CITY OF DOVER

DOVER PLANNING BOARD – AGENDA

Meeting Type:	Workshop
Meeting Location:	McConnell Center Cafeteria 61 Locust Street, Dover, NH 03820
Meeting Date:	**Tuesday, January 9, 2024**
Meeting Time:	**5:30 - 6:45 p.m.**

1. **2024 LAND USE BOARD MEET AND GREET**

   Members of the following boards, commissions and committees are cordially invited to attend the Meet and Greet:

   - City Council
   - Planning Board
   - Zoning Board of Adjustment
   - Ad-Hoc Committee to Address Community Housing Needs
   - Conservation Commission
   - Energy Commission
   - Open Lands Committee
   - Transportation Advisory Commission
   - Community Trails Advisory Committee
   - Dover Business and Industrial Development Authority
   - Parking Commission
   - Utilities Commission
   - Recreation Advisory Committee
   - Cochecho Waterfront Development Advisory Committee
   - Downtown TIF Advisory Board
   - Heritage Commission
   - Arts Commission

   - **5:30 -5:45 p.m.** Welcome and light dinner
   - **5:45 – 5:55 p.m.** Presentation – Open Space and Conservation Chapter of the Master Plan
   - **5:55 – 6:05 p.m.** Presentation – Impact Fees
   - **6:05 – 6:15 p.m.** Presentation – City Efforts to Address Community Housing Needs
   - **6:15 – 6:45 p.m.** Land Use Board Activity Update

2. **ADJOURNMENT**

Find us on Facebook at www.facebook.com/DoverNHPlanning/

CITY OF DOVER

DOVER PLANNING BOARD – AGENDA

Meeting Type:	Regular Meeting
Meeting Location:	Room 306, McConnell Center, 61 Locust Street, Dover, NH 03820
Meeting Date:	**Tuesday, January 9, 2024**
Meeting Time:	**7:00 pm**

1. **CITIZENS' FORUM**
2. **APPROVAL OF THE PRIOR MINUTES**
   - December 12, 2023 Regular Meeting Minutes
3. **OLD BUSINESS**
4. **NEW BUSINESS**

   A. Election of Officers

   B. Consideration and acceptance of Transfer of Development Rights for Brian Slovenski, Assessor's Map L, Lot 111, zoned R-20, located at 306 Dover Point Road. (Proposal is to purchase two (2) additional living units, for a total of 6 living units, within three (3) buildings). *(TRAN-2023-0005)

   C. Discussion of Impact Fees.

   D. Public Hearing of the draft FY25 CDBG Annual Action Plan. All persons wishing to speak on the Plan are urged to attend. *

   E. Discussion of Land Use Amendments/Goal Setting

5. **STAFF COMMENT**
6. **MEMBER COMMENTS**
7. **ADJOURNMENT**

*Indicates that if the application is accepted for discussion, the public hearing will be held the same evening. Note that some hearings will be continued from one meeting to another and some may be postponed. Since this is only a partial description of the proposal and may change, persons with questions or wishing to see the plans are invited to visit the Planning Office, Monday through Thursday from 8:30 am to 5:30 pm and Friday 8:30 am to 4:00 pm or email Dover-Planning@dover.nh.gov. You may also view materials at www.dover.nh.gov. Follow us on Twitter @DoverNHPlanning and find us on Facebook at https://www.facebook.com/DoverNHPlanning. The public is encouraged to leave comments in advance by emailing Dover-Planning@dover.nh.gov, or mailing written comments to Planning Board, Dover City Hall, 288 Central Ave., Dover, NH 03820. Messages must be received no later than 4 p.m. the day of the meeting and should identify the name and Dover address of the person leaving the message or providing the comment.

CITY OF DOVER

DOVER PLANNING BOARD – MINUTES

Meeting Type:	Regular Meeting
Meeting Location:	City Council Chamber's 288 Central Avenue
Meeting Date:	**Tuesday, December 12, 2023**
Meeting Time:	**7:00 pm**

Members Present: Gina Cruikshank (Chair), Hayley Harmon (Vice Chair), Mark Speidel, Fergus Cullen (Councilor), Tom Clark, Kyle Pimental, Ken Mavrogeorge, and George DeBoer (Alternate)
Members Not Present (excused): Erinn Kaspari, Jon Elliard, Melina Gambino (Alternate)
Members Not Present (un-excused): None
Staff Present: Donna Benton, Director of Planning and Community Development

G. Cruikshank called the meeting to order at 7p.m, noted G. DeBoer is sitting for E. Kaspari, and explained the citizens' forum process.

