



**State of New Hampshire
Department of Health and Human Services**

**REQUEST FOR APPLICATION
RFA-2023-DPHS-02-REGIO**

FOR

Regional Public Health Network Services

April 25, 2022



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REQUEST FOR APPLICATIONS

1. REQUEST FOR SERVICES

1.1. Purpose and Overview

1.1.1. Purpose

This Request for Applications (RFA) is published to solicit applications for the provision of Regional Public Health Network (RPHN) services to provide a broad range of public health services within one (1) or more of the state's 13 designated public health regions, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

- Substance Misuse Prevention
- Continuum of Care Facilitation
- Overdose Prevention Response
- Health Disparities Community Health Worker
- Public Health Advisory Council
- Public Health Emergency Preparedness
- School Based Vaccination Clinics

The Department of Health and Human Services (Department) anticipates awarding up to 13 contracts for the services in this RFA.

1.1.2. Overview

The mission of the Department is to ensure the health and well-being of communities and populations in New Hampshire by promoting and protecting the physical, mental, and environmental health of its citizens; by preventing disease, injury, disability, and death, and preparing for public health emergencies.

In July 2013 the Department, through the Bureau of Drug and Alcohol Services (BDAS) and Division of Public Health Services (DPHS) established a strategic partnership to align multiple regional and local public health partnerships into one integrated system. This partnership aims to increase efficiency through single contracts with 13 agencies to serve as the host entity for a RPHN. The purpose of the RPHN is to integrate multiple public health initiatives and services into a common network of community stakeholders. The RPHNs serve every community in the state.

The mission of the RPHNs is to partner with the Department in addressing a complex array of social determinants of health (SDOH), commonly defined as "conditions in the places where people live, learn,



work, and play that affect a wide range of health risks and outcomes.”¹ To accomplish this mission, the RPHNs engage regional partners and stakeholders to conduct assessment of local conditions and the intervening variables, build capacity, readiness, and resources within their regions to plan and execute policies, programs, and practices to improve health outcomes for NH residents.

The overarching purpose of this RFA is to coordinate a range of public health initiatives using the 10 Essential Public Health Services Framework (EPHSF) and Strategic Prevention Framework (SPF) to ensure that all communities statewide are covered by initiatives to protect and improve the health of the public², which includes, but is not limited to:

- Data Analytics and Assessment
- Policy Development and Program Planning
- Communication
- Health Equity
- Community Partnerships
- Public Health Sciences
- Management and Finance
- Leadership and Systems Thinking

The selected Applicants must be prepared to address emergency public health issues as identified by regional partners and the state by mobilizing key regional stakeholders to respond as needed.

1.2. Scope of Services

The selected Applicant shall serve as a lead organization to host a RPHN, as defined by the Department, to provide a broad range of public health services within one (1) or more of the state’s 13 designated public health regions. The purpose of the statewide RPHNs is to coordinate a range of public health and substance misuse-related services, as described below, to ensure that all NH communities are covered by initiatives to protect and improve the health of the public. The selected Applicant shall provide services which include, but are not limited to:

- 1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).
- 1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

¹ [About Social Determinants of Health \(SDOH\) \(cdc.gov\)](#)

² [CDC - 10 Essential Public Health Services - CSTLTS](#)



- 1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.
- 1.2.4. Planning for, and responding to, public health incidents and emergencies.
- 1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The selected Applicant shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The selected Applicant shall:

- 1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework that includes assessment, capacity development, planning, implementation, and evaluation.
- 1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.
- 1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.
- 1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the



progression of substance use disorders and related consequences for individuals, families, and communities.

- 1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.
- 1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.
- 1.2.6.1.7. Assist as directed by the Department's BDAS, with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.
- 1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:
 - 1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.
 - 1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as



necessary with approval by the Department.

- 1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.
- 1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.
- 1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.
- 1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The selected Applicant shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The selected Applicant shall:

- 1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The selected Applicant shall ensure regional partners include, but are not limited to:
 - 1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.
 - 1.2.7.1.1.2. Primary health care providers.



- 1.2.7.1.1.3. Behavioral health care providers.
- 1.2.7.1.1.4. Other interested and/or affected parties.
- 1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:
 - 1.2.7.1.2.1. Increased awareness of and access to services.
 - 1.2.7.1.2.2. Increased communication and collaboration among providers.
 - 1.2.7.1.2.3. Increased capacity and delivery of services.
 - 1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.
 - 1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.
 - 1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:
 - 1.2.7.1.2.6.1. Health service providers.
 - 1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.
 - 1.2.7.1.2.6.3. Police and fire stations.
 - 1.2.7.1.2.6.4. Municipal government buildings.



1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The selected Applicant shall conduct a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN. The Department shall provide guidance, technical assistance to the selected Applicant to:

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the



continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

1.2.8.2. The selected Applicant shall participate in Department trainings and meetings, as requested.

1.2.9. Health Disparities Community Health Worker

1.2.9.1. The selected Applicant shall provide a health disparities Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 and other SDOH related services.

1.2.9.2. The selected Applicant shall submit CHW-related documentation to the Department within 30 days of Agreement effective date, which shall include, but is not limited to:

1.2.9.2.1. Staff recruitment plan.

1.2.9.2.2. Training procedures.

1.2.9.2.3. Onboarding plan.

1.2.9.3. The selected Applicant shall ensure the CHW provides COVID-19 support services, including, but not limited to:

1.2.9.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.

1.2.9.3.2. Assisting with contact tracing, when required.

1.2.9.3.3. Cultural mediation among individuals, communities, and health and social service systems.

1.2.9.3.4. Culturally appropriate health education and information.

1.2.9.3.5. Care coordination, case management, and system navigation.

1.2.9.3.6. Coaching and social support by advocating for individuals and communities.

1.2.9.3.7. Direct services to clients with COVID-19 and their family or household members affected by COVID-19, which include, but are not limited to facilitating:



- 1.2.9.3.7.1. Access to COVID-19 testing within five (5) days of encounter between the CHW and the client.
- 1.2.9.3.7.2. Access to the influenza vaccine within 14 days of encounter between the CHW and the client.
- 1.2.9.3.7.3. Access to the COVID-19 vaccine within 14 days of encounter between the CHW and the client.
- 1.2.9.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.
- 1.2.9.3.9. Providing and distributing educational information about COVID-19 vaccinations and general Department guidance for individual mitigation.
- 1.2.9.4. The selected Applicant shall ensure the CHW provides SDOH related services, which include, but are not limited to:
 - 1.2.9.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:
 - 1.2.9.4.1.1. Providing appropriate care coordination, case management, and connections to patient and family identified community and social services and referrals.
 - 1.2.9.4.1.2. Assisting with maintaining and/or applying for social services within their community.
 - 1.2.9.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.
 - 1.2.9.4.1.4. Assisting vulnerable populations with navigating the healthcare system.
 - 1.2.9.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.



- 1.2.9.4.1.6. Providing culturally appropriate health education on topics related to COVID-19, chronic disease prevention, physical activity, and nutrition.
- 1.2.9.4.1.7. Providing informal counseling, health screenings, and referrals.
- 1.2.9.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:
 - 1.2.9.4.1.8.1. Food insecurity supports.
 - 1.2.9.4.1.8.2. Mental health supports.
 - 1.2.9.4.1.8.3. Health care referrals.
 - 1.2.9.4.1.8.4. Substance use disorder supports.
 - 1.2.9.4.1.8.5. Educational supports and services.
 - 1.2.9.4.1.8.6. Financial literacy.
 - 1.2.9.4.1.8.7. Budgeting supports.
 - 1.2.9.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.
 - 1.2.9.4.1.8.9. Social Isolation supports.
- 1.2.9.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:



- 1.2.9.4.2.1. Educating healthcare providers and stakeholders about community health needs.
- 1.2.9.4.2.2. Managing care and care transitions for vulnerable populations.
- 1.2.9.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.
- 1.2.9.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.
- 1.2.9.4.2.5. Building community capacity to address health issues.
- 1.2.9.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.
- 1.2.9.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.
- 1.2.9.5. The selected Applicant shall ensure the CHW documents encounters within the selected Applicant's data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:
 - 1.2.9.5.1. Race.
 - 1.2.9.5.2. Ethnicity.
 - 1.2.9.5.3. Language.
 - 1.2.9.5.4. Household income.
 - 1.2.9.5.5. Marital status.
 - 1.2.9.5.6. Age of parents.
 - 1.2.9.5.7. Sexual orientation and/or gender identity.
 - 1.2.9.5.8. Street address.
 - 1.2.9.5.9. Town.



- 1.2.9.5.10. County.
- 1.2.9.5.11. Zip Code.
- 1.2.9.5.12. State.
- 1.2.9.5.13. Number of incarcerated parents (if applicable).
- 1.2.9.5.14. Phone number and/or email address.
- 1.2.9.5.15. Status of receiving benefits, if applicable, including, but not limited to:
 - 1.2.9.5.15.1. Supplemental Nutrition Assistance Program (SNAP).
 - 1.2.9.5.15.2. Child Care.
 - 1.2.9.5.15.3. Medicaid.
 - 1.2.9.5.15.4. Social Security.
 - 1.2.9.5.15.5. Temporary Assistance for Needy Families (TANF).
 - 1.2.9.5.15.6. Women, Infants, and Children (WIC) program.

1.2.9.6. The selected Applicant shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.

1.2.9.7. The selected Applicant shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.

1.2.10. Public Health Advisory Council

1.2.10.1. The selected Applicant shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The selected Applicant shall:

1.2.10.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.10.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.10.1.2.1. Approve regional health priorities and implement high-level goals and strategies.



- 1.2.10.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.
- 1.2.10.1.2.3. Form committees and workgroups to address specific strategies and public health topics.
- 1.2.10.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.
- 1.2.10.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.
- 1.2.10.1.2.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.
- 1.2.10.1.3. Conduct, at minimum, biannual meetings of the PHAC.
- 1.2.10.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:
 - 1.2.10.1.4.1. Ensure meeting minutes are available to the public upon request.
 - 1.2.10.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.
- 1.2.10.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.
- 1.2.10.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.



- 1.2.10.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.
- 1.2.10.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.
- 1.2.10.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community
- 1.2.10.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.
- 1.2.10.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.
- 1.2.10.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC.
- 1.2.10.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.11. Public Health Emergency Preparedness

1.2.11.1. The selected Applicant shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The selected Applicant shall:

- 1.2.11.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S.



- Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.
- 1.2.11.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:
 - 1.2.11.1.2.1. Improve regional emergency response plans.
 - 1.2.11.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 1.2.11.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.
 - 1.2.11.1.2.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.
 - 1.2.11.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.
 - 1.2.11.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.
 - 1.2.11.1.5. Submit an annual work plan based on a template provided by the Department.
 - 1.2.11.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.
 - 1.2.11.1.7. Collaborate with the Department's DPHS, the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition, and other training providers to implement training programs.
 - 1.2.11.1.8. Revise the RPHEA based on guidance from the Department. The Selected Applicant shall:



- 1.2.11.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.
- 1.2.11.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.
- 1.2.11.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 1.2.11.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.
- 1.2.11.1.9. Understand the hazards and social conditions that increase vulnerability within the public health region including, but not limited to, SDOH factors. The selected Applicant shall:
 - 1.2.11.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.
 - 1.2.11.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.
- 1.2.11.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and



responsibilities of the parties in the planning for and response to a public health incident or emergency.

- 1.2.11.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.
- 1.2.11.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.
- 1.2.11.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.
- 1.2.11.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.
- 1.2.11.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.
- 1.2.11.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.
- 1.2.11.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.
- 1.2.11.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:
 - 1.2.11.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.
 - 1.2.11.1.18.2. Annual submission of either ORR or self-assessment documentation.



- 1.2.11.1.18.3. ORR site visit as scheduled by the CDC and the Department.
- 1.2.11.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.
- 1.2.11.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:
 - 1.2.11.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.
 - 1.2.11.1.19.2. Uploading, at least annually, a complete inventory to a Health Information Management System (HIMS) identified by the Department.
- 1.2.11.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Selected Applicant shall:
 - 1.2.11.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.
 - 1.2.11.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.
 - 1.2.11.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.
 - 1.2.11.1.20.4. Conduct quarterly notification drills of volunteers.
- 1.2.11.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.



- 1.2.11.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.
- 1.2.11.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable disease can be accessed, according to guidance issued by the Department.

