00	0.00	0.00	0.00
18							0.00	0.00	0.00	0.00	0.00	0.00	0.00
19							0.00	0.00	0.00	0.00	0.00	0.00	0.00
20							0.00	0.00	0.00	0.00	0.00	0.00	0.00
21							0.00	0.00	0.00	0.00	0.00	0.00	0.00
22							0.00	0.00	0.00	0.00	0.00	0.00	0.00
23							0.00	0.00	0.00	0.00	0.00	0.00	0.00
24							0.00	0.00	0.00	0.00	0.00	0.00	0.00
25							0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TOTALS						0.00		0.00	0.00	0.00	0.00	0.00

Budget Form B Personnel

Agency: _____ Date Prepared: _____

Fiscal Period: _____ Prepared By: _____

UNEMPLOY-MENT INSURANCE	HEALTH Insurance	DENTAL Insurance	Long Term Disability Insurance	Short Term Disability Insurance	Employee Life Insurance	Employer 403B Contribution	Other Employee Benefits	TOTAL EMPLOYEE Benefits	TOTAL FTE
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total Agency Salaries		Total Administration		Individual Family To Family Mutual Support		Statewide Education & Training for Family Support		Family & Youth Leadership Development		Public Education		Other Non-DBA	
FTE		FTE		FTE	111a	FTE	211a	FTE	311a	FTE	411a	FTE	111f
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0	0.00	0	0.00	0	0	0	0.00	0	0.00	0	0.00	0
**Crossfoot ---> **	**0**												
Difference ---> (should be 0)	**0.00**												
**% of Payroll ---> **	**0.00%**								**0.00**	**0.00000%**		**0.00000%**	
**Payroll Taxes ---> **	**0.00**									**0.00**		**0.00**	
**Benefits ---> **	**0.00**	**0.00**		**0.00**		**0.00**					**0.00**		**0.00**
Total Taxes & Benefits --		**0.00**											
Total Salary, Taxes, and Benefits	**0.00**												
0.00													
0.00													
0.00													

Budget Form B Personnel Form - Instructions for Completing

1. **Field:** Below are the instructions for completing each field within the Personnel Form. Where codes are required, **use only one code** in a field.

INSTRUCTIONS FOR COMPLETING FIELDS WITHIN PERSONNEL FORM B		
FIELD	**LOCATION**	**INSTRUCTIONS**
Agency	Top - Left	Name of Agency
Fiscal Period	Top - Left	October 1, 2007 thru June 30, 2008
Page Numbers	Top - Right	If more than one page
Date Prepared	Top - Right	Enter date prepared
Prepared by:	Top -Right	Enter name of staff completing the Personnel Form.
Line Number	Column 1	Enter sequential line numbers for each position.
Name	Column 2	Enter name of person holding the position if it is not vacant.
Position Title	Column 3	Enter the Title of the Position held by this person.
Position Classification Code	Column 4	Enter only one Position/ Classification Code that best describes the responsibilities of the person in this position from the attached code sheet.
Status	Column 5	Enter code signifying whether position is new during this past year, vacant, filled, or proposed for the next contract cycle.
Years with Agency	Column 6	Enter the number of years this individual has been employed in any capacity by this Agency.
Degree Code	Column 7	Enter only one Degree Code that best describes the degree obtained for the person holding the position from the attached code sheet.
Hours per Week	Column 8	Enter the total number of hours per week the person will work within the agency. (All reporting centers, including administration)
Hourly Rate	Column 9	Enter the hourly rate for this person, even if the person is to be paid a salary the hourly rate should be entered here.
Weekly Salary	Column 10	Enter the total weekly salary for this person. (Hours per week multiplied by hourly rate)
Annual Salary	Column 11	Enter the total annual salary amount for this person. (Weekly salary multiplied by the number of pay periods in the year)
Social Security Tax	Column 12	Enter the total annual Social Security Tax (employer's portion only) for this person. (Annual salary multiplied by 6.2%)
Medicare Tax	Column 13	Enter the total annual Medicare Tax (Employer's portion only) for this person. (Annual salary multiplied by 1.45%)
Worker's Compensation	Column 14	Enter the amount of Worker's Compensation premium attributable to this person.
Unemployment Insurance	Column 15	Enter the total amount of Unemployment Insurance attributable to this person.

FIELD	LOCATION	INSTRUCTIONS
Health Insurance	Column 16	Enter the agency's total annual cost of Health Insurance premiums paid to or on behalf of this person. (This amount should include premiums attributable to other individuals, i.e., family plans, dependents, etc.)
Dental Insurance	Column 17	Enter the agency's total annual cost of Dental Insurance premiums paid to or on behalf of this person. (This amount should include premiums attributable to other individuals, i.e., family plans, dependents, etc.)
Long Term Disability Insurance	Column 18	Enter the agency's total annual cost of Long-Term Disability Insurance premiums paid to or on behalf of this person.
Short Term Disability Insurance	Column 19	Enter the agency's total annual cost of Short-Term Disability Insurance premiums paid to or on behalf of this person.
Employee Life Insurance	Column 20	Enter the agency's total annual cost of Employee Life Insurance premiums paid to or on behalf of this person.
Employer 403b Contribution	Column 21	Enter the total annual amount of Employer Contributions, regular and/or discretionary, paid to a qualified 403b or other Tax Sheltered Annuity.
Other Employee Benefits	Column 22	Enter the agency's total annual cost of other "cash" benefits paid to or on behalf of this person. This would include any benefit not previously shown. Do not include non-cash benefits such as earned time, vacation pay, holidays, etc. "Other Employee Benefit" shall be described as to the type and cost in the Form A Budget Narrative under Line Item 602.
Total Employee Benefits	Column 23	Total column 14, Worker's Compensation through column 22, "Other Employee Benefits" for each person. This amount equals the agency's total cost of benefits paid to or on behalf of this person.
Total FTE	Column 24	Enter the total FTE, Full time equivalent, for this person. (All reporting centers, including administration)
Total Agency Salaries	Column 25	Enter the full time equivalent each person works within the Administrative reporting center.
Total Administration Salaries	Column 26	Enter the total salary for work within the Administration reporting center.
Technical Assistance (and all other Programs) FTE	All other FTE Columns	Enter the full time equivalent the staff works within each program. When a program or reporting center operates in more than one location, and each is to appear discretely, enter the first instance in the reporting center beginning with a "1", the second with the reporting center "2" and so on, depending on the number of sites. For example, if 3 community residence programs are in operation and are to appear separately, the first is reporting center #122, the second #222, and the third #322.
Technical Assistance (and all other Programs) Salary	All other Salary Columns	Enter the salary for work within each program. When a program or reporting center operates in more than 1 location, and each is to appear discretely, enter the first instance in the reporting center beginning with a "1", the second with the reporting center "2" and so on, depending on the number of sites. For example, if 3 community residence programs are in operation and are to appear separately, the first is reporting center #122, the second #222, and the third #322.
Total	Last Line	Total salary and FTE for all programs and all lines.