1. CITIZENS' FORUM

Citizens Forum Open
Bradley Amari, 51 Tuttle Ln shared some information regarding how to look at property values relating wetlands as well as mitigation costs.
Citizens Forum Closed

2. APPROVAL OF THE PRIOR MINUTES

- November 14, 2023 Regular Meeting Minutes

Motion T. Clark moved to approve the November 14, 2023 minutes as submitted. Seconded by: M. Speidel. Vote: U/A

3. OLD BUSINESS

None

4. NEW BUSINESS

Motion: M. Speidel moved to hear item 4E first. Seconded by: H. Harmon. Vote: all in favor with T. Clark abstaining.

E. Consideration and acceptance of Transfer of Development Rights for Brian Slovenski, Assessor's Map L, Lot 111, zoned R-20, located at 306 Dover Point Road. (Proposal is to purchase two (2) additional living units, for a total of 6 living units, within three (3) buildings). *(TRAN-2023-0005)

D. Benton suggested there may be an abutter notification issue so best practice is to continue the item to January 9th.

Motion: F. Cullen moved to continue the item to the next planning board meeting. Seconded by: G. DeBoer. Vote: U/A.

A. Consideration and acceptance of an Extension Request for a conditionally approved Site Plan and Lot Line Adjustment for JSR, LLC, Assessor's Map D, Lots 11-5 & 11-5SND, zoned IT, located at Quality Way & Venture Drive. (Proposal is for the Planning Board to extend the period of time for conditions to be met prior to plan signing). *(WAIV-2023-0011)

D. Benton explained that the applicant is requesting another extension to June 11, 2024 due to ongoing items that need other entities review such as SELT for changing the conservation easement lines. The Board previously granted an extension request on July 25, 2023 which expires on December 13, 2023. Previously, the applicant was conditionally approved for a lot line adjustment, a wetland buffer CUP and Site Review to construct of a 10,080 s.f. contractor storage bay/office facility consisting of four (4) separate bays with office space.

Christopher Berry, Berry Surveying and Engineering represented the application noting all other conditions have been met. They are just waiting for others to complete this last item.

Motion: G. DeBoer moved to accept the application and declared no regional impact. Seconded by: K. Mavrogeorge Vote: U/A

Public hearing opened
None
Public hearing closed.

STAFF RECOMMENDATION:
Chapter 153-8.A of the Site Review Regulations of the City Code provides for the Planning Board to extend the time period to address conditions of approval after the Planning Director grants one 90-day extension. Since some of the conditions of approval require approval from multiple entities which takes significant time which is beyond the control of the applicant, therefore staff recommends the Board grant the extension to June 11, 2024.

The Planning Department recommends the Planning Board vote to grant the Extension Request for both the Site Plan (Site-2022-0011) and Lot Line Adjustment (LOTA-2022-0002) with the same conditions of approval as outlined in the original Notices of Decision.

Motion: G. DeBoer moved to grant the extension request to June 11, 2024. Seconded by: T. Clark. Vote: U/A

B. Consideration and acceptance of a Conditional Use Permit for Oak Point Associates (Owner: Portsmouth Christian Academy), Assessor's Map J, Lot 1-C, zoned R-40, located at 20 Seaborne Drive. (Proposal is to expand the existing playground area creating 607 square feet of temporary impact and 3,852 square feet of permanent impact to the wetland buffer). *(COND-2023-0058)

D. Benton explained the applicant is requesting a Conditional Use Permit to allow an expansion of the existing playground area creating 607 s.f. of temporary impact and 3,852 sf. of permanent impact to the wetland buffer.

The Conservation Commission endorsed this application at their November 13 2023 meeting with the condition that the applicant attempt to return a similar square footage of the previously mowed wetland buffer area to a natural state with emphasis placed on an educational opportunity for students. The applicant has revised the plans to show the restoration area.

Wade Lippert, Oak Point Associates represented the application explaining the project and details of the site. He explained the plans for protecting the area to be restored to natural conditions, the signage that will be posted and educational aspects available for the students relating to the regrowth.