1.2.12. Public Health Emergency Preparedness: COVID-19 Response

1.2.12.1. Emergency Operations

- 1.2.12.1.1. The selected Applicant shall enact emergency operations across the RPHN for COVID-19 efforts by:
 - 1.2.12.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.
 - 1.2.12.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.
 - 1.2.12.1.1.3. Assessing the region's public health and healthcare system training needs.
 - 1.2.12.1.1.4. Providing training designed to improve the region's public health and healthcare system response.
 - 1.2.12.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.12.2. Responder Safety and Health

- 1.2.12.2.1. The Selected Applicant shall ensure the health and safety of the public health response in the RPHN, including but not limited to:



- 1.2.12.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.
- 1.2.12.2.1.2. Determining responder safety and health gaps and implementing corrective actions.
- 1.2.12.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.
- 1.2.12.3. Identification of Vulnerable Populations
 - 1.2.12.3.1. The selected Applicant shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.
 - 1.2.12.3.2. The selected Applicant shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.
- 1.2.12.4. Information Sharing and Public Information
 - 1.2.12.4.1. The selected Applicant shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:
 - 1.2.12.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.
 - 1.2.12.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.
 - 1.2.12.4.1.3. Coordinating communication messages, products, and programs with DHHS, key



partners and stakeholders, to harmonize response messaging.

1.2.12.5. Distribution and Use of Medical Materials

1.2.12.5.1. The selected Applicant shall ensure capacity for a mass vaccination campaign, including:

1.2.12.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.12.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.12.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.12.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.12.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.12.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.12.5.2. The Selected Applicant shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all policies and procedures put forth by the Department.

1.2.12.5.3. The Selected Applicant will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIS) or another system as designated by the Department to input vaccine data. The Selected Applicant agrees to the following terms regarding the use of loaned assets:

1.2.12.5.3.1. As applicable and subject to the terms and conditions of this



Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the selected Applicant and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the selected Applicant and will be updated as needed for asset management.

- 1.2.12.5.3.2. As applicable, the selected Applicant agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.
- 1.2.12.5.3.3. As applicable, the selected Applicant acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the selected Applicant to purchase, install, and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Selected Applicant further acknowledges responsibility for maintaining security standards including but not limited to antivirus software, patching and software updates.
- 1.2.12.5.3.4. As applicable, the selected Applicant acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in



association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.

1.2.12.5.3.5. As applicable, the selected Applicant understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

1.2.12.5.3.6. As applicable, prior to returning laptop, iPads, and/or other mobile or storage devices to the Department, the Selected Applicant agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST Special Publication 800-88 Rev.1, or later for guidelines at <https://csrc.nist.gov/publications/s/p800>.

1.2.12.6. Surge Staffing

1.2.12.6.1. The selected Applicant shall activate mechanisms for surging public health responder staff.

1.2.12.6.2. The selected Applicant shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.12.6.2.1. Medical Reserve Corps (MRC).



- 1.2.12.6.2.2. Citizens Emergency Response Teams (CERT).
- 1.2.12.6.2.3. Public Health Coordination with Healthcare Systems.
- 1.2.12.6.3. The selected Applicant shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.
- 1.2.12.6.4. The selected Applicant shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.
- 1.2.12.7. Biosurveillance
 - 1.2.12.7.1. The selected Applicant shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:
 - 1.2.12.7.1.1. Public health epidemiological investigation activities such as contact follow-up.
 - 1.2.12.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.
 - 1.2.12.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.
 - 1.2.12.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.
 - 1.2.12.7.1.5. Ensuring efficient and timely data collection.
 - 1.2.12.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.



1.2.12.8. Vaccine Preventable Disease Prevention

1.2.12.8.1. The Selected Applicant shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Selected Applicant shall:

1.2.12.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2.12.8.1.2. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.2.12.8.1.3. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.2.12.8.2. The Selected Applicant shall ensure proper vaccine storage, handling and management. The Selected Applicant shall:

1.2.12.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.12.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Selected Applicant's custody.

1.2.12.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.



- 1.2.12.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
- 1.2.12.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
- 1.2.12.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.
- 1.2.12.8.2.7. Track each vaccine dose provided by NHIP.
- 1.2.12.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:
 - 1.2.12.8.2.8.1. Immediately quarantine the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".
 - 1.2.12.8.2.8.2. Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.
 - 1.2.12.8.2.8.3. Notify NHIP immediately after contacting the manufacturer



- regarding any temperature excursion by contacting the NHIP and faxing incident forms.
- 1.2.12.8.2.8.4. Submit a Cold Chain Incident Report along with a Data Logger report to NHIP within 24 hours of temperature excursion occurrence.
- 1.2.12.8.3. Within 24 hours of the completion of every clinic:
 - 1.2.12.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.
 - 1.2.12.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.
 - 1.2.12.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Selected Applicant's established vaccine refrigerator.
 - 1.2.12.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:
 - 1.2.12.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine formulation and other demographic indicators as



determined by the Department.

1.2.12.8.3.4.2. Total number of vaccines wasted.

1.2.12.8.4. The Selected Applicant, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.12.8.4.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.12.8.4.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.12.8.4.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.12.8.4.4. Suggestions on how state level resources may aid increasing the number of vaccinated individuals

1.2.12.8.5. The Selected Applicant shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.12.9. COVID-19 Vaccinations

1.2.12.9.1. The selected Applicant shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or “target populations”), including, but not limited to:

1.2.12.9.1.1. Racial minority populations.

1.2.12.9.1.2. Ethnic minority populations.

1.2.12.9.1.3. Individuals experiencing homelessness.

1.2.12.9.1.4. Individuals experiencing housing instability.



- 1.2.12.9.1.5. Rural communities.
- 1.2.12.9.2. The selected Applicant shall operationalize COVID-19 vaccine clinics, as directed by the Department and based upon funding, for the target populations to increase equitable distribution of COVID-19 vaccination by utilizing strategies that include, but are not limited to:
 - 1.2.12.9.2.1. Vaccine strike teams.
 - 1.2.12.9.2.2. Mobile vaccine clinics.
 - 1.2.12.9.2.3. Satellite clinics.
 - 1.2.12.9.2.4. Temporary clinics.
 - 1.2.12.9.2.5. Travel to off-site clinics to provide vaccination services in non-traditional settings, including in-home vaccination to homebound patients where other mechanisms for in-home vaccination are not available.
 - 1.2.12.9.2.6. Other vaccine sites, as approved by the Department.
 - 1.2.12.9.2.7. Ensure vaccine sites are located at a variety of settings, including, but not limited to, schools, healthcare facilities, and community-based sites.
 - 1.2.12.9.2.8. Ensure hours of operation at vaccine sites are maintained and/or adjusted as required to meet the needs of the target population.
- 1.2.12.9.3. The Selected Applicant shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach, and partnerships in the target populations. The Selected Applicant shall:
 - 1.2.12.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19 vaccinations among the target populations. Community liaison



- collaborators shall include, but are not limited to:
- 1.2.12.9.3.2. Federally Qualified Health Centers.
 - 1.2.12.9.3.3. Community Mental Health Centers.
 - 1.2.12.9.3.4. Community-based Organizations.
 - 1.2.12.9.3.5. City Health Departments.
 - 1.2.12.9.3.6. Faith-based Organizations.
 - 1.2.12.9.3.7. Local barbers and hairdressers.
 - 1.2.12.9.3.8. Community Colleges.
 - 1.2.12.9.3.9. Schools.
- 1.2.12.9.4. Conduct outreach to populations including, but not limited to, those who:
- 1.2.12.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.
 - 1.2.12.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.
 - 1.2.12.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.
 - 1.2.12.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.
 - 1.2.12.9.4.5. Have a history of mistrust in health authorities or the medical establishment.
 - 1.2.12.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.
- 1.2.12.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation



- services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.
- 1.2.12.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.
 - 1.2.12.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.
 - 1.2.12.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.
 - 1.2.12.9.9. Participate in meetings with the Department, as requested by the Department.
 - 1.2.12.9.10. Attend NHIP trainings.
 - 1.2.12.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.
 - 1.2.12.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.
- 1.2.12.10. The Selected Applicant shall procure resources, equipment, and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:
- 1.2.12.10.1. Coordinating, operating, and managing clinics.
 - 1.2.12.10.2. Procuring communication devices and services, which may include, but are not limited to:
 - 1.2.12.10.2.1. Two-way radios.
 - 1.2.12.10.2.2. Cell phones.
 - 1.2.12.10.2.3. Wi-Fi.
 - 1.2.12.10.2.4. Computers.
 - 1.2.12.10.3. Procuring disposable supplies, which may include, but are not limited to:
 - 1.2.12.10.3.1. Generator fuel.
 - 1.2.12.10.3.2. Propane.



- 1.2.12.10.3.3. Oil.
- 1.2.12.10.3.4. Batteries.
- 1.2.12.10.4. Procuring clinical supplies, which may include, but are not limited to:
 - 1.2.12.10.4.1. Syringes.
 - 1.2.12.10.4.2. Needles
 - 1.2.12.10.4.3. Alcohol wipes.
 - 1.2.12.10.4.4. Band aids.
 - 1.2.12.10.4.5. Stickers.
- 1.2.12.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.
- 1.2.12.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.
- 1.2.12.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:
 - 1.2.12.10.7.1. Administering vaccines.
 - 1.2.12.10.7.2. Participating in training, as requested.
 - 1.2.12.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.
- 1.2.12.10.8. Reimbursing mileage costs for vaccine clinic staff, Selected Applicant's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.13. School-Based Vaccination Clinics

- 1.2.13.1. The Selected Applicant shall provide organizational structure to administer school-based clinics (SBC) to provide vaccination against SARS-CoV-2 and Influenza. The Selected Applicant shall:
 - 1.2.13.1.1. Conduct outreach to schools to enroll or continue in the SBC initiative.



- 1.2.13.1.2. Ensure that SBC services are offered with priority to schools identified by the NHIP as having the highest percentage of students eligible for free/reduced school lunch program.
- 1.2.13.1.3. Distribute state-supplied promotional vaccination materials.
- 1.2.13.1.4. Distribute, obtain, verify, and store written consent forms from legal guardians prior to administration of vaccines, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other state and federal regulations.
- 1.2.13.1.5. Document, verify, and store written or electronic record of vaccine administration in compliance with HIPAA and other state and federal regulations.
- 1.2.13.1.6. Provide written communication of vaccination status, indicating either completed or not completed, to the parent and/or legal guardian upon the day of vaccination.
- 1.2.13.1.7. Provide vaccination information to the patient's primary care provider following HIPAA, federal and state guidelines, unless the parent and/or legal guardian requests that the information not be shared, in which case the information may be given to the parent and/or guardian to distribute to the primary care providers. The selected Applicant shall ensure information includes:
 - 1.2.13.1.7.1. Patient full name and one other unique patient identifier;
 - 1.2.13.1.7.2. Vaccine name;
 - 1.2.13.1.7.3. Vaccine manufacturer;
 - 1.2.13.1.7.4. Lot number;
 - 1.2.13.1.7.5. Date of vaccine expiration;
 - 1.2.13.1.7.6. Date of vaccine administration;
 - 1.2.13.1.7.7. Date Vaccine Information Sheet (VIS) was given;
 - 1.2.13.1.7.8. Edition date of the VIS given;



- 1.2.13.1.7.9. Name and address of entity that administered the vaccine (Selected Applicant's name); and
- 1.2.13.1.7.10. Full name and title of the individual who administered the vaccine.
- 1.2.13.1.8. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a VIS, in order that the legal authority, legal guardian, and/or parent is provided access to the information on the day of vaccination.
- 1.2.13.1.9. Develop and maintain written policies and procedures to ensure the safety of employees, volunteers, and patients.
- 1.2.13.1.10. Encourage schools participating in the SBC program to submit a daily report of the total number of students absent and total number of students absent with influenza-like illness for in-session school days.
- 1.2.13.1.11. Submit a list of SBC clinics planned for the upcoming season to NHIP, providing updates as applicable.
- 1.2.13.2. The selected Applicant shall safely administer vaccine supplied by NHIP. The selected Applicant shall:
 - 1.2.13.2.1. Ensure copies of standing orders, emergency interventions, and/or protocols are available at all clinics.
 - 1.2.13.2.2. Recruit, train, and retain qualified medical and non-medical volunteers to assist with operating the clinics.
 - 1.2.13.2.3. Procure necessary supplies to conduct school vaccine clinics, including but not limited to emergency management medications and equipment, needles, personal protective equipment, antiseptic wipes, and non-latex bandages.
- 1.2.13.3. The selected Applicant shall ensure proper vaccine storage, handling and management, and shall:
 - 1.2.13.3.1. Submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP, annually, ensuring all listed requirements are met by