2. Codes for Personnel Form B

CODES FOR PERSONNEL FORM B		
CODE	**DEGREE**	
GED		
HSD	High School Diploma	
ND	Nursing Diploma	
A	Associates Degree	
B	Bachelor Of Arts Or Science	
M	Masters	Including M.Ed., MSW, MS Etc.
MD	Doctor	Including DO
D	Doctorate	Including Psy.D., Sc.D., JD, D.Min. and Ed.D. Etc.
CAGS	Certificate Of Advanced Graduate Studies	
N	None	
U	Unknown	

POSITION CLASSIFICATION		
CODE	**POSITION**	
EXDIR	Executive Director / CEO	Has overall authority and responsibility for agency operation. Insures that the agency is responsive to the needs of the service area. Reports to the board of directors.
DPDIR	Deputy Director	Performs duties as assigned by the Executive Director in the overall administration of agency services. Performs duties of the Executive Director in his/her absence.
PDIR	Program Director	Responsible for the management and direction of program services for the agency. Directly supervises staff. Responsible for the overall operation of the programs.
RESP	Respite Staff	Provides service to children and families for preventative, proactive symptom management.
ACMGR	Accounting Manager	Manage daily operations in accounting and receivable.
DP	Data Processing Staff	System analysts, programmers, computer operators, and network administrator.
ADDIR	Administrative Services Director	Oversees financial operations of the agency.
OFMGR	Office Manager	Manage general administrative tasks and supervision of clerical staff.
EXSEC	Executive Secretary	Provides administrative/secretarial support to the Chief Executive Office (Executive Director) and executive office.
ADMIN	Administrative Support Staff	Performs a wide range of administrative and/or clerical duties to support the administrative and clinical services of assigned departments.
RECEP	Receptionist / Switchboard Operator	Receives and directs incoming calls and visitors.

CODE	POSITION	
MAINT	Maintenance Staff	Maintains buildings and grounds.
JANIT	Janitor/Housekeeper	Cleans rooms and furnishings.
COOK	Cook	Prepares meals
DRIVR	Driver	Provides transportation for consumers and may include courier services.
O	Other	
N	New	Position added during the current contract year and filled.
V	Vacant	Vacant position at this time, but approved in current contract.
F	Filled	Position currently filled.
P	Proposed	Proposed position for the upcoming fiscal year.

Attachment E: Budget Form C: Capital Expenditure Report Form

The Capital Expenditure Report Form and a Budget Narrative will provide the budget detail upon which Budget Form A is based. Information should be carefully reviewed to insure it is accurate and consistent on all forms. Expenditures for real property or investments in excess of $10,000 or personal property in excess of $5,000 shall be reported on Budget Form C.

BUDGET FORM C

CAPITAL EXPENDITURE REPORT

AGENCY _____ PREPARED BY _____ **A** = Acquisition

FISCAL YEAR _____ DATE PREPARED _____ **R** = Rehabilitation

PROGRAM	ITEM	NUMBER	COST PER ITEM	TOTAL COST	REQUEST	A	R
Grand Total				-	-		

Attachment F: Budget Narrative and Instructions for Completing

The Budget Narrative is intended to provide a detailed explanation for each line item by program. The Bureau of Behavioral Health has provided a Budget Narrative form created in excel that is to be used when completing the agency's Budget Narrative. Please see the instructions below.

Each line item on the Budget Form A is included on the Budget Narrative Form. The Budget Narrative form is linked to the Budget Form A, so you will not need to enter any numbers for line items. All numbers that you have entered on Budget Form A are automatically entered on the Budget Narrative form. You will have to use numbers in your detailed explanation regarding how you calculated the cost. See examples below.

Revenue Lines 400 through 481: All sources of revenue need to be included whether or not the revenues are received from the Bureau of Behavioral Health. Please see the following examples of revenue source budget narrative requirements.

Line 411, Other Program Fees: Include the source(s) of this revenue and the basis for the projection.

Line 421, Production/Line 422, Service: Include the source of the revenue and the basis for the projection.

Line 433, Donations/Contributions: Include the source(s) and basis for projection(s).

Line 441, Block Grant: Amount allocated per BBH.

Line 450, Rental Income: Include the property rented and the basis for the projected revenue.

Example: Two 2nd floor apartments at 600/month = 12 X 600 x 2 X 90% = 12,960

Line 460, Interest Income: Include a description of the source of interest and detail the basis for the projection.

Line 490, Other Revenues: Include the source and detail the basis for projection.

Example: Revenues received from Bingo projected on the basis of 2 Bingo events/month = 2 X $1,250/month X 12 months = $30,000/year.

Expense Lines 601-900: Please see the following examples of expense line budget narrative requirements.

Line 601, Salaries and Wages: Completion of Budget (Personnel) Form B summarizes salaries. Provide detail related to pay raises and FTE increases.

Example: See Personnel Form B. Also note salary increases and addition of one (1) FTE as follows:

Executive Director = $3,000 ($30,000 to $33,000)
Two (2) Program Directors = $2,000 ($24,000 to $26,000)
Total Cost of Pay Increases = .$8,300
Increased Staff = One (1) FTE = $16,640
Pay Increases and One (1) FTE = $24,940)

Line 602, Employee Benefits: Detail the types of benefits and the methods used to calculate the cost of each benefit.

Example: Total Benefits = $20,194
Health Insurance for three (3) FT employees; $1,300/month X 12 = $15,600. (This projection includes a 10% increase).
Dental Insurance for three (3) FT Employees; $135/month X 12= $1620. (This projection includes a 10% increase).
Worker's Compensation for all employees. See Personnel Form B.
Unemployment Insurance for all employees. See Personnel Form B.

Line 603, Payroll Taxes: See calculations on Personnel Form B.

Line 624, Accounting: Explain the purpose and amount of accounting fees.

Example: Accounting = $3,000
Agency bookkeeper fees for payroll, bookkeeping, tax preparation and filing, financial reporting = $250/month X 12 = $3,000

Line 625, Audit Fees: Explain the amount of audit fees projected and the basis for the projection.

Line 633, Conferences and Conventions: Include expenses for attending conferences, workshops, and conventions. Travel costs associated with these are included here.

Line 634, Other Staff Development: Include detail related to the specific staff development activities not included above.

Line 641, Rent: Include detail related to the rental cost of each space.

Example: Rent for 2 sites = $36,000
Concord, 24 Allen Street= $2,000/month X 12 = $24,000
Franklin, 34 Elkins Street = $1,000/month X 12 = $12,000

Line 642, Mortgage: Include a breakdown of interest and principle.

Example: Mortgage for 8 Dover Rd. = $12,000/year = $1,000/month = $700/month principle, $300/month interest.

Line 643, Heating: Include detail related to the heating costs.

Example: Electric Heat; $500/month X 12 = $6,000

Line 644, Other Utilities: Include how the cost was calculated for all utilities other than heat.

Example: Total = $1,800 (All cost projected from FY06 actual)
Gas for Stove= $25/month x 12 = $300
Electricity= $75/month X 12 = $900
Water = $50/month X 12 = $600

Line 645, Maintenance and Repairs: Detail the costs included in your budget on this line such as costs of materials and supplies needed for routine maintenance and repairs and/or maintenance contracts.