K. Mavrogeorge asked for some clarifications relating to the sewer easement which was addressed by Mr. Lippert and sent in to the Planning Department.

Motion: F. Cullen moved to accept the application and declared no regional impact. Seconded by: M. Speidel. Vote: U/A

Public hearing opened
No one spoke
Public hearing closed.

STAFF RECOMMENDATION:
The Conservation District ordinance §170.27.1.F. provides for Conditional Use Permits to allow impacts to wetlands and wetland buffers if standards related to demonstration that no practicable alternative exists, impact avoidance was considered, impacts were minimized, and mitigation has been sought.

Planning Staff feels that the applicant and property owner considered the criteria of practical alternative, avoidance, minimization, and mitigation and propose to create minimal additional wetland disturbance on the site as described in the narrative in the application materials.

The Planning Department recommends the Planning Board make findings and vote to grant the Conditional Use Permit with the following subsequent conditions:

Subsequent Conditions to Be Met Prior to the Issuance of the Conditional Use Permit:
1. The owner shall sign the final plans before Planning Board signature.
2. Add file number COND-2023-0058 to the plan sheets' title block.
3. Provide copies of the NHDES approval.
4. Area equivalent to the impact is restored.

Motion: M. Speidel moved to approve the Conditional Use Permit with subsequent conditions proposed by staff and with the addition of condition 4. Seconded by: G. DeBoer. Vote: U/A

C. Consideration and acceptance of a Minor Subdivision for The Hawkins Family Revocable Trust, Assessor's Map 2, Lot 20, zoned CBD-G, located at 297 Central Avenue. (Proposal is seeking a subdivision for title purposes). *(SUBM-2023-0007)

The applicant possesses ownership of 295 & 297 Central, which per the property's recorded deed, is identified as one single parcel. Applicant wishes to subdivide the existing 0.13± acre lot into two (2) new lots creating Lot 1 with .08± acres and Lot 2 with .04± acres for title purposes. Both new lots

will retain adequate parcel size as required by zoning. This application presents no change in the usage of the property. As a minor subdivision, this application did not appear before the TRC.

Kevin McEneaney, McEneaney Survey represented the application and explained the location of the property and the proposal.

Motion: T. Clark moved to accept the application and declared no regional impact. Seconded by: H. Harmon. Vote: U/A.

Public hearing opened
No one spoke
Public hearing closed.

STAFF RECOMMENDATION - Minor Subdivision:
The plan is consistent with Chapter 157-14 of the City of Dover's Land Subdivision Regulations, which provides for subdivision of existing lots.

The Planning Department recommends that the Planning Board make the necessary and supporting findings of fact, and vote to approve the minor subdivision with the following subsequent conditions:

Subsequent Conditions to Be Met Prior to Signing of Plans:
1. Provide physical and digital copies (including CAD) of complete plan set for recording at Strafford Country Registry of Deeds, which additionally shall include:

    a. The owner's signatures;
    b. Include the Planning File #SUBM-2023-0007;
    c. The stamp and signature of the LLS on the final plans; and
    d. Confirm lot numbering with City Assessor
    e. Add common note 15 (sewer and water)

Motion: M. Speidel moved to approve the Minor Subdivision with subsequent conditions set by staff as it meets regulations. Seconded by: T. Clark. Vote: U/A.

D. Consideration and acceptance of a Lot Line Adjustment for Nathan & Amy Perkins and Brian S. & Sarah Hennaco, Assessor's Map M, Lots 67 & 68-B, zoned R-20, located at 128 Dover Point Road and 19 Tuttle Lane. *(LOTA-2023-0013)

D. Benton explained the applicants are requesting to complete a lot line adjustment between two lots, adding 86,924 sq. ft. from Lot 67 to Lot 68-B, leaving Lot 67 with 0.727± ac. and Lot 68-B with 2.718± ac.
As a Lot Line Adjustment, this application did not appear before the TRC. Neither Lot's existing frontages will be affected by the proposed adjustment. Staff has received correspondence from an

abutter as well as NHDES regarding wetlands complaint and both staff and the NHDES have not found a violation.

Christopher Berry, Berry Surveying and Engineering represented the application explaining the proposal. He further gave details of complaints which have been filed and formally investigated and determined to have no violations on site.

Motion: T. Clark moved to accept the application and declared no regional impact. Seconded by: F. Cullen. Vote: U/A.