- providers administering vaccination (other than COVID-19), immunoglobulin or other pharmaceuticals supplied by the NHIP.
- 1.2.13.3.2. Submit a signed COVID-19 Vaccination Provider Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering COVID-19 vaccination.
 - 1.2.13.3.3. Ensure the SBC coordinator completes the NHIP vaccination training annually.
 - 1.2.13.3.4. Retain a copy of SBC coordinator training certificates on file.
 - 1.2.13.3.5. Utilize NHIP training materials or other educational materials, as approved by the Department prior to use, for annual training of SBC staff on vaccine administration, ordering, storage and handling.
 - 1.2.13.3.6. Retain a copy of all training materials on site for reference during SBCs.
 - 1.2.13.3.7. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Selected Applicant's custody.
 - 1.2.13.3.8. Record temperatures twice daily, AM and PM, during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator.
 - 1.2.13.3.9. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
 - 1.2.13.3.10. Utilize temperature data logger for all vaccine monitoring including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
 - 1.2.13.3.11. Account for every dose of vaccine.
 - 1.2.13.3.12. Submit a monthly temperature log for the vaccine storage refrigerator.
 - 1.2.13.3.13. Notify NHIP and fax or secure email incident forms of any adverse event within 24 hours of event occurring.
 - 1.2.13.3.14. In the event of a vaccine temperature excursion where the stored vaccine experiences temperatures outside of the manufacturer's



- recommended temperatures, the Selected Applicant shall immediately quarantine the vaccine in an appropriate temperature setting, separating it from other vaccine, and label it "DO NOT USE."
- 1.2.13.3.15. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.
 - 1.2.13.3.16. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.
 - 1.2.13.3.17. Submit a Cold Chain Incident Report with a Data Logger Report to NHIP within 24 hours of the temperature excursion occurrence.
- 1.2.13.4. The selected Applicant shall perform tasks within 24 hours of the completion of every clinic which include, but are not limited to:
- 1.2.13.4.1. Updating State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.
 - 1.2.13.4.2. Ensuring doses administered and entered in the inventory system match the clinical documentation of doses administered.
 - 1.2.13.4.3. Submitting the hourly vaccine temperature log for the duration the vaccine is kept outside of the selected Applicant's established vaccine refrigerator.
 - 1.2.13.4.4. Submitting totals to the NHIP outside of the vaccine ordering system that include the total number of:
 - 1.2.13.4.4.1. Individuals vaccinated by age group and vaccine formulation/lot number
 - 1.2.13.4.4.2. Vaccines wasted by vaccine formulation/lot number.
 - 1.2.13.4.5. Completing an annual year-end self-evaluation and improvement plan for areas which include, but are not limited to:
 - 1.2.13.4.5.1. Strategies that worked well in the areas of communication, logistics, or planning.



- 1.2.13.4.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.
- 1.2.13.4.5.3. Discussions relative to strategies that worked well for increasing both the number of clinics conducted at schools and the number of students vaccinated.
- 1.2.13.4.5.4. Discussions relative to future strategies and plans for increasing individuals vaccinated, including suggestions on how state-level resources may aid in the effort.

1.2.14. Training and Technical Assistance Requirements

1.2.14.1. The selected Applicant shall participate in training and technical assistance as follows:

1.2.14.1.1. Public Health Advisory Council

- 1.2.14.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.
- 1.2.14.1.1.2. Complete a technical assistance needs assessment.

1.2.14.1.2. Public Health Emergency Preparedness

- 1.2.14.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).
- 1.2.14.1.2.2. Complete a technical assistance needs assessment.
- 1.2.14.1.2.3. Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.



1.2.14.1.3. Substance Misuse Prevention Coordination and Continuum of Care Facilitation

- 1.2.14.1.3.1. Attend community of practice meetings and/or activities.
- 1.2.14.1.3.2. Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.
- 1.2.14.1.3.3. Attend all regularly scheduled RPHN substance misuse meetings.
- 1.2.14.1.3.4. Attend additional meetings, conference calls and webinars as required by the Department.
- 1.2.14.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.
- 1.2.14.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.
- 1.2.14.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.



1.2.14.1.4. School-Based Clinics

1.2.14.1.4.1. Staffing of clinics requires a currently licensed clinical staff person with a current Basic Life Support (BLS) Certification at each clinic to provide oversight and direction of clinical operations.

1.2.14.1.4.2. Clinical license, or copy from the NH online license verification showing the license type, expiration and status, and current BLS certificate shall be retained in the training file.

1.2.15. Performance Measures

1.2.15.1. The selected Applicant shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.2.15.1.1. Public Health Advisory Council

1.2.15.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.2.15.1.1.1.1. Vision or mission statements.

1.2.15.1.1.1.2. Organizational charts.

1.2.15.1.1.1.3. Agreements.

1.2.15.1.1.1.4. Meeting minutes.

1.2.15.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.2.15.1.1.1.6. CHIP evaluation plan that



demonstrates positive outcomes each year.

1.2.15.1.1.1.7. Publication of an annual report to the community.

1.2.15.1.2. Public Health Emergency Preparedness

1.2.15.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.2.15.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.2.15.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.2.15.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.2.15.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.2.15.1.3.1. The selected Applicant shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.2.15.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and



- evaluate progress in meeting goals in the three year strategic plan.
- 1.2.15.1.3.1.2. Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.
 - 1.2.15.1.3.1.3. Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
 - 1.2.15.1.3.1.4. Increase in resource allocation within the region to address substance misuse issues.
 - 1.2.15.1.3.1.5. Decrease in the use of alcohol and other drugs in the region as identified in the



three year strategic plan.

1.2.15.1.3.1.6. Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.

1.2.15.1.3.1.7. As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health (NSDUH), and other identified data sources.

1.2.15.1.4. School-Based Vaccination Clinics

1.2.15.1.4.1. Annual increase in the percentage of students receiving COVID-19 vaccination and seasonal influenza vaccination in school-based clinics.

1.2.15.1.4.2. Annual increase in the percentage of schools providing School Based vaccination clinics who are identified by NHIP as participating in the Free/Reduced School Lunch Program, or completion of at least 50% of schools listed by the Department.

1.2.15.1.4.3. Maintain influenza vaccine wastage below 5%.



- 1.2.15.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 1.2.15.3. The Department may collect other key data and metrics from Selected Applicant(s), including client-level demographic, performance, and service data.
- 1.2.15.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, Selected Applicant(s) must collect and share data with the Department in a format specified by the Department.

1.2.16. Reporting Requirements

- 1.2.16.1. The selected Applicant shall participate in site visits, which includes but is not limited to:
 - 1.2.16.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.
 - 1.2.16.1.2. Participating in site visits and technical assistance specific to a single scope of work.
 - 1.2.16.1.3. Submitting other information that may be required by federal and state funders during the contract period.
- 1.2.16.2. The selected Applicant shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.
- 1.2.16.3. The selected Applicant shall provide reports for SMP that include, but are not limited to:
 - 1.2.16.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.
 - 1.2.16.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.
 - 1.2.16.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.
 - 1.2.16.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database



per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Selected Applicant shall ensure data includes but is not limited to:

- 1.2.16.3.4.1. Number of individuals served or reached.
- 1.2.16.3.4.2. Demographics.
- 1.2.16.3.4.3. Strategies and activities per IOM by the six (6) activity types.
- 1.2.16.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.
- 1.2.16.3.4.5. Percentage of evidence-based strategies.
- 1.2.16.3.5. Submitting annual reports.
- 1.2.16.3.6. Providing additional reports or data as required by the Department.
- 1.2.16.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.
- 1.2.16.4. The selected Applicant shall provide Reports for Continuum of Care that include, but are not limited to:
 - 1.2.16.4.1. Submitting updates on regional assets and gaps assessments, as required.
 - 1.2.16.4.2. Submitting updates on regional CoC development plans, as indicated.
 - 1.2.16.4.3. Submitting quarterly reports, as indicated.
 - 1.2.16.4.4. Submitting year-end reports, as indicated.
- 1.2.16.5. The selected Applicant shall complete a monthly report supplied by the Department that includes, but is not limited to:
 - 1.2.16.5.1. Type and number of activities conducted.
 - 1.2.16.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.
 - 1.2.16.5.3. Demographics of individuals served including:



- 1.2.16.5.3.1. Age
- 1.2.16.5.3.2. Gender
- 1.2.16.5.3.3. Race
- 1.2.16.5.3.4. Ethnicity
- 1.2.16.5.3.5. Housing status
- 1.2.16.5.4. Inventory of Naloxone and Naloxone kits.
- 1.2.16.5.5. Communities (towns and cities) served within the region.
- 1.2.16.5.6. Barriers to Distribution and Dissemination Plan.
- 1.2.16.6. The selected Applicant shall provide reports for School-Based Vaccination Clinics that include but are not limited to:
 - 1.2.16.6.1. Attending annual debriefing and planning meetings with NHIP staff.
 - 1.2.16.6.2. Completing a year-end summary of:
 - 1.2.16.6.2.1. The total numbers of children vaccinated; and
 - 1.2.16.6.2.2. Accomplishments and improvements to future school-based clinics.
 - 1.2.16.6.3. Providing aggregated non-personally identifiable data, by school for each school, to the NHIP no later than three (3) months after SBCs are concluded, that include:
 - 1.2.16.6.3.1. Number of students by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) at that school;
 - 1.2.16.6.3.2. Number of students vaccinated against SARS-Co-V-2 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school;
 - 1.2.16.6.3.3. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of



- the total number at that school;
and
- 1.2.16.6.3.4. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.
- 1.2.16.6.3.5. Number of students vaccinated against COVID-19 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.
- 1.2.16.6.4. Providing other reports and updates as requested by NHIP.
- 1.2.16.7. The selected Applicant shall submit the following Public Health Emergency Preparedness information and reports to the Department:
 - 1.2.16.7.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.
 - 1.2.16.7.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.
 - 1.2.16.7.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.
 - 1.2.16.7.4. Other information that may be required by federal and state funders during the contract period.
- 1.2.16.8. The selected Applicant shall submit quarterly reports, which shall include, but are not limited:
 - 1.2.16.8.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.
 - 1.2.16.8.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.



- 1.2.16.8.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.
- 1.2.16.8.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.
- 1.2.16.8.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.
- 1.2.16.8.6. Efforts, successes, and challenges experienced in providing community engagement.
- 1.2.16.8.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.
- 1.2.16.8.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received results disaggregated by the following age ranges:
 - 1.2.16.8.8.1. 5-11 years old.
 - 1.2.16.8.8.2. 12-17 years old.
 - 1.2.16.8.8.3. 18 years and older.
- 1.2.16.8.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:
 - 1.2.16.8.9.1. 5-11 years old.
 - 1.2.16.8.9.2. 12-17 years old.
 - 1.2.16.8.9.3. 18 years and older.
 - 1.2.16.8.9.4. Any other age group eligible for COVID-19 vaccination.
- 1.2.16.8.10. Number of collaborating agencies/services identified as part of CHW-led intervention.
- 1.2.16.8.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.



- 1.2.16.8.12. Number and percentage of resources provided in a primary language other than English.
- 1.2.16.8.13. Number and percentage of in-community visits with CHW clients at locations other than the Selected Applicant's.
- 1.2.16.8.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.
- 1.2.16.8.15. Percentage of clients who identify one or more unmet need.
- 1.2.16.8.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.
- 1.2.16.8.17. Number and percentage of clients who have completed CHW encounter form and patient questionnaire.
- 1.2.16.8.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:
 - 1.2.16.8.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.
 - 1.2.16.8.18.2. Number of other navigation and support services to address COVID-19 risk factors.
 - 1.2.16.8.18.3. Number of referrals completed through closed loop referral system.
 - 1.2.16.8.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.
- 1.2.16.8.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.
- 1.2.16.8.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).



- 1.2.16.8.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) days of first CHW encounter.
 - 1.2.16.8.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.
 - 1.2.16.8.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.
- 1.2.17. Applicants must demonstrate the capacity and performance experience to meet the Scope of Services outlined in this RFA.

1.3. Compensation & Contract Value

- 1.3.1. The Department anticipates using Federal and General funds for the resulting contract(s). The Department may choose to modify the source of funding contingent upon the availability of funds at the time of award. Any selected vendor will be subject to the requirements in the Catalog of Federal Domestic Assistance (CFDA) # 93.069, #93.391, #93.268, and #93.354, Centers for Disease Control and Prevention; CFDA #93.889, U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response; CFDA #93.959 and #93.788, U.S. Department of Health and Human Services, Substance Abuse & Mental Health Assoc., or the requirements of the selected funding source.
- 1.3.2. Funding is anticipated to be available for the resulting contract per the amounts listed in Appendix E Funding Allocation Sheet.

1.4. Budget and Budget Narrative

- 1.4.1. Applicants must complete Appendix F, Budget Sheet for each State Fiscal Year (July 1 through June 30) of the anticipated Contract period.
- 1.4.2. Applicants must provide a Budget Narrative for each Budget Sheet (Appendix F) that explains the specific line item costs and their direct relationship to meeting the objectives of this RFA. The Budget Narratives must explain how each position included in the program Staff List (Appendix G) pertain to the application and what activities they will perform.

1.5. Contract Period

- 1.5.1. The Contract(s) resulting from this RFA are anticipated to be effective July 1, 2022 or upon Governor and Executive Council approval, whichever is later, through June 30, 2024.
- 1.5.2. The Department may extend contracted services for up to four (4) additional years, contingent upon satisfactory Selected Applicant



performance, continued funding, agreement of the parties, and Governor and Executive Council approval.