Example: Total = $3,004.
Routine Maintenance and Repairs = $2,000
Garbage Removal Contract = $42/month x 12 = $504
Snowplowing Contract = $25/storm X 20 = $500

Line 646, Taxes: Include an explanation related to whether or not the expense is for taxes or a payment in lieu of taxes. If you are just taxed on rental apartments please state this.

Line 647, Other Occupancy Costs: Include detail related to the projected costs not included in the above lines.

Lines 651-657, Consumable Supplies: These lines need to include detail related to how the cost was calculated.

Example: Food = $60/week X 52 = $3120. Members prepare one meal per week. Agency uses Food Bank to cut costs.

Line 660, Capital Expenses: Include each item to be purchased.

Line 665, Depreciation: Include what is being depreciated and how the cost was calculated. Please note that Budget Form A depreciation expenses need to be placed in a separate savings account only to be used for replacement of the item(s) capitalized.

Line 670, Equipment Rental: Include the type and purpose of the equipment rented as well as cost.

Line 680, Equipment Maintenance: Include the cost of each service maintenance contract and frequency of maintenance.

Line 700, Advertising: Include the basis for the projected costs.

Line 710, Printing: Include the basis for the projected costs.

Line 720, Telephone/ Communications: Include the type of telephone system, whether or not phones are leased or owned, etc. as well as the detailing other communication cost such as internet access.

Line 730, Postage: Include all postage costs including postage meters.

Lines 741-743, Transportation: Include how the cost of each transportation line was calculated i.e. projected miles, cost per mile, van maintenance costs, etc.

Line 751-752, Assistance to Individuals: Include detail related to what costs are included and how they were calculated.

Line 761, Malpractice and Bonding: Include detail related to the agency's policy.

Line 762, Vehicle Insurance: Include the number of vehicles covered, the type of coverage, and the limitations of coverage.

Line 763, Comprehensive Property and Liability: Include the types and limitations of coverage.

Line 770, membership Dues: Identify the specific agency memberships and cost of each membership.

Line 800, Other Expenditures: Describe any other expenses and detail the basis for the projected costs.

Line 801, Interest Expense: List each interest expense and the basis for projected cost.

BUDGET NARRATIVE
Region:
Program:
FY RFP
FISCAL PERIOD:

		Total Agency	Total Administration	Individual Family To Family Mutual Support 111a	Statewide Education & Training for Family Support 211b	Family & Youth Leadership & Development 311c	Public Education 411a	Other Non-BBH 111a
400	**PROG. SERV. FEES**							
401	Net client fees	0	0	0	0	0	0	0
402	HMO's	0	0	0	0	0	0	0
403	BC/BS	0	0	0	0	0	0	0
404	Medicaid	0	0	0	0	0	0	0
405	Medicare	0	0	0	0	0	0	0
406	Other insurance	0	0	0	0	0	0	0
411	Other program fees	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0
420	**PROG. SALES**							
421	Production	0	0	0	0	0	0	0
422	Service	0	0	0	0	0	0	0
430	**PUBLIC SUPPORT**							
431	United Way	0	0	0	0	0	0	0
432	Local/County Government	0	0	0	0	0	0	0
433	Donations/Contributions	0	0	0	0	0	0	0
435	Other public support	0	0	0	0	0	0	0
436	DVR	0	0	0	0	0	0	0
437	Div. Alc/Drug Abuse Prev & Recovery	0	0	0	0	0	0	0
438	DCYF	0	0	0	0	0	0	0
439	State Emergency Shelter Grant	0	0	0	0	0	0	0
440	**FEDERAL FUNDING**							
441	Block Grants	0	0	0	0	0	0	0
442	Community Support Prog	0	0	0	0	0	0	0
443	CSP Anticipated (amendment)	0	0	0	0	0	0	0
444	HUD	0	0	0	0	0	0	0
445	Other federal grants	0	0	0	0	0	0	0
446	PATH	0	0	0	0	0	0	0
447	CARE NH	0	0	0	0	0	0	0

BUDGET NARRATIVE
Region:
Program:
FY RFP
FISCAL PERIOD:

		Total Agency	Total Administration	Individual Family To Family Mutual Support 111a	Statewide Education & Training for Family Support 211b	Family & Youth Leadership & Development 311c	Public Education 411a	Other Non-BBH 111a
448	MHSIP	0	0	0	0	0	0	0
450	RENTAL INCOME	0	0	0	0	0	0	0
460	INTEREST INCOME	0	0	0	0	0	0	0
470	IN-KIND DONATIONS	0	0	0	0	0	0	0
480	**BBH**							
481	Community Mental Health	0	0	0	0	0	0	0
482	Community Developmental Services	0	0	0	0	0	0	0
490	OTHER REVENUES	0	0	0	0	0	0	0
491	Other BBH (carry over)	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0
500	GM Allocation	0						
TOTAL PROGRAM REVENUES		0	0	0	0	0		0

BUDGET NARRATIVE
Region:
Program:
FY RFP
FISCAL PERIOD:

		Total Agency	Total Administration	Individual Family To Family Mutual Support 111a	Statewide Education & Training for Family Support 211b	Family & Youth Leadership & Development 311c	Public Education 411a	Other Non-BBH 111a
653	Educational/Training	0	0	0	0	0	0	0
654	Production & Sales	0	0	0	0	0	0	0
655	Food	0	0	0	0	0	0	0
656	Medical	0	0	0	0	0	0	0
657	Other Consumable Supplies	0	0	0	0	0	0	0
660	CAPITAL EXPENDITURES	0	0	0	0	0	0	0
665	DEPRECIATION	0	0	0	0	0	0	0
670	EQUIPMENT RENTAL	0	0	0	0	0	0	0
680	EQUIPMENT MAINTENANCE	0	0	0	0	0	0	0
	Subtotal page	0	0	0	0	0	0	0

BUDGET NARRATIVE
Region:
Program:
FY RFP
FISCAL PERIOD:

		Total Agency	Total Administration	Individual Family To Family Mutual Support 111a	Statewide Education & Training for Family Support 211b	Family & Youth Leadership & Development 311c	Public Education 411a	Other Non-BBH 111a
Total Carried Forward		0	0	0	0	0	0	0
700	ADVERTISING	0	0	0	0	0	0	0
710	PRINTING	0	0	0	0	0	0	0
720	TELEPHONE/COMMUNICATIONS	0	0	0	0	0	0	0
730	POSTAGE/SHIPPING	0	0	0	0	0	0	0
740	**TRANSPORTATION**							
741	Board Members	0	0	0	0	0	0	0
742	Staff	0	0	0	0	0	0	0
743	Clients	0	0	0	0	0	0	0
744	Delivery Products	0	0	0	0	0	0	0
750	**ASSIST.TO INDIVIDUALS**							
751	Client Services	0	0	0	0	0	0	0
752	Clothing	0	0	0	0	0	0	0
760	**INSURANCE**							
761	Malpractice & Bonding	0	0	0	0	0	0	0
762	Vehicles	0	0	0	0	0	0	0
763	Comprehensive Property & Liability	0	0	0	0	0	0	0
770	MEMBERSHIP DUES	0	0	0	0	0	0	0
800	OTHER EXPENDITURES	0	0	0	0	0	0	0
801	INTEREST EXPENSE	0	0	0	0	0	0	0
802	IN-KIND EXPENSE	0	0	0	0	0	0	0
	TOTAL EXPENSES	0	0	0	0	0	0	0
	TOTAL PROGRAM EXPENSES	0	0	0	0	0	0	0
	SURPLUS/(DEFICIT) Total Revenue - Total Expenses (line 49 - 116)	0	0	0	0	0	0	0

Attachment G: Cultural Competence Initiatives: (See sample form)

CULTURAL COMPETENCE INITIATIVES

Agency Name: _____ **Date:** _____

Agencies are encouraged to continue their efforts to develop culturally competent services. We realize such initiatives are an ongoing challenge in our rural, predominantly white state. The 2000 New Hampshire State Census Data indicated that less than 3% of the population is non-white. The New Hampshire Office of State Planning estimates the non-white population increased to 5% in 1998. We feel that these small numbers, though probably gross underestimates are cause for concern as it puts minority populations at greater risk of isolation.