Public hearing opened
Bradley Amari, 51 Tuttle Ln noted he is currently representing his parents on an appeal at NHDES. The appeal is regarding 128 Dover Point Rd. If the appeal is successful, there might need to be mitigation applied. He explained their opinions that the maps are incorrect regarding the streams. They don't have an opinion on the lot line adjustment, but ask to wait for the determinations before taking action.
He gave additional details about the land in that area.

Chair Cruikshank reviewed some of his concerns with Mr. Berry and confirmed no action taken today will affect Mr. Amari's appeal.
Mr. Berry also stated by proposing this adjustment, the owner will not be able to develop the back two acres of the parcel.
Public hearing closed.

STAFF RECOMMENDATION:
Chapter §157-17 of the Land Subdivision Regulations of the City Code provides for the adjustment of existing lot lines between two or more lots. This plan is consistent with those regulations.

The Planning Department recommends the Planning make findings, and vote to approve the application with the following subsequent conditions:

Subsequent Conditions to Be Met Prior to Signing of Plans:
1. Provide physical and digital copies (including CAD) of complete plan set for recording at Strafford County Registry of Deeds which additionally shall include:
   a. Planning File Number #LOTA-2023-0013
   b. The owners' signatures
   c. The LLS and CWS stamp and signature.
   d. Add contiguous upland area for lot 68-B.

Motion: F. Cullen moved to approve the Lot Line Adjustment with subsequent conditions set by staff. Seconded by: K. Mavrogeorge. Vote: U/A.

F. Public hearing and possible recommendation on the City's proposed Capital Improvements Plan (CIP) FY 2025-2030. The CIP can be found on the City website at www.dover.nh.gov and in the Library, City Clerk's office, and the Planning Department. *

D. Benton explained this Capital Improvements Program was presented at the joint meeting of Planning Board and City Council. It is a six-year financial plan to review big purchases or recurring costs for the time frame of 2025-2030.
Tonight we hold the Planning Board public hearing and there will be another one at Council meeting tomorrow.
Planning Board role is to review the plan to be sure nothing in it goes against the master plan, then make a recommendation to Council tonight. They may vote on it tomorrow night.

K. Pimental noted he sees many CIPs throughout the state and Dover's is always exceptional.

Board members discussed the item and asked clarifying questions which staff answered.

Public hearing opened.
Edgar Crothers, 312 Dover Point arrived late and was here to discuss a particular development going in near Seacoast Furniture and the traffic safety issues there that need attention.
Public hearing closed.

Board members M.Speidel, G.DeBoer, and K.Pimental further discussed the item and asked clarifying questions which staff answered.

Discussion occurred about citizen donation/volunteering for light maintenance of park areas and similar.

Motion: K. Pimental moved to recommend the Capital Improvements Program FY2025 to FY2030 as presented to the City Council. Seconded by: H. Harmon. Vote: U/A.

5. STAFF COMMENTS

- Jeff Sanborn up for appointment for Planning Board at tomorrow's Council meeting
- Next Meeting January 9th at 5:30 for the Meet and Greet and then goal setting and CBDG special meeting
- New Zoning Administrator started on November 27, Paul Crouser.
- TRCs since last meeting:
    - Site Review for H.J. Stabile & Son, Inc, zoned G, located at Locust Street. (Proposal is to construct a Townhouse Condominium Complex of 22 units with associated parking & drainage. A Conditional Use Permit application would also appear before the Planning Board. (SITE-2023-0015)
    - Site Review for TF Moran (Owners 256-264 Central Avenue, LLC), zoned Central Business District, located at 256 & 264 Central Avenue. (Proposal is to replace gravel

parking with 10,595 sf of paved parking related to their renovation of the buildings). (SITE-2023-0013)

- Site Review for Knox Marsh Development, LLC, (Owner: Robert Baldwin), Assessor's Map 39, Lot 103, zoned Gateway, located at 34 New Rochester Road. (Proposal is to construct 6 duplex structures (12 units total) with the single-family dwelling to remain on the property). (SITE-2023-0007).