1.6. Mandatory Responses to RFA Questions

- 1.6.1. **Scoring Applicant Experience** – Applicant experience will be allocated a maximum score of 30 points. Applicants must demonstrate the experience to perform all services requested in this RFA.

Question 1 of 4 – Describe your experience in identifying and serving the identified populations, and the population’s need for services within the public health network for which you are applying. Include your experience in assisting the target population.

- 1.6.2. **Scoring Applicant Ability** – Applicant’s ability will be allocated a maximum score of 40 points. Applicants must demonstrate the ability to perform all services requested in this RFA.

Question 2 of 4 – Describe, in narrative form, your agency’s ability to provide the services described in the Scope of Services.

- 1.6.3. **Scoring Applicant Capacity** – Applicant’s capacity will be allocated a maximum score of 30 points. Applicants must demonstrate the capacity to perform all services requested in this RFA.

Question 3 of 4 – Describe your agency’s capacity to meet the requirements of this RFA. Include a narrative summary of how your mission statement aligns with the goals of this RFA. Do not exceed 15 pages.

- 1.6.4. **Scoring Applicant Knowledge** – Applicant’s knowledge will be allocated a maximum score of 50 points. Applicants must demonstrate the knowledge to perform all services requested in this RFA.

Question 4 of 4 – Provide a staffing plan that demonstrates your ability to provide services. Include:

- a. Your agency’s organizational chart.
- b. Resumes for key staff who will have responsibility for managing the programmatic, administrative and financial requirements in
- c. Any specialized staff training completed relevant to providing services in this RFA.

1.7. Application Evaluation

The Department will utilize a scoring scale of 150 points. The Department will select one Applicant per region based upon the criteria and standards contained in this RFA and applying the points set forth below:



- 1.7.1. **Experience Q1 – 30 Points**
- 1.7.2. **Ability Q2 – 40 Points**
- 1.7.3. **Capacity Q3 – 30 Points**
- 1.7.4. **Knowledge Q4 – 50 Points**
- 1.7.5. **Total Possible Points – 150 Points**

2. NOTICES

2.1. Exceptions

- 2.1.1. The Department will require the successful Applicant to execute a contract using the Form P-37, General Provisions and Standard Exhibits, which are attached as Appendix A. To the extent that an Applicant believes that exceptions to Appendix A will be necessary for the Applicant to enter into an Agreement, the Applicant must note those issues during the RFA Question Period in Section 3. Applicants may not request exceptions to the Scope of Services or any other sections of this RFA.
- 2.1.2. The Department will review requested exceptions and accept, reject or note that it is open to negotiation of the proposed exception at its sole discretion.
- 2.1.3. Any exceptions to the standard form contract and exhibits that are not raised by an Applicant during the RFA Question Period may not be considered. In no event is an Applicant to submit its own standard contract terms and conditions as a replacement for the Department's terms in response to this solicitation.

2.2. RFA Amendment

The Department reserves the right to amend this RFA, as it deems appropriate, prior to the Application submission deadline on its own initiative or in response to issues raised through Applicant questions. In the event of an amendment to the RFA, the Department, at its sole discretion, may extend the Application submission deadline. The amended language will be posted on the Department's website.

2.3. Application Submission

- 2.3.1. Applications must be submitted electronically to contracts@dhhs.nh.gov and the Contract Specialist at the email address specified in Subsection 3.3.
 - 2.3.1.1. The subject line must include the following information: **RFA-2023-DPHS-02-REGIO** (email xx of xx).
 - 2.3.1.2. The maximum size of file attachments per email is 10 MB. Applications with file attachments exceeding 10 MB must be submitted via multiple emails.



2.4. Contract Monitoring Provisions

- 2.4.1. All Applicants must complete Appendix B, Contract Monitoring Provisions.
- 2.4.2. The Department will use Applicant responses to conduct a risk assessment to determine if enhanced contract monitoring is necessary if the Applicant is awarded a contract. The risk assessment will not be used to disqualify or score Applications.

2.5. Compliance

- 2.5.1. Applicants must be in compliance with applicable federal and state laws, rules and regulations, and applicable policies and procedures adopted by the Department currently in effect, and as they may be adopted or amended during the contract period.
- 2.5.2. The Selected Applicant must meet all information security and privacy requirements as set by the Department.
- 2.5.3. The Selected Applicant must maintain the following records during the resulting contract term where appropriate and as prescribed by the Department:
 - 2.5.3.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Selected Applicant in the performance of the Contract, and all income received or collected by the Selected Applicant.
 - 2.5.3.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
 - 2.5.3.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
 - 2.5.3.4. Medical records on each patient/recipient of services.
 - 2.5.3.5. During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated



representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Selected Applicant as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Selected Applicant.

2.5.4. Credits and Copyright Ownership

- 2.5.4.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement, *“The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.”*
- 2.5.4.2. All materials produced or purchased under the contract shall have prior approval from the Department before printing, production, distribution or use. The Department will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. The Selected Applicant shall not reproduce any materials produced under the contract without prior written approval from the Department.

2.5.5. Culturally and Linguistically Appropriate Services

- 2.5.5.1. The New Hampshire Department of Health and Human Services is committed to reducing health disparities in New Hampshire and recognizes that culture and language can have a considerable impact on how individuals access and respond to health and human services. Culturally and linguistically diverse populations experience barriers in their



efforts to access services. As a result, the Department is strongly committed to providing culturally and linguistically competent programs and services for its clients, and as a means of ensuring access to quality care for all. As part of that commitment, the Department continuously strives to improve existing programs and services, and to bring them in line with current best practices.

- 2.5.5.2. The Department requires all Selected Applicants and sub-recipients to provide culturally and linguistically appropriate programs and services in compliance with all applicable federal civil rights laws, which may include: Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Rehabilitation Act of 1973. Collectively, these laws prohibit discrimination on the grounds of race, color, national origin, disability, age, sex, and religion.
- 2.5.5.3. There are numerous resources available to help recipients increase their ability to meet the needs of culturally, racially and linguistically diverse clients. Some of the main information sources are listed in the Bidder's Reference Guide for Completing the Culturally and Linguistically Appropriate Services Section of the RFP, and, in the Vendor/RFP section of the Department's website.
- 2.5.5.4. A key Title VI guidance is the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), developed by the U.S. Department of Health and Human Services in 2000. The CLAS Standards provide specific steps that organizations may take to make their services more culturally and linguistically appropriate. The enhanced CLAS standards, released in 2013, promote effective communication not only with persons with Limited English Proficiency, but also with persons who have other communication needs. The enhanced Standards provide a framework for organizations to best serve the nation's increasingly diverse communities.
- 2.5.5.5. Applicants are expected to consider the need for language services for individuals with Limited English Proficiency as well as other communication needs, served or likely to be encountered in the eligible service population, both in developing their budgets and in conducting their programs and activities.



- 2.5.5.6. Successful Applicants will be:
 - 2.5.5.6.1. Required to submit a detailed description of the language assistance services they will provide to LEP persons to ensure meaningful access to their programs and/or services, within ten (10) days of the date the contract is approved by Governor and Council; and
 - 2.5.5.6.2. Monitored on their Federal civil rights compliance using the Federal Civil Rights Compliance Checklist, which can be found in the Vendor/RFP section of the Department's website.
- 2.5.5.7. The guidance that accompanies Title VI of the Civil Rights Act of 1964 requires recipients to take reasonable steps to ensure meaningful access to their programs and services by persons with Limited English Proficiency (LEP persons). The extent of an organization's obligation to provide LEP services is based on an individualized assessment involving the balancing of four factors:
 - 2.5.5.7.1. The number or proportion of LEP persons served or likely to be encountered in the population that is eligible for the program or services (this includes minor children served by the program who have LEP parent(s) or guardian(s) in need of language assistance);
 - 2.5.5.7.2. The frequency with which LEP individuals come in contact with the program, activity or service;
 - 2.5.5.7.3. The importance or impact of the contact upon the lives of the person(s) served by the program, activity or service; and
 - 2.5.5.7.4. The resources available to the organization to provide language assistance.
- 2.5.5.8. **Applicants are required to complete the TWO (2) steps listed in the Appendix C to this RFA, as part of their Application.** Completion of these two items is required not only because the provision of language and/or communication assistance is a longstanding requirement under the Federal civil rights laws, but also because consideration of all the required factors will help inform Applicants' program design, which in turn, will allow Applicants to put forth the best possible Application.



- 2.5.5.9. For guidance on completing the two steps in Appendix C, please refer to Bidder's Reference Guide for Completing the Culturally and Linguistically Appropriate Services Addendum of the RFA, which is posted on the Department's website. <http://www.dhhs.nh.gov/business/forms.htm>.

2.5.6. Audit Requirements

- 2.5.6.1. The Selected Applicant must email an annual audit to melissa.s.morin@dhhs.nh.gov if **any** of the following conditions exist:
 - 2.5.6.1.1. Condition A - The Selected Applicant expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 2.5.6.1.2. Condition B - The Selected Applicant is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 2.5.6.1.3. Condition C - The Selected Applicant is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 2.5.6.2. If Condition A exists, the Selected Applicant shall submit an annual **single audit** performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Selected Applicant's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
- 2.5.6.3. If Condition B or Condition C exists, the Selected Applicant shall submit an annual **financial audit** performed by an independent CPA within 120 days after the close of the Selected Applicant's fiscal year.
- 2.5.6.4. Any Selected Applicant that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Selected Applicant is high-risk.
- 2.5.6.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Selected Applicant that the Selected Applicant shall be held liable for



any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

- 2.5.7. Upon request, the selected Vendor must allow the Department to conduct a Privacy Impact Assessment (PIA) of its system if Personally Identifiable Information (PII) is collected, used, accessed, shared, or stored. To conduct the PIA the selected Vendor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:
 - 2.5.7.1. How is PII gathered and stored;
 - 2.5.7.2. Who will have access to PII;
 - 2.5.7.3. How PII will be used in the system;
 - 2.5.7.4. How individual consent will be achieved and revoked; and
 - 2.5.7.5. Privacy practices.
- 2.5.8. The Department may conduct follow-up PIA's in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

2.6. Non-Collusion

The Applicant's required signature on the Transmittal Cover Letter for an Application submitted in response to this RFA guarantees that the prices, terms and conditions, and services have been established without collusion with other Applicants and without effort to preclude Department from obtaining the best possible Application.

2.7. Applicant Withdrawal

Prior to the Closing Date for receipt of Applications, an Application may be withdrawn by submitting a written request for its withdrawal to Contract Specialist identified in Paragraph 3.3.2.

2.8. Public Disclosure

- 2.8.1. Pursuant to RSA 21-G:37, the content of responses to this RFA must remain confidential until the Governor and Executive Council have awarded a contract. At the time of receipt of Applications, the Department will publish the number of responses received with no further information. No later than five (5) business days prior to submission of a contract to the Department of Administrative Services pursuant to this RFA, the Department will post the name, rank or score of each Applicant. Applicant's disclosure or distribution of the contents of its Application, other than to the State, will be grounds for disqualification at the State's sole discretion.



- 2.8.2. The content of each Application and addenda thereto will become public information once the Governor and Executive Council have approved a contract. Any information submitted as part of an Application in response to this RFA may be subject to public disclosure under RSA 91-A. In addition, in accordance with RSA 9-F:1, any contract entered into as a result of this RFA will be made accessible to the public online via the website Transparent NH (www.nh.gov/transparentnh/). Accordingly, business financial information and proprietary information such as trade secrets, business and financials models and forecasts, and proprietary formulas may be exempt from public disclosure under RSA 91-A:5, IV.
- 2.8.3. Insofar as an Applicant seeks to maintain the confidentiality of its confidential commercial, financial or personnel information, the Applicant must clearly identify in writing the information it claims to be confidential and explain the reasons such information should be considered confidential. This must be done by separate letter identifying by page number and Application section the specific information the Applicant claims to be exempt from public disclosure pursuant to RSA 91-A:5. **The Applicant is strongly encouraged to provide a redacted copy of their application.**
- 2.8.4. Each Applicant acknowledges that the Department is subject to the Right-to-Know Law New Hampshire RSA Chapter 91-A. The Department shall maintain the confidentiality of the identified confidential information insofar as it is consistent with applicable laws or regulations, including but not limited to New Hampshire RSA Chapter 91-A. In the event the Department receives a request for the information identified by an Applicant as confidential, the Department shall notify the Applicant and specify the date the Department intends to release the requested information. Any effort to prohibit or enjoin the release of the information shall be the Applicant's responsibility and at the Applicant's sole expense. If the Applicant fails to obtain a court order enjoining the disclosure, the Department may release the information on the date the Department specified in its notice to the Applicant without incurring any liability to the Applicant.