In an effort to be as inclusive as possible, we have taken a fairly broad view of what constitutes a minority population including such groups as people who are Deaf and people with AIDS. Previous initiatives have included purchasing teletypewriter (TTY) devices, developing a relationship with a local AIDS support provider, local needs assessments, outreach activities to identified minority populations and educational activities. We believe it is essential to continue these activities and expand upon them in order to maintain a minimum level of awareness regarding the need for culturally competent mental health services.

Additionally, in a continuing effort to monitor and assess our systems capacity to provide culturally competent services, we are asking that agencies **answer the following questions and return this information whether or not you propose specific initiatives** for the upcoming year. If your agency is proposing an initiative for FY 2008, please include a brief description of that and the amount requested in the space provided. You may attach additional information as needed.

If you are not proposing any specific initiative, please address how your agencies meet the need to provide culturally competent services.

		YES	NO	PROPOSED FOR FY	AMOUNT
•	Does your agency have staff that are fluent in ASL (American Sign Language)? Describe:				$
•	Does your agency currently have any staff enrolled in ASL classes? Describe:				$
•	Does your agency designate funds for the use of ASL and foreign language interpreters? Describe:				$

		YES	NO	PROPOSED FOR FY	AMOUNT
•	Has your agency conducted a minority needs assessment? Describe:				$
•	Has your agency translated any of its documents into other languages? Describe:				$
•	Has your agency conducted any AIDS education activities targeted for persons with serious mental illness? Describe:				$
•	Has your agency conducted any other minority services initiatives? Describe:				$
If your answer is no to any of the questions above please address your agencies plans to meet the need to provide culturally competent services. These questions address just a few examples of what agencies might consider in developing minority initiatives in their regions. Agencies may use these ideas as appropriate but should not limit themselves to these initiatives.					

Attachment H: Sample Contract

EXHIBIT A
SCOPE OF WORK

1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or Federal or State court orders may impact on the services described herein, the State has the right to modify service priorities and expenditure requirements under the Agreement so as to achieve compliance therewith.

2. Except as otherwise specifically provided for herein, the Contractor shall perform the Services in the State of New Hampshire.

3. The Contractor shall pursue any and all appropriate sources of funds that are applicable to funding of the service(s). Appropriate records shall be maintained by the Contractor to document actual funds received or denials of funding from such sources of funds.

4. The Contractor shall select and employ staff utilizing practices and procedures as proposed by the Contractor and approved by the Bureau of Behavioral Health (BBH). The Contractor shall assure that offers of employment are made in writing and include, salary, start date, hours to be worked and job responsibilities. Prior employment references shall be obtained and verified.

5. The Contractor shall assure that any person who is in regular contact with members and who becomes employed by the Contractor or its Sub-Contractor after the effective date of this Agreement shall be screened for criminal convictions in accordance with RSA 106-B:14 which allows any public or private agency to request and receive a copy of the criminal conviction record of another who has provided authorization in writing, duly notarized, explicitly allowing the requester to receive such information.

6. The Contractor shall not add, delete, defund, or transfer among program staff positions without prior written permission from BBH. Failure of BBH to respond to a written request from the Contractor within two (2) weeks from receipt of the request shall constitute permission.

7. The Contractor shall provide services in accordance with the following descriptions:

7.1. Individual Family-to-Family Mutual Support:

7.1.1. To be developed with selected Contractor.

7.2. Statewide Education and Training for Family Mutual Support:

7.2.1. To be developed with selected Contractor.

7.3. Family and Youth Leadership Development:

7.3.1. To be developed with selected Contractor.

7.4. Public Education:

7.4.1. To be developed with selected Contractor.

8. At the discretion of BBH, financial, data and program audits shall be conducted by BBH approved personnel to assure fiduciary and programmatic compliance with the Agreement.

8.1. The Contractor shall accept BBH approved consultation, technical assistance, training, and support as identified and specified by BBH resulting from audit recommendations to fulfill all requirements of the Agreement.

8.2. BBH may require that corrective actions be completed within specific time frames.

10. For the purpose of this Agreement the phrase "funds provided pursuant to this Agreement", "State funds" or other similar phrases throughout this Agreement and the exhibits thereto shall include State funds provided to the Contractor by BBH, along with prior year excess funds which were deferred until the current year and all other revenue generated within or allocated to programs funded by this Agreement and Federal funds allocated to programs funded by this Agreement except that no Federal block grant funding shall be used to pay for inpatient services.

12. The Contractor's Board of Directors shall have a minimum of nine (9) voting members, a majority of who shall also have had family or personal experience with the mental health system.

12.1. The Contractor shall maintain records of membership for purposes of validation of annual board elections and to support efficient and regular communications with membership regarding Contractor activities. Such records shall be considered confidential and shall not be disclosed to the public but shall be made available to BBH upon request to monitor compliance with this Agreement.

12.2. The Contractor's Board of Directors shall maintain written records of Board meetings to include topics discussed, action and vote. Minutes shall also reflect a monthly review of the agency financial status.

12.3. The Contractor's Board of Directors shall have a documented orientation process and manual for Directors.

12.4. The Contractor's Board of Directors shall have annual training related to roles and responsibility of Directors including fiduciary responsibilities.

12.5. The Contractor's Board of Directors shall assure that the Contractor has an accounting manual specific to the agency. The accounting manual shall include, but not be limited to, the following: Cash Management including cash receipts, cash disbursements, and petty cash; Accounts Payable/Receivable Procedures, payroll, and fixed assets; Internal Control Procedures; and Expense Reimbursement and Advance Policy.

13. The Contractor shall employ personnel as indicated in Budget form B. Changes in personnel, individual salaries, or amounts of time employed, specified in Budget Form B shall be submitted to, and approved by, BBH before implementation.

14. The Contractor shall require that all employees, members, or volunteers who drive Contractor owned vehicles sign a State of New Hampshire release of individual motor vehicle driver records form, that those records indicate a safe driving record, and that the driver participate in a National Safety Council Defensive Driving course offered through a State of New Hampshire approved agency.