- TRCs coming up:
  - Site Review for CESO (Owners: 914 Central Avenue, LLC), zoned C, located at 914 Central Avenue. (Proposal is for Hang Ten Car Wash development that will consist of a 4,400-sf building, sixteen (16) vacuum spaces, and two (2) employee parking spaces. Two (2) related Conditional Use Permit applications would also appear before the Planning Board. (SITE-2023-0008, COND-2023-0045, & COND-2023-0046)
  - Major Subdivision for Diamond Capital, LLC, zoned R-12, located at 42 Long Hill Road. (Proposal is for a 34 lot subdivision. Six (6) of the 34 units were previously approved via Transfer of Development Rights. A related Conditional Use Permit will also appear before the Planning Board) *(SUBD-2023-0006 and COND-2023-0062)
  - D.Benton wished everyone Happy Holidays

6. MEMBER COMMENTS

- K. Pimental
  - Discussion about ideas about how to review the zoning changes made over the past few years and review tour of projects the board has approved.
- Chair signed: 2 Grove St. amendment, Courthouse amendment, Cielo townhouses, and New Rochester Road LLA.
- K. Mavrogeorge
  - Storm water utility will potentially be voted on at tomorrow's Council meeting
    - Appeal for public participation
- H. Harmon
  - Will be resigning from the board in the new year. Thanked the staff and board members.

7. ADJOURNMENT

Motion: H. Harmon moved to adjourn at 8:31 pm. Seconded by K. Mavrogeorge. Vote: U/A

DRAFT

CITY OF DOVER

PLANNING BOARD - STAFF MEMO FILE #TRAN-2023-0005

Application Type:	Transfer of Development Rights
Applicant(s):	Brian Slovenski
Owner(s):	Brian Slovenski
Location:	306 Dover Point Road (Assessor's Map L, Lot 111)
Meeting Date:	January 9, 2024

INTENT: To request the purchase of two (2) additional units through the Transfer of Development Rights ordinance.

UNITS PROPOSED: Two (2) additional units for a total of six (6) units within three (3) buildings.

AGENDA ITEM #: 4-B

ACREAGE: 1.64± acres

ZONING DISTRICT: R-20

EXISTING USE: Residential

PROPOSED USE: Residential

SURROUNDING USE: Commercial/Residential

ZBA ACTION: N/A

ATTACHMENTS: Application materials including site plan were part of the December meeting packet

APP. COMPLETE: No

REGIONAL IMPACT: No

NOTICES SENT: Abutter notices were sent by certified mail to all abutters for this meeting

PERMITS REQUIRED: TBD during site plan review NHDES Shoreland

TRC: N/A

Summary of Request and Background

The applicant is proposing to construct six units at 306 Dover Point Road utilizing the Transfer of Development Rights Ordinance by requesting to purchase two units. The TDR ordinance provides an opportunity to come to the Planning Board for TDR review prior to doing a full engineered plan for Technical Review. The applicant is requesting TDR review and conditional approval and then would need to go through Technical Review Committee process and come back before the Planning Board.

For this type of request, the calculation is used to create a density base rather than underlying density. This lot is also in the Riverfront Overlay, which requires a minimum of three times the minimum lot size (in this case requiring 60,000 s.f) which the lot complies with and the TDR ordinance is silent on. The calculation yielded 4 units thus the applicant is requesting to purchase two. At this time, the request is for unrestricted units to be purchased. The units would be broken up in to a two-family dwelling, three-family dwelling, and single-family dwelling. The lot would be serviced by public water and sewer and has frontage on the Piscataqua River.

Staff has found issue with the density calculation provided and until the unsuitable development area is calculated into the TDR calculation for their base density, staff recommends continuing the application to a date certain.

If the Planning Board votes to conditionally grant the TDR approval, the Planning Board has the right to lower the maximum after seeing fully engineered plans during the site review process.

Consistency with Land Use Regulations - TDR

§170-27.2 provides for additional density to be purchased through Transfer of Development Rights. This application meets the ordinance.

Section 170.27.2.G(8) states:

> "Regardless of the method utilized, any other provision in this Chapter to the contrary, the density or intensity of development of a receiving parcel may be increased by the TRANSFER OF DEVELOPMENT RIGHTS so long as the increase in density or intensity meets the following criteria and a narrative is submitted indicating how those criteria are met:
>
> (a) Is consistent with the Master Plan
>
> (b) Is compatible with the land uses on neighboring LOTs (eg a multifamily building fits in with in a single family neighborhood). The applicant shall provide in their narrative an explanation of their neighborhood analysis.
>
> (c) Is created on property served by public water and sanitary sewer.
>
> (d) Any relief sought should not be caused by the additional density."