2.9. Non-Commitment

Notwithstanding any other provision of this RFA, this RFA does not commit the Department to award a Contract. The Department reserves the right to reject any and all Applications or any portions thereof, at any time and to cancel this RFA and to solicit new Applications under a new Application process.

2.10. Request for Additional Information or Materials

The Department may ask any Applicant to provide additional information or materials needed to clarify information presented in the Application. Such a request will be issued in writing and will not provide an Applicant with an opportunity to change, extend, or otherwise amend its Application in intent or substance.



2.11. Liability

By submitting an Application in response to this RFA, an Applicant agrees that in no event shall the State be either responsible for or held liable for any costs incurred by an Applicant in the preparation or submittal of or otherwise in connection with an Application, or for work performed prior to the Effective Date of a resulting contract.

2.12. Oral Presentations and Discussions

The Department reserves the right to require some or all Applicants to make oral presentations of their Application. The purpose of the oral presentation is to clarify and expound upon information provided in the written application. Applicants are prohibited from altering the original substance of their Applications during the oral presentations. The Department will use the information gained from oral presentations to refine the technical review scores. Any and all costs associated with an oral presentation shall be borne entirely by the Applicant.

2.13. Successful Applicant Notice and Contract Negotiations

If an Applicant(s) is selected, the Department will notify the successful Applicant(s) in writing of their selection and the State's desire to enter into contract negotiations. Until the Department successfully completes negotiations with the selected Applicant(s), all submitted Applications remain eligible for selection by the Department. In the event contract negotiations are unsuccessful with the selected Applicant(s), the evaluation team may recommend another Applicant(s). The Department will not contact Applicant(s) that are not initially selected to enter into contract negotiations.

2.14. Scope of Award and Contract Award Notice

- 2.14.1. The Department reserves the right to award a service, part of a service, group of services, or total services and to reject any and all Applications in whole or in part. A contract award is contingent on approval by the Governor and Executive Council.
- 2.14.2. If a contract is awarded, the selected Applicant must obtain written consent from the Department before any public announcement or news release is issued pertaining to any contract award.

2.15. Site Visits

The Department may, at its sole discretion, at any time prior to contract award, conduct a site visit at the Applicant's location or at any other location deemed appropriate by the Department, to determine the Applicant's capacity to satisfy the terms of this RFA. The Department may also require the Applicant to produce additional documents, records, or materials relevant to determining the Applicant's capacity to satisfy the terms of this RFA. Any and all costs associated with any site visit or requests for documents shall be borne entirely by the Applicant.

2.16. Protest of Intended Award

Any challenge of an award made or otherwise related to this RFA shall be governed by RSA 21-G:37, and the procedures and terms of this RFA. The procedure set forth



in RSA 21-G:37, IV, shall be the sole remedy available to challenge any award resulting from this RFA. In the event that any legal action is brought challenging this RFA and selection process, outside of the review process identified in RSA 21-G:37, IV, and in the event that the State of New Hampshire prevails, the challenger agrees to pay all expenses of such action, including attorney's fees and costs at all stages of litigation.

2.17. Contingency

Aspects of the award may be contingent upon changes to state or federal laws and regulations.

2.18. Ethical Requirements

From the time this RFA is published until a contract is awarded, no Applicant shall offer or give, directly or indirectly, any gift, expense reimbursement, or honorarium, as defined by RSA 15-B, to any elected official, public official, public employee, constitutional official, or family member of any such official or employee who will or has selected, evaluated, or awarded an RFP, or similar submission. Any Applicant that violates RSA 21-G:38 shall be subject to prosecution for an offense under RSA 640:2. Any Applicant who has been convicted of an offense based on conduct in violation of this section, which has not been annulled, or who is subject to a pending criminal charge for such an offense, shall be disqualified from submitting an Application to this RFA, or similar request for submission and every such Applicant shall be disqualified from submitting any Applicant or similar request for submission issued by any state agency. An Applicant that was disqualified under this section because of a pending criminal charge which is subsequently dismissed, results in an acquittal, or is annulled, may notify the Department of Administrative Services, which shall note that information on the list maintained on the state's internal intranet system, except in the case of annulment, the information, shall be deleted from the list.

3. PROPOSAL OUTLINE AND REQUIREMENTS

3.1. Application Process

3.1.1. Overview

- 3.1.1.1. Application documents must be presented in the order indicated below.
- 3.1.1.2. Applications must conform to all instructions, requirements and contents indicated below.
- 3.1.1.3. The Department must receive the Application by the time and date specified in the Procurement Timetable in Subsection 3.3 and in the manner specified or it will be rejected as non-compliant, unless waived by the Department as a non-material deviation.
- 3.1.1.4. The Department will conduct an initial screening step to verify Applicant compliance with the submission requirements of this RFA. The Department may waive or offer a limited



opportunity for an Applicant to cure immaterial deviations from the RFA requirements if it is determined to be in the best interest of the Department.

- 3.1.1.5. Late submissions that are not accepted will remain unopened and will be discarded. Submission of the Application shall be at the Applicant's expense.

3.2. Outline and Detail

Each proposal shall contain the following, in the order described in this section.

- 3.2.1. A **Transmittal Cover Letter** on the Applicant's letterhead that must:
 - 3.2.1.1. Reference, "**RFA-2023-DPHS-02-REGIO**;"
 - 3.2.1.2. Identify the name, title, mailing address, telephone number and email address of the person authorized by the Applicant to contractually obligate the agency or individual;
 - 3.2.1.3. Acknowledge that the Applicant has read this Request for Application, understands it, and agrees to be bound by its requirements;
 - 3.2.1.4. Contain the date that the Application was submitted; and
 - 3.2.1.5. Be signed by an individual who is authorized to bind the Applicant to all statements, including services and prices contained in this Request for Application.
- 3.2.2. **Table of Contents** – The required elements of the Proposal shall be numbered sequentially and represented in the Table of Contents.
- 3.2.3. **Executive Summary** – The Applicant must submit an executive summary to:
 - 3.2.3.1. Provide the Department with an overview of the organization and what the selected Applicant intends to provide;
 - 3.2.3.2. Demonstrate an understanding of the services requested in this RFA and any problems anticipated in accomplishing the work;
 - 3.2.3.3. Demonstrate the overall design of the project in response to achieving the deliverables as defined in this RFA; and
 - 3.2.3.4. Demonstrate familiarity with the project elements, its solutions to problems presented, and knowledge of the requested services.
- 3.2.4. **Description of Services** that must:
 - 3.2.4.1. Answer *all* RFA questions in Subsection 1.6.



- 3.2.4.2. Responses must be in the same sequence listed in Subsection 1.6.
- 3.2.5. **Description of Organization** – The Applicant must include in their Proposal a summary of the company’s organization, management, and history; and how the organization’s experience demonstrates the ability to meet the needs of requirements in this RFP. At a minimum, the description must include:
 - 3.2.5.1. General company overview;
 - 3.2.5.2. Ownership and subsidiaries;
 - 3.2.5.3. Company background and primary lines of business;
 - 3.2.5.4. Number of employees;
 - 3.2.5.5. Headquarters and satellite locations;
 - 3.2.5.6. Current project commitments;
 - 3.2.5.7. Major government and private sector clients;
 - 3.2.5.8. Mission Statement;
 - 3.2.5.9. The programs and activities of the company;
 - 3.2.5.10. The number of people serviced;
 - 3.2.5.11. Company accomplishments;
 - 3.2.5.12. Reasons the company is capable of effectively completing the services outlined in the RFP; and
 - 3.2.5.13. All strengths considered to be assets to the company.
- 3.2.6. **Technical Expertise/Staff Experience** – The Applicant must:
 - 3.2.6.1. Describe the length, depth, and applicability of all prior experience providing the requested services as well as the skill and experience of staff.
 - 3.2.6.2. Include a curriculum vitae or resume of each individual performing functions identified in this RFA.
- 3.2.7. **Three (3) references for the Applicant** - The Applicant must submit three (3) written references from individuals or organizations who have knowledge of the Applicant’s ability to deliver services applicable to this solicitation. A current Department employee will not be considered a valid reference:
 - 3.2.7.1. Each written reference must include current contact information, a description of work performed, quality of work, and dates of performance.
 - 3.2.7.2. The Department may contact a reference to clarify any information.



- 3.2.8. **Subcontractor Letters of Commitment** – The Applicant shall be solely responsible for meeting all requirements and terms and conditions specified in this RFA, its Proposal, and any resulting contract; regardless of whether it proposes to use any subcontractors. The Applicant and any subcontractors shall commit to the entire contract period stated within the RFA, unless a change of subcontractors is specifically agreed to by the Department. All selected Vendor(s) that indicate an intention to subcontract must submit a subcontractor’s letter of commitment to the Department no later than thirty (30) days from the contract effective date. The Department will approve or reject subcontractors for this project and require the Vendor(s) to replace subcontractors found to be unacceptable.
- 3.2.9. **Preliminary Budget** – The Applicant shall complete a preliminary budget using the template found in Attachment F. The preliminary budget serves to give the Department a visual description of the expected financial results of your business activities. Budgets should cover activities found in the Scope of Services (Section 1.2). Applicants choosing the option to include Supplemental Scope of Services should include relevant
- 3.2.10. **Licenses, Certificates and Permits** as required by this Request for Application.
- 3.2.11. **Current Certificate of Insurance**
- 3.2.12. **New Hampshire Certificate of Good Standing**
The Department requires, as applicable, every Selected Applicant to acquire a Certificate of Good Standing or assurance of obtaining registration with the New Hampshire Office of the Secretary of State in accordance with RSA 5:18-a.
- 3.2.13. **Affiliations – Conflict of Interest Statement** regarding any and all affiliations that might result in a conflict of interest. Explain the relationship and how the affiliation would not represent a conflict of interest.
- 3.2.14. **Appendix B** – Contract Monitoring Provisions.
- 3.2.15. **Appendix C** – CLAS Requirements.

3.3. Procurement Timetable and Contact Information

- 3.3.1. Schedule of Events



Item	Action <i>(All times are according to Eastern Standard Time. The Department reserves the right to modify these dates at its sole discretion.)</i>	Date
1.	RFA Release Date	April 25, 2022
2.	RFA Applicant Questions Submission Deadline	May 6, 2022 11:59 PM
3.	Department Responses to Questions Published	May 16, 2022
4.	Application Submission Deadline	May 23, 2022 11:59 PM

3.3.2. All questions and applications must be submitted electronically to:

State of New Hampshire
Department of Health and Human Services
Allison Goodwin, Contract Specialist
Bureau of Contracts & Procurements
129 Pleasant Street
Concord NH 03301
Email: Allison.M.Goodwin@dhhs.nh.gov
Phone: (603) 271-9391

3.3.3. From the date of release of this RFA until an award is made and announced regarding the selection of an Applicant, all communication with personnel employed by or under contract with the Department regarding this RFA is prohibited unless first approved by the RFA Point of Contact listed in Paragraph 3.3.2, herein. Department employees have been directed not to hold conferences and/or discussions concerning this RFA with any potential Selected Applicant during the selection process, unless otherwise authorized by the RFA Point of Contact. Applicants may be disqualified for violating this restriction on communications.

3.4. Applicant's Questions and Answers

3.4.1. All questions about this RFA, including but not limited to requests for clarification, additional information or any changes to the RFA must be made in writing, citing the RFA page number and part or subpart, and submitted by email to the Contract Specialist identified in Paragraph 3.3.2.

3.4.2. The Department may consolidate or paraphrase questions for efficiency and clarity. Questions that are not understood will not be answered. Statements that are not questions will not receive a response.



- 3.4.3. Questions must be submitted by email; however, the Department assumes no liability for ensuring accurate and complete email transmissions.
- 3.4.4. Questions must be received by the deadline provided in Paragraph 3.3.1, Procurement Timetable.
- 3.4.5. Written answers to questions received will be published on the Department's website on or about the date indicated in Paragraph 3.3.1, Procurement Timetable.

3.5. Validity of Application

Applications must be valid for 180 days following the deadline for submission in the Procurement Timetable above, or until the Effective Date of any resulting Contract, whichever is later.

4. Appendices

- 4.1. Appendix A – P-37 General Provisions and Standard Exhibits (for reference only - do not return)**
- 4.2. Appendix B – Contract Monitoring Provisions**
- 4.3. Appendix C – CLAS Requirements**
- 4.4. Appendix D – Town and County Public Health Network List**
- 4.5. Appendix E – Funding Allocation Sheet**
- 4.6. Appendix F – Budget Sheet (see document library)**
- 4.7. Appendix G – Program Staff List (see document library)**

Do Not Return**Subject:**_____

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

AGREEMENT

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name		1.4 Contractor Address	
1.5 Contractor Phone Number () -	1.6 Account Number	1.7 Completion Date Select a Date	1.8 Price Limitation
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Date:		1.12 Name and Title of Contractor Signatory	
1.13 State Agency Signature Date:		1.14 Name and Title of State Agency Signatory	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (<i>if applicable</i>) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (<i>if applicable</i>) By: _____ On: _____			
1.17 Approval by the Governor and Executive Council (<i>if applicable</i>) G&C Item number: _____ G&C Meeting Date: _____			

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Contractor Initials _____
Date _____

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective 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 affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 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 applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

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

6.3. The Contractor 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.

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Date _____

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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 cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

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

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

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

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

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submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 As used in this Agreement, the word “data” shall mean all information and things developed or obtained 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.