15. The Contractor shall provide services according to statistical pages immediately following Exhibit A.

16. The commencement date of this Agreement shall be the Effective Date, that is July 1, 2009, or date of Governor and Council of the State of New Hampshire approval, whichever is later. The Contractor shall not be paid for any services that may be provided prior to the Effective Date.

EXHIBIT B
METHODS OF PAYMENT

1. Subject to the availability of State and Federal funds, and in consideration for the satisfactory completion of the services to be performed under this Agreement, the Bureau of Behavioral Health (BBH) agrees to fund the Contractor for services as set forth in Exhibit A.

2. In addition to prior written permission of BBH required in Exhibit C, Paragraphs 20.6 and 20.7, the following State funds shall not be expended by the Contractor without prior approval by the BBH. Failure to expend Program funds as directed, may, at the discretion of BBH, result in financial penalties not greater than the amount of the directed expenditure:

Total	

3. Promptly after the Effective Date of this Agreement, BBH shall make an initial payment to the Contractor of an amount determined by the BBH to be necessary to initiate services. Thereafter, the BBH shall make monthly payments to the Contractor of either pro rata portions of the balance of the maximum price limitation or, based upon documented cash needs as submitted by the Contractor and approved by BBH, such other amounts as BBH determines are necessary to maintain services. In no event shall the total of initial and monthly payments exceed the maximum price limitation in Subparagraph 1.8. of the General Provisions of this Agreement. Monthly payments shall be adjusted for expenditures set forth in Paragraph 2. above and amounts paid to initiate services.

4. Excess program funds are funds available within programs funded pursuant to this Agreement resulting from either revenue generated in excess of, or expenditures below, amounts originally budgeted. BBH may approve or require such funds be retained by the Contractor for expenditures in a subsequent year, spent in the current year on BBH approved activities, or may allow such funds to be expended at the Contractor's discretion to increase or improve service delivery within the program in which the funds were generated, except that such expenditures shall not increase the annualized operating cost of such programs without written prior approval of BBH.

5. BBH reserves the right to recover any funds not used, in whole or in part, for the purposes stated in Exhibit A, from the Contractor within ninety (90) days of the Completion Date.

6. Any expenditure not in accordance with budgeted amounts shall be reported to BBH in the Summary of Revenues and Expenditures report for the time period. Funds shall not be transferred between programs funded pursuant to this Agreement and programs not so funded nor shall funds be used to increase the full-time equivalent staffing as agreed to in Personnel Form B or transferred into or out of capital expenditures without prior written authorization from BBH. Any expenditure that exceeds the approved budgets shall be solely the financial responsibility of the Contractor; however, such excess expenditures may be covered by the transfer of other funds where such transfer is permissible by this Agreement. In any event, the Contractor shall make no adjustments so as to incur additional expenses in programs funded pursuant to this Agreement in subsequent years without prior written authorization from BBH. The Contractor agrees that revenues shall be allocated by source strictly in accordance with the approved budget.

7. The Contractor shall deposit funds identified as depreciation in the Contract Budget Form A into a restricted account, in an amount not to exceed the equivalent of the depreciation of real and non-real property capital items, for replacement, repairs/maintenance of same. This provision shall survive the termination of this Agreement.

8. BBH may withhold, in whole or in part, any Agreement payment for the ensuing Agreement period if:

8.1. A quality assurance monitoring, or BBH financial review finds corrective actions for financial reviews or Contractor's quality assurance plan have not been implemented.

8.2. The Contractor fails to demonstrate to BBH's satisfaction that sufficient steps were taken to correct identified findings.

9. All reports required pursuant to Exhibit C are due to BBH within thirty (30) days after the end of the quarter. BBH shall withhold, in whole or in part, any Agreement payment for the ensuing Agreement period until the Contractor submits reports to BBH's satisfaction, unless a waiver has been granted.

10. After the first three (3) months, six (6) months, and nine (9) months of the Agreement have elapsed, the Contractor may request a renegotiation of performance requirements in programs receiving funds pursuant to this Agreement as specified according to statistical pages immediately following Exhibit A are not being met.

10.1. The Contractor shall request such renegotiations of the performance requirements by submitting to BBH within thirty (30) days after the end of the first three (3) months, six (6) months, or nine (9) months of this Agreement, a written statement explaining the reasons for deviating from the Agreement terms, and a proposal for revised performance requirements. If appropriate, a request for a renegotiation of any of the following: the list of activities to be provided, staff employed, monthly educational events, monthly newsletter, telephone support, linkages with other local organizations, and facilities which provide opportunities for mutual aid.

10.2. BBH shall recommend action on a request pursuant to Paragraph 10.1., the Administrator shall review the written proposal submitted and BBH recommendation and shall either approve, request modification of, or deny the written proposal.

10.3. BBH agrees that unusual events that are beyond the control of the Contractor and which may impact upon the Contractor's ability to satisfy the terms of this Agreement shall be given due consideration.

11. If the Contractor's performance of the scope of services falls below ten percent (10%) of the Agreement amount specified for a particular service funded pursuant to this Agreement and the Contractor does not provide a proposal for revised performance requirements within the required time frames, or if the proposal submitted is not approved BBH in accordance with Paragraph 10.2. of this Exhibit, BBH shall have the option to withhold payment from the Contractor in an amount determined by BBH.

EXHIBIT C
SPECIAL PROVISIONS

1. Add the following to Paragraph 1.:

1.3.1. The term "Contractor" includes all persons, natural or fictional, which are controlled by, under common ownership with, or are an affiliate of or are affiliated with an affiliate of the entity identified as the Contractor in Paragraph 1.3. of the General Provisions of this Agreement.

2. Add the following to Paragraph 4.:

4.1. Notwithstanding anything to the contrary contained in this Agreement or in any other document, Agreement or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for any services provided to any individual prior to the Effective Date of this Agreement and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the Federal regulations) prior to a determination that the individual is eligible for such services.

4.2. Notwithstanding anything to the contrary contained in this Agreement or in any other document, Agreement or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for any costs incurred for any purposes prior to the Effective Date of the Agreement.

3. Add the following to Paragraph 6.:

6.4. The Contractor shall comply with Title II. of P.L. 101-336 - the Americans with Disabilities Act of 1990 and all applicable Federal and State laws.

6.5. The Contractor shall comply with proposed treatment and prevention rules.

4. Add the following to Paragraph 7.:

7.4. Personnel records and background information relating to each employee's qualifications for his or her position shall be maintained by the Contractor for a period of seven (7) years after the Completion Date and shall be made available to BBH upon request.

7.5. No officer, director or employee of the Contractor, and no representative, officer or employee of BBH shall participate in any decision relating to this Agreement or any other activity pursuant to this Agreement which directly affects his or her personal or pecuniary interest, or the interest of any corporation, partnership or association in which he or she is directly or indirectly interested, even though the transaction may also seem to benefit any party to this Agreement, including the Contractor or BBH. This provision does not prohibit an employee of the Contractor from engaging in negotiations with the Contractor relative to the salary and wages that he or she receives in the context of his or her employment.

7.5.1. Officers and directors shall act in accord with their duty of loyalty to the organizations they represent and shall avoid self-dealing and shall participate in no financial transactions or decisions that violate their duty not to profit.