STAFF RECOMMENDATION - TDR:

The Planning Department recommends that the Planning Board vote to continue this application until January 23, 2024 to allow the applicant to provide the revised plans and density calculation that follows the zoning ordinance including subtracting out the unsuitable area. Should the applicant provide information that their calculation does not need to change (if there is no unsuitable development area to be subtracted out) then staff would recommend that the Planning Board accept the application as complete, note it is not of

regional impact, hold a public hearing, make the necessary and supporting findings of fact, and vote to find the criteria of the TDR ordinance has been met with the following subsequent conditions:

Subsequent Conditions to Be Met Prior to Granting of the TDR:

1. Approval of future Site Plan.
2. Add TDR calculation and any restrictions in a note on the plan.
3. Add note to the plan that no additional dwelling units may added to the property without Planning Board approval and note number of TDR units approved; and
4. Payment of TDR fees for each TDR unit approved.

To: Josh Lanzetta, Esq
From: Donna Benton, AICP
Cc: Staff
Date: January 4, 2024
Re: TDR 306 Dover Point

ISSUE:
In February of 2020 the Board recommended amendments to the Transfer of Development Rights (TDR) Ordinance. In June 2020 the Planning Board approved the amendments and on July 22, 2020, the City Council ratified them. One elements is the requirement for staff to draft a review statement on determine the need for a sketch plan. Since then the criteria for TDR has also been amended.

INTENT:
This memo will serve as part of the staff report

GOALS:
Provide background of the balancing development vs. conservation needs and current housing shortage, and describe the TDR applications in Dover.

Background

On November 21, 2023, on behalf of your client, you submitted a plan and narrative to obtain 6 units lots by purchasing 2 through TDR for a project located at 306 Dover Point Road.

Staff performed this review based upon the information below, and is now providing the required staff report {170-27.2 E) 4) a}.

Project Information

Project:	Brian Slovenski's 306 Dover Point Rd. TDR Project
Where:	306 Dover Point Road
What:	6 unit residential TDR site plan with 2 TDR units. Current proposal is 4 of the TDR lots would be purchased at the full rate. The density calculation needs to be revised to follow the calculation per Chapter 170-27.2.G(3)(a) to determine accurate base calculation.
Acres:	1.64
Zone:	R-20 (Riverfront Overlay)
Public Water:	Yes
Public Sewer:	Yes
Units:	4 by using the TDR formula, plus 2 TDR to total 6 units
CUP:	No

Staff Comment

When reviewing projects, review the context, discuss options with the applicant and advises if it makes sense to request the purchase or exchange before or after designing a fully laid out plan.

In reviewing this project we note:

- Traffic
  - Dover Point Road is a major arterial road and this site is not far from the Rt. 16 off-ramp. Any new or change in curb cut would need a NHDOT permit.
- Existing layout/topography
  - There are two existing buildings on this lot including one residential dwelling.
- Environmental
  - This site includes frontage on the Piscataqua River including Conservation District area which needs to be calculated and shown in the calculation and on the plan.