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

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Date _____

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and 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. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

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

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

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

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

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

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

Contractor Initials _____
Date _____

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New Hampshire Department of Health and Human Services



Exhibit A

REVISIONS TO STANDARD CONTRACT PROVISIONS

1 – Revisions to Form P-37, General Provisions

1.1 Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3 Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

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Exhibit A - Revisions to Standard Contract Provisions

Contractor Initials _____

Date _____

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New Hampshire Department of Health and Human Services



EXHIBIT B

Scope of Services

To be drafted in accordance with the selected Vendor's proposal, as negotiated with the Department through the procurement process.

Do Not Return

Vendor Name

Page 1 of 1

Contractor Initials _____

Date _____

Do Not Return

New Hampshire Department of Health and Human Services



EXHIBIT C

Payment Terms

To be drafted in accordance with the selected Vendor's proposal, as negotiated with the Department through the procurement process.

VENDOR NAME

Exhibit C

Contractor Initials _____

Do Not Return

Page 1 of 1

Date _____

Rev. 01/08/19



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New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
 NH Department of Health and Human Services
 129 Pleasant Street,
 Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

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Exhibit D – Certification regarding Drug Free
 Workplace Requirements
 Page 1 of 2

Vendor Initials _____

Date _____

CU/DHHS/110713



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New Hampshire Department of Health and Human Services
Exhibit D

- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Vendor Name:

_____ Date

_____ Name:
_____ Title:

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CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Vendor Name:

Date

Name:
Title:



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New Hampshire Department of Health and Human Services
Exhibit F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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New Hampshire Department of Health and Human Services
Exhibit F

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

- 10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

- 11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

- 13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
- 14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Vendor Name: _____

Date

Name:
Title:

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New Hampshire Department of Health and Human Services
Exhibit G

**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
 FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
 WHISTLEBLOWER PROTECTIONS**

The Vendor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Vendor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

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Exhibit G

Vendor Initials _____

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations
and Whistleblower protections

6/27/14
Rev. 10/21/14

Page 1 of 2

Date _____



Do Not Return

**New Hampshire Department of Health and Human Services
Exhibit G**

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Vendor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Vendor agrees to comply with the provisions indicated above.

Vendor Name:

Date

Name:
Title:

Do Not Return

Exhibit G

Vendor Initials _____

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

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New Hampshire Department of Health and Human Services
Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Vendor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

- 1. By signing and submitting this contract, the Vendor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Vendor Name:

Date

Name:
Title:

Do Not Return



Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.



Exhibit I

- I. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR Section 164.103.
- m. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. “Unsecured Protected Health Information” means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

Business Associate Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
- I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
- o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

- pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.
- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
 - g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
 - h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
 - i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
 - j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
 - k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
 - l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



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Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) l, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

The State

Name of the Contractor

Signature of Authorized Representative

Signature of Authorized Representative

Name of Authorized Representative

Name of Authorized Representative

Title of Authorized Representative

Title of Authorized Representative

Date

Date

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Exhibit J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$30,000 or more. If the initial award is below \$30,000 but subsequent grant modifications result in a total award equal to or over \$30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; formerly DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

_____ Date

_____ Name:
_____ Title:

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FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your organization is: _____
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

_____ NO _____ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____ NO _____ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

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Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR**A. Business Use and Disclosure of Confidential Information.**

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

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request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

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wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

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- 5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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Appendix B Contract Monitoring Provisions

All vendors must complete and return pages 4 & 5, Management Questionnaire, and the required financial information as specified in Section 2.4, unless exempt.

1. Definitions

- 1.1. Department – NH Department of Health and Human Services (DHHS).
- 1.2. Vendors – non-state agency external entities with which the Department intends to enter into a legal agreement. Component units of the State shall be considered vendors (e.g., University of New Hampshire, Community College System of New Hampshire).
- 1.3. Subrecipients – vendors issued funds to provide goods or services on behalf of the Department to the public. In accordance with [2 CFR 200.331](#), characteristics which support the classification of a subrecipient include when the non-Federal entity:
 - 1.3.1. Determines who is eligible to receive what Federal assistance;
 - 1.3.2. Has its performance measured in relation to whether objectives of a Federal program were met;
 - 1.3.3. Has responsibility for programmatic decision making;
 - 1.3.4. Is responsible for adherence to applicable Federal program requirements specified in the Federal award; and
 - 1.3.5. In accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the Department.
- 1.4. Contractors – vendors issued funds to provide goods or services to the Department. In accordance with [2 CFR 200.331](#), characteristics indicative of a contractor are when the vendor:
 - 1.4.1. Provides the goods and services within normal business operations;
 - 1.4.2. Provides similar goods or services to many different purchasers;
 - 1.4.3. Normally operates in a competitive environment;
 - 1.4.4. Provides goods or services that are ancillary to the operation of the Federal program; and
 - 1.4.5. Is not subject to compliance requirements of the Federal program as a result of the agreement, though similar requirements may apply for other reasons.

2. Vendor Identification and Risk Assessment

- 2.1. The Department shall identify **ALL** vendors receiving federal, general, or other funds as either a Subrecipient or a Contractor, as defined in Section 1, above and in 2 CFR 200.331.
- 2.2. The Department shall complete a risk assessment of Subrecipients to evaluate their risk of non-compliance with Federal and State statutes and regulations, as well as the terms and conditions of the contract.
- 2.3. The Department shall assess vendor programmatic risk utilizing the Management Questionnaire which addresses multiple factors that include, but are not limited to:
 - 2.3.1. Grant management experience.
 - 2.3.2. Documented history of non-performance or non-compliance.
 - 2.3.3. Audit findings.
 - 2.3.4. Recent personnel or system changes.

Appendix B Contract Monitoring Provisions

- 2.3.5. Adequacy of internal controls.
- 2.4. The Department shall also assess vendor risk of financial solvency using the following Statement of Vendor's Financial Condition:
 - 2.4.1. The vendor's ability to demonstrate adequate financial resources for performance of the contract or the ability to obtain such resources as required during performance under this contract will be considered by the Department as part of the risk assessment to determine if enhanced contract monitoring is required if a contract is awarded.
 - 2.4.2. Each vendor must submit audited financial statements for the four (4) most recently completed fiscal years. If your organization has not been established long enough to have four (4) audited financial statements, please send the total number of statements generated since the inception of your organization. Statements must include a report by an independent auditor that expresses an unqualified or qualified opinion as to whether the accompanying financial statements are presented fairly in accordance with generally accepted accounting principles.
 - 2.4.3. Complete financial statements must include the following:
 - 2.4.3.1. Opinion of Certified Public Accountant;
 - 2.4.3.2. Balance Sheet;
 - 2.4.3.3. Income Statement;
 - 2.4.3.4. Statement of Cash Flow;
 - 2.4.3.5. Statement of Stockholder's Equity of Fund Balance;
 - 2.4.3.6. Complete Financial Notes; and
 - 2.4.3.7. Consolidating and Supplemental Financial Schedules.
 - 2.4.4. A vendor, which is part of a consolidated financial statement, may file the audited consolidated financial statements if it includes the consolidating schedules as supplemental information. A vendor, which is part of a consolidated financial statement, but whose certified consolidated financial statements do not contain the consolidating schedules as supplemental information, shall, in addition to the audited consolidated financial statements, file unaudited financial statements for the vendor alone accompanied by a certificate of authenticity signed by an officer of the corporation, partner, or owner under penalty of unsworn falsification which attests that the financial statements are correct in all material respects.
 - 2.4.5. If a vendor is not otherwise required by either state or federal statute to obtain a certification of audit of its financial statements, and thereby elects not to obtain such certification of audit, the vendor shall submit the following as part of its proposal:
 - 2.4.5.1. Uncertified financial statements; and
 - 2.4.5.2. A certificate of authenticity which attests that the financial statements are correct in all material respects and is signed by an officer of the corporation, partner, or owner under penalty of unsworn falsification.
 - 2.4.6. Exemptions: The Department will not request audited financial statements from or perform Financial Risk Analyses for the following organizations:

Appendix B Contract Monitoring Provisions

- 2.4.6.1. The University and Community College Systems of NH. These organizations are component units of the State which is ultimately financially liable for them.
- 2.4.6.2. Political Subdivisions, which includes counties and municipalities.

3. Contract Monitoring

- 3.1. The Department shall determine if enhanced monitoring is necessary to address any risks identified through the risk assessment referenced in Section 2, above.
- 3.2. The Department shall incorporate contract monitoring procedures and activities into final contracts to address identified risks, which may include but are not limited to:
 - 3.2.1. Requesting vendors to provide fiscal reports and documentation behind reports to the Department for review.
 - 3.2.2. Reviewing vendor reporting processes and systems for data integrity.
 - 3.2.3. Performing file reviews to ensure vendor compliance with state and federal laws and rules in the administration of the contract.
 - 3.2.4. Conducting site visits to assess vendor compliance with applicable contract objectives and requirements.
 - 3.2.5. Reviewing vendor expenditure details to ensure all expenditures are allowable and in compliance with Federal and State laws and other applicable policies or rules.
 - 3.2.6. Providing targeted training or technical assistance to vendors.
 - 3.2.7. Reviewing monthly financial data to assess vendor financial solvency.
- 3.3. The Department shall conduct contract monitoring activities as specified in resulting contracts.

4. Vendor Disqualification

- 4.1. The Department reserves the right to disqualify vendors who refuse to complete and return the Management Questionnaire on Page 4 and 5 of Appendix B, Contract Monitoring or the financial information as specified in Section 2.4.
- 4.2. In the event that the Department disqualifies a vendor from selection, the vendor shall have no right to appeal the Department's decision. Any review shall be in accordance with NH. RSA 21-G:37, IV.

Appendix B Contract Monitoring Provisions

Management Questionnaire for _____ (Vendor Name)

All vendors must complete and return this Management Questionnaire along with the required financial information in Section 2.4, unless exempt.

	Question	YES	NO	N/A
1.	Was your organization established more than two years ago?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.	During the past 18 months, have you experienced staff turnover in positions that will be involved in the administration of the contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.	Have you managed the same or a similar contract or program during one of the last five (5) calendar years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4.	Have you received federal funds from the Department through a contract during one of the last five (5) calendar years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5.	Were you ever provided formal written notification from the Department that you were in non-compliance or failed to perform in accordance with contract provisions or requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6.	If you had a Single Audit performed in accordance with the Federal Uniform Guidance (2 CFR 200 subpart F (200.500)) by an external entity or an audit performed by a state or federal agency during the most recently completed fiscal year, did the audit include any findings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	Have you ever been required to return payments to the Department as a result of an audit, unallowable expenditure or any other reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	Has your organization implemented a new accounting, financial, or programmatic IT system within the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9.	Are you aware of any ongoing or pending lawsuits filed against your organization or any investigations or inspections of your organization by any state or federal regulatory agency within the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.	With Department approval, if you intend to subcontract a portion of the work under the resulting contract to another entity, do you have competitive bid procedures for purchases and personal services contracts compliant with state and federal regulations, laws, and rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11.	With Department approval, if you intend to subcontract a portion of the work under the resulting contract to another entity, do you have written policies and procedures for subrecipient/contractor determinations, risk assessments, and subrecipient monitoring as required under Federal Uniform Guidance (2 CFR subpart D (200.300))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Appendix B Contract Monitoring Provisions

	Question	YES	NO	N/A
12.	Does your accounting system identify the receipt and expenditure of program funds separately by each contract or grant, and by line item categories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13.	Does your organization maintain a formal system of segregation of duties for procurement, time keeping, and bank statement reconciliation activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14.	Do you have procedures to ensure expenditures are reviewed by an independent person* to determine that all expenditures are allowable under the terms of the contract as well as federal and state regulations, laws and rules?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15.	Are time distribution records maintained for each employee performing contracted services that account for time spent working on the contract versus time spent on all other activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16.	Does your financial system compare amounts spent to date with budgeted amounts for each award?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
17.	Does your accounting or financial system include budgetary controls to prevent incurring obligations in excess of total funds available for a grant or a cost category (e.g., personnel costs, equipment, travel)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
18.	Do you maintain written policy and procedures for all aspects of financial transactions and accounting related to time keeping, a record retention, procurement, and asset management that are compliant with Federal Uniform Guidance requirements (2 CFR subpart D (200.300))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

*An independent person can be any individual within an organization or an outside third party, who verifies that an expenditure made by another person, is appropriate and in accordance with the terms of the contract. For example, one person would be responsible for making a purchase or authorizing payment and a second independent person verifies that funds were spent appropriately. If you do not have an independent person, please mark "No" for Question 14.