7.5.2. Officers and directors shall act in accord with their fiduciary duties and shall actively participate in the affairs of their organization in carrying out the provisions of this Agreement.

7.5.3. All financial transactions between board members and the organization they represent shall conform to applicable New Hampshire law.

5. Replace Subparagraphs 8.1. through 8.1.3. with the following:

8.1. Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

8.1.1. Failure to perform the services satisfactorily or on schedule during the Agreement term.

8.1.2. Failure to submit any report or data within requested time frames or comply with any record keeping requirements as specified in this Agreement.

8.1.3. Failure to impose fees, to establish collection methods for such fees or to make a reasonable effort to collect such fees.

8.1.4. Failure to either justify or correct material findings noted in a BBH financial review.

8.1.5. Failure to comply with any applicable rules of the Department.

8.1.6. Failure to expend funds in accordance with the provisions of this Agreement.

8.1.7. Failure to comply with any covenants or conditions in this Agreement.

8.1.8. Failure to correct or justify to BBH's satisfaction deficiencies noted in a quality assurance report.

8.1.9. Failure to obtain written approval in accordance with General Provisions, Paragraph 12. before executing a Sub-Contract or assignment.

8.1.10. Failure to obtain written approval in accordance with Paragraph 20.6. of the General Provisions before purchasing property which has a cost of ten thousand dollars ($10,000) or more.

6. Add the following to Subparagraph 8.2.:

8.2.5. Reduce or eliminate certain funded services and withhold any funds related to the provision of those services.

7. Add the following to Paragraph 8.:

8.3. Upon termination, the Contractor shall return to BBH all unencumbered Agreement funds in its possession. Funds provided pursuant to this Agreement in the possession of the Contractor shall be calculated on a percentage of such funds to the Contractor's total revenue generated during the default period. BBH shall have no further obligation to provide additional funds under this Agreement upon termination.

8. Add the following to Paragraph 9.:

9.4. The Contractor shall submit to BBH all reports as requested by BBH on such schedule and in such paper or electronic format that BBH shall request.

9.5. The Contractor shall submit on paper quarterly financial and statistical reports thirty (30) days from the end of each quarter. Quarterly financial reports include a Corporate Balance Sheet, an Income Statement (Profit & Loss), and a Budget-to-Actual Revenue and Expense report (Form A). The Income Statement shall be based on the accrual method of accounting, and Form A shall be based on the cash method of accounting. Financial reports shall include the Contractor's total revenue and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.

9.6. The Contractor shall cooperate with requests for data from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Federal Public Health Service.

9.7. The Contractor shall maintain detailed member records, attendance records and staff attendance records, specifying the actual services rendered and the categorization of that service into a program/service as defined in the budget instructions and accounting guidelines and statistical reporting instructions as specified in Exhibits A and C.

9.8. The Contractor shall maintain detailed fiscal records meeting all the requirements set out in the budget instructions and accounting guidelines. Such fiscal records shall be supported by program reports. Fiscal records shall be retained for seven (7) years after the completion date and thereafter if audit observations have not been resolved to the State's satisfaction.

9.9. On or before the date set forth in Section 1.7. of these General Provisions, the Contractor shall deliver to the State, at the address set forth in Section 1.2. of these General Provisions, an independent audit performed by a Certified Public Accountant, of the Contractor, including the funds received under this Agreement. If the Federal funds expended under this or any other Agreement from any and all sources exceeds $500,000 in the aggregate in a one (1) year fiscal period the required audit shall be performed in accordance with the provisions of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for fiscal years ending on or after December 31, 2003.

9.10. Upon request the Contractor shall submit to BBH financial statements following the American Institute of Certified Public Accountants together with a management letter, if issued, by a Certified Public Accountant for any approved Sub-Contractor, or any person, natural or fictional, which is controlled by, under common ownership with or an affiliate of the Contractor. In the event that the said audited financial statement and management letter is unavailable or incomplete, the Contractor shall have ninety (90) days to complete and submit said statement and letter to BBH.

9. Renumber Paragraph 10. as 10.1. and add the following to Paragraph 10.:

10.2. In the event of termination under Paragraph 10., of these General Provisions the approval of a Termination Report by BBH shall entitle the Contractor to receive that portion of the Price Limitation earned to and including the date of termination. The Contractor's obligation to continue to provide services under this Agreement shall cease upon termination by BBH.

10.3. In the event of termination under Paragraph 10. of the General Provisions of this Agreement, the approval of a Termination Report by BBH shall in no event relieve the Contractor from any and all liability for damages sustained or incurred by BBH as a result of the Contractor's breach of its' obligations hereunder.

10. Replace Paragraph 12. with the following:

ASSIGNMENTS, SUB-CONTRACTS, MERGER AND SALE.

12.1. The Contractor shall not delegate or transfer any or all of its' interest in this Agreement or enter into any Sub-Contract for direct services to clients, or any Sub-Contract for services rendered in connection with maintenance, upkeep, renovation or improvement of any facility operated by the Contractor in an amount exceeding ten thousand dollars ($10,000) without the prior written consent of BBH. As used in this Paragraph, "Sub-Contract" includes any oral or written Agreement entered into between the Contractor and a third party that obligates any State funds provided pursuant to this Agreement to the Contractor under this Agreement. BBH approval of the Contractor's proposed budget shall not relieve the Contractor from the obligation of obtaining BBH's written approval where any assignment or Sub-Contract has not been included in the Contractor's proposed budget. The Contractor shall submit the written Sub-Contract or assignment to BBH for approval and obtain the BBH's written approval before executing the Sub-Contractor assignment. This approval requirement shall also apply where the Contractor's total Sub-Contracts with an individual or entity equal, or exceed ten thousand dollars ($10,000) in the aggregate. Failure of BBH to respond to the approval request within twenty (20) days shall be deemed approval.

12.2. If leasehold improvement(s) exceed ten thousand dollars ($10,000) in the aggregate, the Contractor or approved Sub-Contractor shall demonstrate adequate protection of such expenditure in the event of expiration or termination of the lease. Furthermore, the Contractor or approved Sub-Contractor shall give BBH such security interest in the leasehold improvements or interest in the lease as BBH may require consistent with the funds expended pursuant to this Agreement.

12.3. The Contractor further agrees that no Sub-Contract or assignment, approved by BBH in accordance with this Paragraph, shall relieve the Contractor of any of its obligations under this Agreement and the Contractor shall be solely responsible for ensuring, by Agreement or otherwise, the performance by any Sub-Contractor or assignee of all the Contractor's obligations hereunder.

12.4. The purchase of the Contractor by a third party, or the purchase of all or substantially all of the Contractor's assets by a third party, or any other substantial change in ownership, shall render this Agreement null and void unless, prior to the sale of the Contractor, or sale of all or substantially all of the Contractor's assets, or other substantial change in ownership, BBH approves in writing the assignment of this Agreement to the third party. In the event that, prior to the sale of the Contractor, BBH approves the assignment of the Agreement, the third party shall be bound by all of the provisions of this Agreement to the same extent and in the same manner, as was the Contractor.

12.5. Any merger of the Contractor with a third party shall render this Agreement null and void unless, prior to the merger, BBH approves in writing the assignment of this Agreement to the merged entity. In the event that, prior to the merger of the Contractor with the third party, BBH approves the assignment of the Agreement, the merged entity shall be bound by all of the provisions of this Agreement to the same extent and in the same manner, as was the Contractor.

12.6. In the event that through sale, merger or any other means the Contractor should become a subsidiary corporation to another corporation or other entity, this Agreement shall become null and void unless, prior to such sale, merger or other means, BBH shall agree in writing to maintain the Agreement with the Contractor. Should BBH agree to maintain the Agreement the Contractor shall continue to be bound by all of the provisions of the Agreement.

11. Renumber Paragraph 13. as 13.1. and add the following to Paragraph 13.:

13.2. The Contractor shall promptly notify the Director of BBH of any and all actions or claims brought against the Contractor, or any Sub-Contractor approved under Paragraph 12. of the General Provisions, or its officers or employees, on account of, based on, resulting from, arising out of or which may be claimed to arise out of their acts or omissions.

12. If the price limit in Paragraph 1.8., Price Limitation of the General Provisions is less than $500,000, replace Paragraph 14.1.1. with the following:

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 claim or occurrence and $2,000,000 in the aggregate; and

13. Add the following to Paragraph 14.:

14.1.3. A fidelity bond, covering the activities of all the Contractor's employees or agents with authority to control or have access to any funds provided under this Agreement in an amount equal to 1/12th of the price limitation in Paragraph 1.8. of the General Provisions plus 1/12th of the Contractor's budgeted Medicaid revenue.

14.1.4. Statutory workers' compensation and employees' liability insurance for all employees engaged in the performance of the services set forth in Exhibit A.

14.1.5. Tenant's or homeowner's insurance coverage for all housing owned or operated by the Contractor for claims of personal injury or death or damage to property in reasonable amounts satisfactory to BBH and any mortgagee.

14.3. The maintenance of insurance by the Contractor pursuant to this Paragraph shall not be construed in any manner as a waiver of sovereign immunity by the State, its officers and employees in any regard, nor is the existence of said insurance to be construed as conferring or intending to confer any benefit upon a third person or persons not party to this Agreement.

14. Add the following to Paragraph 20.:

20.1. The Federal block grant funds shall not be used to provide inpatient services; to make cash payments to intended recipients of health services; to purchase or improve land, purchase, construct or permanently improve (other than minor remodeling) any building or other facility, to purchase any major medical equipment or to satisfy any requirement for the expenditure of non-Federal funds as a condition of a receipt of Federal funds, provide financial assistance to any entity other than a public or private not for profit entity.

20.2. Community Support Program (CSP) funds are to be used for:

20.2.1. Salaries, wages, and benefits of non-clinical, professional and other supporting staff engaged in the program. CSP support for salaries and wages of staff that are not engaged full-time in the program shall not exceed the compensation for the fraction of their time in activities within the scope of the approved project.

20.2.2. Travel directly related to carrying out activities under the approved project.

20.2.3. Supplies, communications and office space directly related to activities under the approved project. Notwithstanding the above allowable costs, CSP funds shall not to be used for alterations and renovations of existing buildings, construction of buildings or for acquisition of land or buildings.

20.3. Federal funds to assist Homeless Mentally Ill Persons (PATH) shall not be used:

20.3.1. To provide inpatient services.

20.3.2. To make cash payments to intended recipients of health services.

20.3.3. To purchase or improve land, purchase, construct or permanently improve (other than minor remodeling) any building or other facility or purchase any major medical equipment.

20.3.4. To satisfy any requirement for the expenditure of non Federal funds as a condition of a receipt of Federal funds; or

20.3.5. To provide services to persons at local jails or any correctional facility.

20.4. If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with the provisions of Section 319 of the Public Law 101-121, Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions; with the provisions of Executive Order 12549 and 45 CFR Subpart A, B, C, D, and E Section 76 regarding Debarment, Suspension and Other Responsibility Matters, and shall complete and submit to the State the appropriate certificates of compliance upon approval of the Agreement by the Governor and Council.

20.5. In accordance with the requirements of P.L. 103-333, none of the funds appropriated for the National Institutes of Health and the Substance Abuse and Mental Health Services Administration shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of $125,000 per year.

20.6. Any real property or tangible personal property such as furniture, furnishings or equipment that is purchased in whole or in part with funds pursuant to this Agreement shall be subject to the following conditions:

20.6.1. All such property purchased entirely with funds provided under this Agreement shall be used solely to provide services to eligible clients as defined in rules of the Department. If property is purchased with funds provided pursuant to this Agreement and other funds, the property shall be used within programs funded under this Agreement for the proportion of time at least equal to the proportion of costs allocated to such programs.

20.6.2. The Contractor shall not sell, lease, donate or otherwise dispose of any property purchased with funds obtained pursuant to this Agreement, valued at more than ten thousand dollars ($10,000) at time of purchase, without prior written permission of BBH. The term and conditions of this section survive the term or expiration of this Agreement.

20.6.3. Upon sale, conveyance or a change in use of the property, the Contractor or approved Sub-Contractor may be required to reimburse BBH for all or a portion of the funds advanced. Any BBH interest identified in said notice shall be subordinate to all rights, title and interest of the senior lender if applicable. In no event, however, shall the Contractor or approved Sub-Contractor be required to reimburse BBH for amount in excess of the value of the property, as reduced by any outstanding loans having priority over BBH's interest. The amount and terms of the loan, including the rights upon termination of this Agreement, shall be agreeable to BBH.

Upon request of the Contractor, BBH may, at its discretion, agree to subordinate its loan interest. The term and conditions of this section survive the term or expiration of this Agreement.

20.6.4. In the event real property is to be purchased or leased by the Contractor or by an approved Sub-Contractor with funds provided in whole or in part under this Agreement, unless the expenditure was included in the Contractor's approved budget, the Contractor shall submit a detailed statement of the proposed financing arrangement and other documents pertaining to such financing to BBH and obtain BBH's written approval before purchasing or leasing such real property.

20.6.5. Capital purchases made with funds provided pursuant to this Agreement shall not be expended later than the Agreement Expiration Date without BBH approval.

20.6.6. Notwithstanding the foregoing, any real or personal property acquired by the Contractor with funds other than those provided under this Agreement shall vest in the Contractor, its successors or assignees, and title to such assets shall not be subjected to divestiture in favor of BBH or otherwise.

20.6.7. Any interest BBH may have in property, real or personal, as set forth in this Paragraph, shall be subordinate to any interest required by the United States Department of Housing and Urban Development in consideration of funds supplied by that agency to be used by the Contractor in the performance of this Agreement. BBH shall take any steps necessary to effect the subordination of any security interest perfected prior to the perfection of any security interest required by the United States Department of Housing and Urban Development.

20.6.8. Upon termination or expiration of this Agreement, or when property is no longer to be used as provided for herein, BBH may, at its discretion and within one hundred twenty (120) days thereafter, elect to do one (1) of the following:

20.6.8.1. Direct that said property be sold pursuant to an independent appraisal reflecting an acceptable fair market value with the proceeds of the sale retained by BBH according to the percentage of its contribution, or allow the Contractor to use the funds for a BBH approved purpose; or

20.6.8.2. Allow retention of the Contractor upon proportionate payment to BBH of the share contributed by BBH as determined by the fair market value in accordance with an independent appraiser to be selected by BBH and Contractor.