Marking No or N/A for any question on the Management Questionnaire does not preclude a Vendor from being selected.

I hereby declare that the answers provided in this Management Questionnaire are accurate and true to the best of my knowledge.

Signature

Printed Name and Job Title

Date

APPENDIX C

Addendum to CLAS Section of RFA for Purpose of Documenting Title VI Compliance

All DHHS applicants are required to complete the following two (2) steps as part of their application:

- (1) Perform an individualized organizational assessment, using the four-factor analysis, to determine the extent of language assistance to provide for programs, services and/or activities; and;
- (2) Taking into account the outcome of the four-factor analysis, respond to the questions below.

Background:

Title VI of the Civil Rights Act of 1964 and its implementing regulations provide that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program that receives Federal financial assistance. The courts have held that national origin discrimination includes discrimination on the basis of limited English proficiency. Any organization or individual that receives Federal financial assistance, through either a grant, contract, or subcontract is a covered entity under Title VI. Examples of covered entities include the NH Department of Health and Human Services and its contractors.

Covered entities are required to take reasonable steps to ensure **meaningful access** by persons with limited English proficiency (LEP) to their programs and activities. LEP persons are those with a limited ability to speak, read, write or understand English.

The **key** to ensuring meaningful access by LEP persons is effective communication. An agency or provider can ensure effective communication by developing and implementing a language assistance program that includes policies and procedures for identifying and assessing the language needs of its LEP clients/applicants, and that provides for an array of language assistance options, notice to LEP persons of the right to receive language assistance free of charge, training of staff, periodic monitoring of the program, and translation of certain written materials.

The Office for Civil Rights (OCR) is the federal agency responsible for enforcing Title VI. OCR recognizes that covered entities vary in size, the number of LEP clients needing assistance, and the nature of the services provided. Accordingly, covered entities have some flexibility in how they address the needs of their LEP clients. (In other words, it is understood that one size language assistance program does not fit all covered entities.)

The **starting point** for covered entities to determine the extent of their obligation to provide LEP services is to apply a four-factor analysis to their organization. It is important to understand that the flexibility afforded in addressing the needs of LEP clients **does not diminish** the obligation covered entities have to address those needs.

APPENDIX C

Examples of practices that may violate Title VI include:

- Limiting participation in a program or activity due to a person's limited English proficiency;
- Providing services to LEP persons that are more limited in scope or are lower in quality than those provided to other persons (such as when there is no qualified interpretation provided);
- Failing to inform LEP persons of the right to receive free interpreter services and/or requiring LEP persons to provide their own interpreter;
- Subjecting LEP persons to unreasonable delays in the delivery of services.

Applicant STEP #1 – Individualized Assessment Using Four-Factor Analysis

The four-factor analysis helps an organization determine the right mix of services to provide to their LEP clients. The right mix of services is based upon an individualized assessment, involving the balancing of the following four factors.

- (1) The **number** or proportion of LEP persons served or likely to be encountered in the population that is eligible for the program;
- (2) The **frequency** with which LEP individuals come in contact with the program, activity or service;
- (3) The **importance** or impact of the contact upon the lives of the person(s) served by the program, activity or service;
- (4) The **resources** available to the organization to provide effective language assistance.

This addendum was created to facilitate an applicant's application of the four-factor analysis to the services they provide. At this stage, applicants are not required to submit their four-factor analysis as part of their application. **However, successful applicants will be required to submit a detailed description of the language assistance services they will provide to LEP persons to ensure meaningful access to their programs and/or services, within 10 days of the date the contract is approved by Governor and Council.** For further guidance, please see the Bidder's Reference for Completing the Culturally and Linguistically Appropriate Services (CLAS) Section of the RFA, which is available in the Vendor/RFP Section of the DHHS website.

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Important Items to Consider When Evaluating the Four Factors.

Factor #1 The number or proportion of LEP persons served or encountered in the population that is eligible for the program.

Considerations:

- The eligible population is specific to the program, activity or service. It includes LEP persons serviced by the program, as well as those directly affected by the program, activity or service.
- Organizations are required not only to examine data on LEP persons served by their program, but also those in the community who are **eligible** for the program (but who are not currently served or participating in the program due to existing language barriers).
- Relevant data sources may include information collected by program staff, as well as external data, such as the latest Census Reports.
- Recipients are required to apply this analysis to each language in the service area. When considering the number or proportion of LEP individuals in a service area, recipients should consider whether the minor children their programs serve have LEP parent(s) or guardian(s) with whom the recipient may need to interact. It is also important to consider language minority populations that are eligible for the programs or services, but are not currently served or participating in the program, due to existing language barriers.
- An effective means of determining the number of LEP persons served is to record the preferred languages of people who have day-to-day contact with the program.
- It is important to remember that the **focus** of the analysis is on the lack of English proficiency, not the ability to speak more than one language.

Factor #2: The frequency with which LEP individuals come in contact with the program, activity or service.

- The more frequently a recipient entity has contact with individuals in a particular language group, the more likely that language assistance in that language is needed. For example, the steps that are reasonable for a recipient that serves an LEP person on a one-time basis will be very different from those that are expected from a recipient that serves LEP persons daily.
- Even recipients that serve people from a particular language group infrequently or on an unpredictable basis should use this four-factor analysis to determine what to do if an LEP person seeks services from their program.
- The resulting plan may be as simple as being prepared to use a telephone interpreter service.
- The key is to have a plan in place.

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Factor #3 The importance or impact of the contact upon the lives of the person(s) served by the program, activity or service.
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| <ul style="list-style-type: none">• The more important a recipient's activity, program or service, or the greater the possible consequence of the contact to the LEP persons, the more likely language services are needed.• When considering this factor, the recipient should determine both the importance, as well as the urgency of the service. For example, if the communication is both important and urgent (such as the need to communicate information about an emergency medical procedure), it is more likely that immediate language services are required. If the information to be communicated is important but not urgent (such as the need to communicate information about elective surgery, where delay will not have any adverse impact on the patient's health), it is likely that language services are required, but that such services can be delayed for a reasonable length of time. |
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Factor #4 The resources available to the organization to provide effective language assistance.
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| <ul style="list-style-type: none">• A recipient's level of resources and the costs of providing language assistance services is another factor to consider in the analysis.• Remember, however, that cost is merely one factor in the analysis. Level of resources and costs do not diminish the requirement to address the need, however they may be considered in determining how the need is addressed;• Resources and cost issues can often be reduced, for example, by sharing language assistance materials and services among recipients. Therefore, recipients should carefully explore the most cost-effective means of delivering quality language services prior to limiting services due to resource limitations. |
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APPENDIX C

Applicant STEP #2 - Required Questions Relating to Language Assistance Measures

Taking into account the four-factor analysis, please answer the following questions in the six areas of the table below. (**Do not** attempt to answer the questions until you have completed the four-factor analysis.) The Department understands that your responses will depend on the outcome of the four-factor analysis. The requirement to provide language assistance does not vary, but the measures taken to provide the assistance will necessarily differ from organization to organization.

1. IDENTIFICATION OF LEP PERSONS SERVED OR LIKELY TO BE ENCOUNTERED IN YOUR PROGRAM		
a. Do you make an effort to identify LEP persons served in your program? (One way to identify LEP persons served in your program is to collect data on ethnicity, race, and/or preferred language.)	Yes	No
b. Do you make an effort to identify LEP persons likely to be encountered in the population eligible for your program or service? (One way to identify LEP persons likely to be encountered is by examining external data sources, such as Census data)	Yes	No
c. Does you make an effort to use data to identify new and emerging population or community needs?	Yes	No
2. NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE		
Do you inform all applicants / clients of their right to receive language / communication assistance services at no cost? (Or, do you have procedures in place to notify LEP applicants / clients of their right to receive assistance, if needed?) <u>Example:</u> One way to notify clients about the availability of language assistance is through the use of an "I Speak" card.	Yes	No
3. STAFF TRAINING		
Do you provide training to personnel at all levels of your organization on federal civil rights laws compliance and the procedures for providing language assistance to LEP persons, if needed?	Yes	No
4. PROVISION OF LANGUAGE ASSISTANCE		
Do you provide language assistance to LEP persons, free of charge, in a timely manner? (Or, do you have procedures in place to provide language	Yes	No

APPENDIX C

<p>assistance to LEP persons, if needed) In general, covered entities are required to provide two types of language assistance: (1) oral interpretation and (2) translation of written materials. Oral interpretation may be carried out by contracted in-person or remote interpreters, and/or bi-lingual staff. (Examples of written materials you may need to translate include vital documents such as consent forms and statements of rights.)</p>			
<p>5. ENSURING COMPETENCY OF INTERPRETERS USED IN PROGRAM AND THE ACCURACY OF TRANSLATED MATERIALS</p>			
<p>a. Do you make effort to assess the language fluency of all interpreters used in your program to determine their level of competence in their specific field of service? (Note: A way to fulfill this requirement is to use certified interpreters only.)</p>	Yes	No	
<p>b. As a general rule, does your organization avoid the use of family members, friends, and other untested individual to provide interpretation services?</p>	Yes	No	
<p>c. Does your organization have a policy and procedure in place to handle client requests to use a family member, friend, or other untested individual to provide interpretation services?</p>	Yes	No	
<p>d. Do you make an effort to verify the accuracy of any translated materials used in your program (or use only professionally certified translators)? (Note: Depending on the outcome of the four-factor analysis, N/A (Not applicable) may be an acceptable response to this question.)</p>	Yes	No	N/A
<p>6. MONITORING OF SERVICES PROVIDED</p>			
<p>Does you make an effort to periodically evaluate the effectiveness of any language assistance services provided, and make modifications, as needed?</p>	Yes	No	
<p>If there is a designated staff member who carries out the evaluation function? If so, please provide the person's title: _____</p>	Yes	No	

By signing and submitting this attachment to RFA# _____, the Contractor affirms that it:

- 1.) Has completed the four-factor analysis as part of the process for creating its proposal, in response to the above referenced RFA.

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- 2.) Understands that Title VI of the Civil Rights Act of 1964 requires the Contractor to take reasonable steps to ensure meaningful access to **all** LEP persons to all programs, services, and/or activities offered by my organization.
- 3.) Understands that, if selected, the Contractor will be required to submit a detailed description of the language assistance services it will provide to LEP persons to ensure meaningful access to programs and/or services, within 10 days of the date the contract is approved by Governor and Council.

Contractor/Vendor Signature

Contractor's Representative Name/Title

Contractor Name

Date

Appendix D
New Hampshire Department of Health and Human Services
Town and County Public Health Network (PHN) List

PHN	County	Municipality
Winnepesaukee	Belknap	Alton
Winnepesaukee	Belknap	Barnstead
Winnepesaukee	Belknap	Belmont
Winnepesaukee	Belknap	Center Harbor
Winnepesaukee	Belknap	Gilford
Winnepesaukee	Belknap	Gilmanton
Winnepesaukee	Belknap	Laconia
Winnepesaukee	Belknap	Meredith
Winnepesaukee	Belknap	New Hampton
Winnepesaukee	Belknap	Sanbornton
Winnepesaukee	Belknap	Tilton
Carroll	Carroll	Albany
Carroll	Carroll	Bartlett
Carroll	Carroll	Brookfield
Carroll	Carroll	Chatham
Carroll	Carroll	Conway
Carroll	Carroll	Eaton
Carroll	Carroll	Effingham
Carroll	Carroll	Freedom
Carroll	Carroll	Harts Location
Carroll	Carroll	Jackson
Carroll	Carroll	Madison
Carroll	Carroll	Moultonboro
Carroll	Carroll	Ossipee
Carroll	Carroll	Sandwich
Carroll	Carroll	Tamworth
Carroll	Carroll	Tuftonboro
Carroll	Carroll	Wakefield
Carroll	Carroll	Wolfeboro
Greater Monadnock	Cheshire	Alstead
Greater Monadnock	Cheshire	Chesterfield
Greater Monadnock	Cheshire	Dublin
Greater Monadnock	Cheshire	Fitzwilliam
Greater Monadnock	Cheshire	Gilsum
Greater Monadnock	Cheshire	Harrisville
Greater Monadnock	Cheshire	Hinsdale
Greater Monadnock	Cheshire	Jaffrey
Greater Monadnock	Cheshire	Keene
Greater Monadnock	Cheshire	Marlborough
Greater Monadnock	Cheshire	Marlow
Greater Monadnock	Cheshire	Nelson
Greater Monadnock	Cheshire	Richmond
Greater Monadnock	Cheshire	Rindge
Greater Monadnock	Cheshire	Roxbury
Greater Monadnock	Cheshire	Stoddard
Greater Monadnock	Cheshire	Sullivan
Greater Monadnock	Cheshire	Surry
Greater Monadnock	Cheshire	Swanzey
Greater Monadnock	Cheshire	Troy
Greater Monadnock	Cheshire	Walpole
Greater Monadnock	Cheshire	Westmoreland
Greater Monadnock	Cheshire	Winchester
North Country	Coos	Berlin