20.7. The requirement of Paragraphs 12.1., 20.6.2., 20.6.3., 20.6.4., and 20.6.8., of this exhibit that the Contractor or approved Sub-Contractor shall receive the prior written approval of BBH shall apply only to actions taken which occur subsequent to the Effective Date of this Agreement.

20.8. The Contractor agrees that it is a breach of this Agreement to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Agreement. The State may terminate this Agreement and any Sub-Contractor Sub-Agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

20.9. All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services or the Agreement shall include the following statement: "The preparation of this (report, document, etc.) was financed under an Agreement with the State of New Hampshire, Department of Health and Human Services, Division of Behavioral Health, with funds provided in part or in whole by the State of New Hampshire and/or United States Department of Health and Human Services."

20.10. The Contractor shall establish and maintain a grievance process whereby a member or consumer may report an issue, problem, or concern. The grievance process shall include mechanisms for grievances, formal investigation of grievances, and notification to a complainant that issues unresolved after investigation by the Contractor's designee may be appealed to the Department of Health & Human Services Administrative Appeals Unit.

Attachment I: Instructions for Contract Signature pages: General Provisions & Certificate of Vote

1. Retain these instructions. If your proposal is approved for funding, a contract will have to be executed. Errors are often made in the sequence of steps and/or the completion of forms. Please ensure that the following sequence of events is adhered to and that dates are correct.

First	Vote	Board votes to accept funds and authorizes an officer to execute the contract.
Second	Sign	The authorized officer signs the contract as witnessed by a notary/justice.
Third	Certify	Board Secretary or designated alternate certifies the vote was not rescinded.

DETAILED AGREEMENT - GENERAL PROVISIONS INSTRUCTIONS

PARAGRAPH	ITEM	INSTRUCTIONS
	Subject	To provide Family Mutual Support
1.1	State Agency Name	Completed by CMHSA
1.2	State Agency Address	Completed by CMHSA
1.3	Contractor Name	Completed by CMHSA as it appears on certificate of good standing
1.4	Contractor Address	Completed by CMHSA
1.5	Account Number	Completed by CMHSA, not applicable, will be listed on G and C cover memo
1.6	Completion Date	Completed by CMHSA, end of the contract year
1.7	Audit Date	Completed by CMHSA, September 30 or 90 days after contract year
1.8	Price Limitation	Equals total BBH support in contract less Medicaid match
1.9	State Contract Officer	Completed by CMHSA
1.10	State Telephone Number	Completed by CMHSA
1.11	Contractor Signature	Signed by board-authorized officer, see Cert. Of Vote, second resolution, **Step #2**
1.12	Name/Title Of 1.11.	Typed or printed name and title
1.13	Acknowledgment	To be completed by notary or justice
1.13.1	Notary/Justice Signature	To be completed by notary or justice, include seal
1.13.2	Notary/Justice Name/Title	To be completed by notary or justice
1.14	State Agency Signature	Completed by CMHSA
1.15	State Names/Titles	Completed by CMHSA
1.16	DOP Approval	To be completed by Dept. of Personnel for Consultant contracts
1.17	AG Approval	To be completed by Atty. Gen. office
1.18	G And C Approval	Completed upon approval by Governor and Council
2-21	Contract paragraphs	These apply to all contracts as modified in Exhibit C

DETAILED CERTIFICATE OF VOTE INSTRUCTIONS, this is step #3		
	Board Secretary	Secretary noted on Board list or if designated alternate, name and actual title here
1.	Name of Corporation	Name of the corporation as noted on the Secretary of State Certificate of Good Standing
2.	Meeting date	Note the date the Board meeting to accept the contract terms. **Vote is task #1**.
	Resolved (first)	Enter appropriate service type
	Resolved (second)	Specify position authorized to sign contract, typically a high level board officer
3.	Today's date	Verify the board has not rescinded the above resolution before the contract was signed

DETAILED CERTIFICATE OF VOTE INSTRUCTIONS, this is step #3		
4.	Name of officer	Fill in name of officer authorized to sign contract in 2. above
	Corporate Seal	If applicable
	Board Sec. Signature	Board secretary or alternate as designed above signs here
	State of	Completed by notary/justice who witnesses signature the day this form is completed
	County of	Completed by notary/justice who witnesses signature the day this form is completed
	Day	Completed by notary/justice who witnesses signature the day this form is completed
	Date	Completed by notary/justice who witnesses signature the day this form is completed
	Board Secretary	Completed by notary/justice who witnesses signature the day this form is completed
	Notary/Justice signature	Completed by notary/justice who witnesses signature the day this form is completed
	Notary/Justice name	Completed by notary/justice who witnesses signature the day this form is completed
	Notary Seal	Completed by notary who witnesses signature the day this form is completed
	Commission expires	Completed by notary/justice who witnesses signature the day this form is completed

FORM NUMBER P-37 (5/02)
STOCK NUMBER 4402

FORM NUMBER P-37 (version 1/09)

Subject: _____

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name		**1.2 State Agency Address**	
1.3 Contractor Name		**1.4 Contractor Address**	
1.5 Contractor Phone Number	**1.6 Account Number**	**1.7 Completion Date**	**1.8 Price Limitation**
1.9 Contracting Officer for State Agency		**1.10 State Agency Telephone Number**	
1.11 Contractor Signature		**1.12 Name and Title of Contractor Signatory**	

1.13 Acknowledgement: State of_____, County of _____

On _____, 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

[Seal]

1.13.2 Name and Title of Notary or Justice of the Peace

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory**

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)

By: On:

1.18 Approval by the Governor and Executive Council

By: On:

Contractor Initials: _____
Date: _____

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, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("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. 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.

Contractor Initials: _____
Date: _____

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 consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written 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 $250,000 per claim and $2,000,000 per occurrence; and
14.1.2 fire and extended coverage insurance 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.
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 fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be

Contractor Initials: _____
Date: _____

attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) 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.

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: _____

Certificate of Vote

I, **(Board Secretary)**, do hereby certify that:

1. I am the duly elected Clerk of **(Name of Corporation as registered with Secretary of State's Office)**

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on **(Date the Meeting was held)**.

   RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, concerning the following matter:

   To Provide: Family Mutual Support.

   RESOLVED: That the **(President) (Vice President) or (Treasurer)** hereby is authorized on behalf of this Corporation 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 (s)he may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of **[Today's Date (on or after the date the contract was signed)]**.

4. **(Name of officer specified in 2.)** is duly elected **[(President) (Vice President) or (Treasurer)]** of the Corporation.

(Seal)
(Corporation)

_____
(Signature of Board Secretary)

State of **New Hampshire**

County of **(Insert Name of County)**

The foregoing instrument was acknowledged before me this **(Day By Number)** day of **(Month, Year)**.

By **(Name of Board Secretary)**

_____
Name: **(Insert Name)**
Title: Notary Public/Justice of the Peace

(Seal)
(Notary Public)

Commission Expires: **(date)**