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New Hampshire Department of Health and Human Services
Town and County Public Health Network (PHN) List

PHN	County	Municipality
North Country	Coos	Carroll
North Country	Coos	Clarksville
North Country	Coos	Colebrook
North Country	Coos	Columbia
North Country	Coos	Dalton
North Country	Coos	Dummer
North Country	Coos	Errol
North Country	Coos	Gorham
North Country	Coos	Jefferson
North Country	Coos	Lancaster
North Country	Coos	Milan
North Country	Coos	Northumberland
North Country	Coos	Pittsburg
North Country	Coos	Randolph
North Country	Coos	Shelburne
North Country	Coos	Stark
North Country	Coos	Stewartstown
North Country	Coos	Stratford
North Country	Coos	Whitefield
Central	Grafton	Alexandria
Central	Grafton	Ashland
North Country	Grafton	Bath
North Country	Grafton	Benton
North Country	Grafton	Bethlehem
Central	Grafton	Bridgewater
Central	Grafton	Bristol
Central	Grafton	Campton
Upper Valley	Grafton	Canaan
Upper Valley	Grafton	Dorchester
North Country	Grafton	Easton
Central	Grafton	Ellsworth
Upper Valley	Grafton	Enfield
North Country	Grafton	Franconia
Upper Valley	Grafton	Grafton
Central	Grafton	Groton
Upper Valley	Grafton	Hanover
North Country	Grafton	Haverhill
Central	Grafton	Hebron
Central	Grafton	Holderness
North Country	Grafton	Landaff
Upper Valley	Grafton	Lebanon
Central	Grafton	Lincoln
North Country	Grafton	Lisbon
North Country	Grafton	Littleton
North Country	Grafton	Lyman
Upper Valley	Grafton	Lyme
North Country	Grafton	Monroe
Upper Valley	Grafton	Orange
Upper Valley	Grafton	Orford
Upper Valley	Grafton	Piermont
Central	Grafton	Plymouth
Central	Grafton	Rumney
North Country	Grafton	Sugar Hill

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New Hampshire Department of Health and Human Services
Town and County Public Health Network (PHN) List

PHN	County	Municipality
Central	Grafton	Thornton
Central	Grafton	Warren
Central	Grafton	Waterville Valley
Central	Grafton	Wentworth
Central	Grafton	Woodstock
Nashua	Hillsborough	Amherst
Greater Monadnock	Hillsborough	Antrim
Greater Manchester	Hillsborough	Bedford
Greater Monadnock	Hillsborough	Bennington
Nashua	Hillsborough	Brookline
Capital	Hillsborough	Deering
Greater Monadnock	Hillsborough	Francestown
Greater Manchester	Hillsborough	Goffstown
Greater Monadnock	Hillsborough	Greenfield
Greater Monadnock	Hillsborough	Greenville
Greater Monadnock	Hillsborough	Hancock
Capital	Hillsborough	Hillsborough
Nashua	Hillsborough	Hollis
Nashua	Hillsborough	Hudson
Nashua	Hillsborough	Litchfield
Nashua	Hillsborough	Lyndeborough
Greater Manchester	Hillsborough	Manchester
Nashua	Hillsborough	Mason
Nashua	Hillsborough	Merrimack
Nashua	Hillsborough	Milford
Nashua	Hillsborough	Mont Vernon
Nashua	Hillsborough	Nashua
Greater Manchester	Hillsborough	New Boston
Greater Monadnock	Hillsborough	New Ipswich
Nashua	Hillsborough	Pelham
Greater Monadnock	Hillsborough	Peterborough
Greater Monadnock	Hillsborough	Sharon
Greater Monadnock	Hillsborough	Temple
Capital	Hillsborough	Weare
Nashua	Hillsborough	Wilton
Capital	Hillsborough	Windsor
Capital	Merrimack	Allenstown
Capital	Merrimack	Andover
Capital	Merrimack	Boscawen
Capital	Merrimack	Bow
Capital	Merrimack	Bradford
Capital	Merrimack	Canterbury
Capital	Merrimack	Chichester
Capital	Merrimack	Concord
Winnepesaukee	Merrimack	Danbury
Capital	Merrimack	Dunbarton
Capital	Merrimack	Epsom
Winnepesaukee	Merrimack	Franklin
Capital	Merrimack	Henniker
Winnepesaukee	Merrimack	Hill
Greater Manchester	Merrimack	Hooksett
Capital	Merrimack	Hopkinton
Capital	Merrimack	Loudon

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New Hampshire Department of Health and Human Services
Town and County Public Health Network (PHN) List

PHN	County	Municipality
Greater Sullivan	Merrimack	New London
Greater Sullivan	Merrimack	Newbury
Winnepesaukee	Merrimack	Northfield
Capital	Merrimack	Pembroke
Capital	Merrimack	Pittsfield
Capital	Merrimack	Salisbury
Greater Sullivan	Merrimack	Sutton
Capital	Merrimack	Warner
Capital	Merrimack	Webster
Greater Sullivan	Merrimack	Wilmot
South Central	Rockingham	Atkinson
Greater Manchester	Rockingham	Auburn
Greater Seacoast	Rockingham	Brentwood
Greater Manchester	Rockingham	Candia
South Central	Rockingham	Chester
South Central	Rockingham	Danville
Greater Manchester	Rockingham	Deerfield
South Central	Rockingham	Derry
Greater Seacoast	Rockingham	East Kingston
Greater Seacoast	Rockingham	Epping
Greater Seacoast	Rockingham	Exeter
Greater Seacoast	Rockingham	Fremont
Greater Seacoast	Rockingham	Greenland
South Central	Rockingham	Hampstead
Greater Seacoast	Rockingham	Hampton
Greater Seacoast	Rockingham	Hampton Falls
Greater Seacoast	Rockingham	Kensington
Greater Seacoast	Rockingham	Kingston
South Central	Rockingham	Londonderry
Greater Seacoast	Rockingham	New Castle
Greater Seacoast	Rockingham	Newfields
Greater Seacoast	Rockingham	Newington
Greater Seacoast	Rockingham	Newmarket
Greater Seacoast	Rockingham	Newton
Greater Seacoast	Rockingham	North Hampton
Capital	Rockingham	Northwood
Greater Seacoast	Rockingham	Nottingham
South Central	Rockingham	Plaistow
Greater Seacoast	Rockingham	Portsmouth
Greater Seacoast	Rockingham	Raymond
Greater Seacoast	Rockingham	Rye
South Central	Rockingham	Salem
South Central	Rockingham	Sandown
Greater Seacoast	Rockingham	Seabrook
Greater Seacoast	Rockingham	South Hampton
Greater Seacoast	Rockingham	Stratham
South Central	Rockingham	Windham
Strafford County	Strafford	Barrington
Strafford County	Strafford	Dover
Strafford County	Strafford	Durham
Strafford County	Strafford	Farmington
Strafford County	Strafford	Lee
Strafford County	Strafford	Madbury

Appendix D
New Hampshire Department of Health and Human Services
Town and County Public Health Network (PHN) List

PHN	County	Municipality
Strafford County	Strafford	Middleton
Strafford County	Strafford	Milton
Strafford County	Strafford	New Durham
Strafford County	Strafford	Rochester
Strafford County	Strafford	Rollinsford
Strafford County	Strafford	Somersworth
Strafford County	Sullivan	Strafford
Greater Sullivan	Sullivan	Acworth
Greater Sullivan	Sullivan	Charlestown
Greater Sullivan	Sullivan	Claremont
Greater Sullivan	Sullivan	Cornish
Greater Sullivan	Sullivan	Croydon
Greater Sullivan	Sullivan	Goshen
Upper Valley	Sullivan	Grantham
Greater Sullivan	Sullivan	Langdon
Greater Sullivan	Sullivan	Lempster
Greater Sullivan	Sullivan	Newport
Upper Valley	Sullivan	Plainfield
Greater Sullivan	Sullivan	Springfield
Greater Sullivan	Sullivan	Sunapee
Greater Sullivan	Sullivan	Unity
Greater Sullivan	Sullivan	Washington

**Appendix E
Funding Allocation Sheet
SFY 2023**

	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse Prevention	Continuum of Care Facilitation	Strategic Planning Prevntion Framework Assessment	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	School-Based Vaccination Clinics	Health Disparities Community Health Worker
AU	2495	8011/3380	1114	1113	3380	3380	1981	7040	5178	1956	5771
Fed/Gen	100% Fed	8011 - 3380 97% Fed 3% Gen	63% Fed 37% Gen	100% Fed	97% Fed 3% Fed	66% Fed 34% Gen	100% Fed	100% Fed	100% Fed	100% Fed	100% Fed
Regional Public Health Network	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY
North Country	\$50,000	\$30,000	\$70,952	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000	\$15,000		\$15,000
Upper Valley	\$50,000	\$30,000	\$54,787	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000	\$15,000		\$15,000
Central NH	\$50,000	\$30,000	\$80,631	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000	\$15,000		\$15,000
Carroll County	\$50,000	\$30,000	\$45,925	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000	\$15,000		\$15,000
Greater Sullivan	\$50,000	\$30,000	\$67,310	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000	\$15,000		\$15,000
Winnepesaukee	\$50,000	\$30,000	\$86,750	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000	\$15,000		\$15,000
Greater Monadnock	\$50,000	\$30,000	\$85,165	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000		\$15,000	\$15,000
Capital Region	\$50,000	\$30,000	\$99,618	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000	\$15,000		\$15,000
Strafford County	\$50,000	\$30,000	\$104,412	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000	\$15,000		\$15,000
Greater Manchester	\$50,000	\$30,000	\$238,051	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000		\$15,000	\$15,000
Greater Nashua	\$50,000	\$30,000	\$187,728	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000		\$15,000	\$15,000
South Central	\$50,000	\$30,000	\$96,604	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000		\$15,000	\$15,000
Seacoast	\$50,000	\$30,000	\$102,249	\$10,000	\$92,862	\$39,798	\$70,427	\$25,000		\$15,000	\$15,000
Total	\$650,000	\$390,000	\$1,320,182	\$130,000	\$1,207,207	\$517,374	\$915,552	\$325,000	\$120,000	\$75,000	\$195,000

**Appendix E
Funding Allocation Sheet
SFY 2024**

	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse Prevention	Continuum of Care Facilitation	Strategic Planning Prevntion Framework Assessment	School-Based Vaccination Clinics	School-Based Vaccination Clinics
AU	2495	8011/3380	1114	1113	3380	3380	1981	5178	1956
Fed/Gen	100% Fed	8011 - 3380 97% Fed 3% Gen	63% Fed 37% Gen	100% Fed	97% Fed 3% Fed	66% Fed 34% Gen	100% Fed	100% Fed	100% Fed
Regional Public Health Network	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY	Amount Per SFY
North Country	\$50,000	\$30,000	\$70,952	\$10,000	\$92,862	\$39,798	\$70,427	\$15,000	
Upper Valley	\$50,000	\$30,000	\$54,787	\$10,000	\$92,862	\$39,798	\$70,427	\$15,000	
Central NH	\$50,000	\$30,000	\$80,631	\$10,000	\$92,862	\$39,798	\$70,427	\$15,000	
Carroll County	\$50,000	\$30,000	\$45,925	\$10,000	\$92,862	\$39,798	\$70,427	\$15,000	
Greater Sullivan	\$50,000	\$30,000	\$67,310	\$10,000	\$92,862	\$39,798	\$70,427	\$15,000	
Winnipesaukee	\$50,000	\$30,000	\$86,750	\$10,000	\$92,862	\$39,798	\$70,427	\$15,000	
Greater Monadnock	\$50,000	\$30,000	\$85,165	\$10,000	\$92,862	\$39,798	\$70,427		\$15,000
Capital Region	\$50,000	\$30,000	\$99,618	\$10,000	\$92,862	\$39,798	\$70,427	\$15,000	
Strafford County	\$50,000	\$30,000	\$104,412	\$10,000	\$92,862	\$39,798	\$70,427	\$15,000	
Greater Manchester	\$50,000	\$30,000	\$238,051	\$10,000	\$92,862	\$39,798	\$70,427		\$15,000
Greater Nashua	\$50,000	\$30,000	\$187,728	\$10,000	\$92,862	\$39,798	\$70,427		\$15,000
South Central	\$50,000	\$30,000	\$96,604	\$10,000	\$92,862	\$39,798	\$70,427		\$15,000
Seacoast	\$50,000	\$30,000	\$102,249	\$10,000	\$92,862	\$39,798	\$70,427		\$15,000
Total	\$650,000	\$390,000	\$1,320,182	\$130,000	\$1,207,207	\$517,374	\$915,552	\$120,000	\$75,000