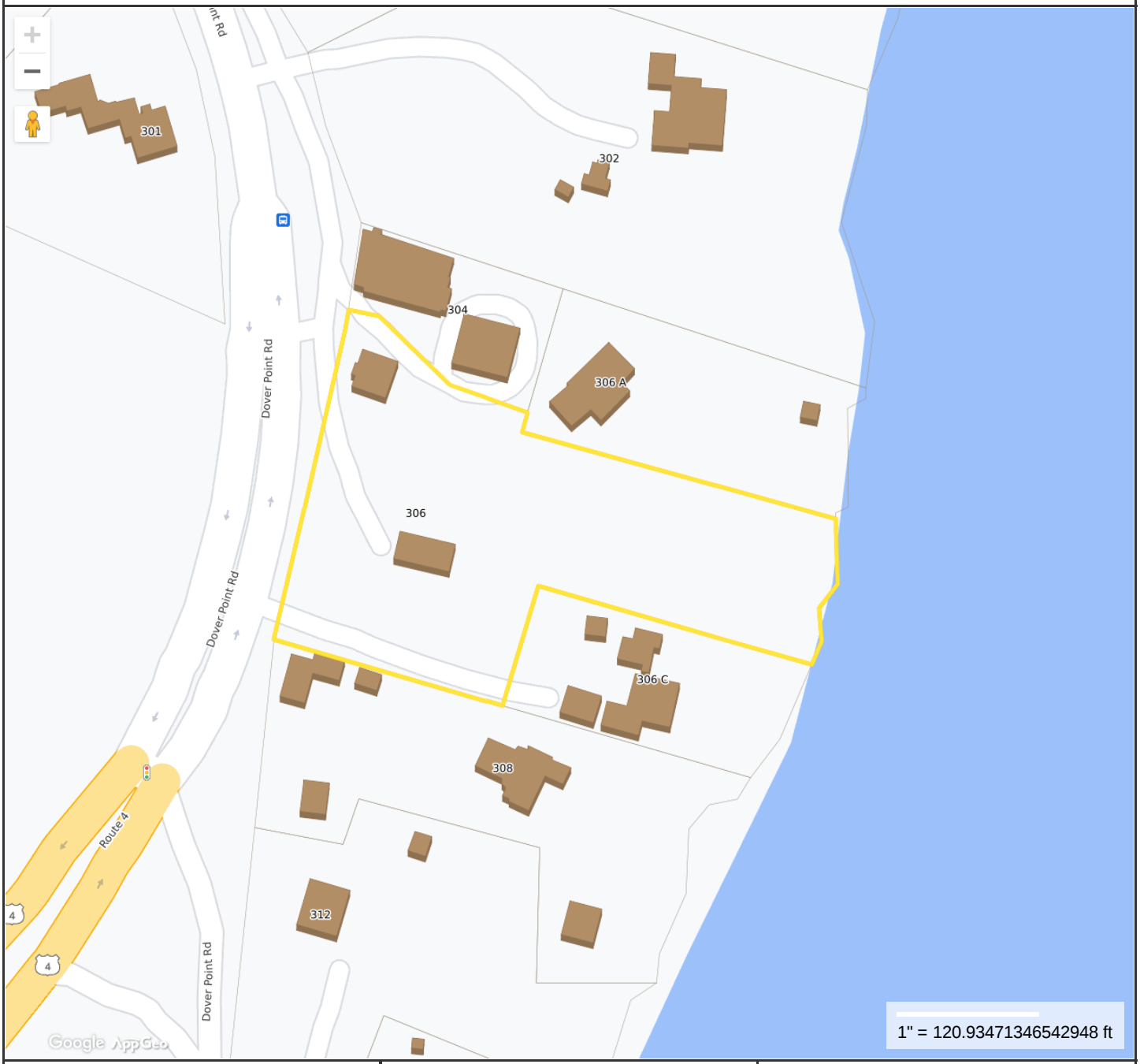
The applicant is looking to raze the two structures and build three buildings. One building would be have two units,, one would have three units, and one would have one unit.

Currently, the unit cost is $15,000 per unit, which is lessened if either size restricted or HUD rental restricted, which the applicant is not proposing.

Staff Recommendation

Staff recommends that this application and request be continued until a revised calculation and plan sheet are submitted indicating the formula was properly used and the plan indicates area of unsuitable for development land area. If the applicant provides information that there is no unsuitable area to subtract, then staff would recommend the Board grant the TDR with conditions.

TRAN-2023-0005 306 Dover Point Road



Property Information

Property ID	L0111-000000
Location	306 DOVER POINT RD
Owner	SLOVENSKI BRIAN
Land Use	
Zoning Code	R-20

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

City of Dover, NH makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 10/30/2023
Data updated Daily

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

PLAN SNAPSHOT REPORT TRAN-2023-0005
FOR CITY OF DOVER, N.H.

Plan Type:	Transfer	**Project:**		**App Date:**	11/21/2023
Work Class:	Transfer of Development Rights	**District:**	None	**Exp Date:**	01/25/2024
Status:	In Review	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Blonigen, Rachel	**Approval Expire Date:**	

Description: To purchase 2 additional TDR units for a total of 6 units for this parcel.

Parcel:	L0111-000000 Main	**Address:**	306 Dover Point Rd Main Dover, NH	**Zone:**	R-20(Residential - Low Density)

Owner
Brian Slovenski
124 Turtle Pond Road
Lee, NH 03861
Mobile: (603) 777-0579

Plan Preparer
McEneaney Survey Associates
24 CHESTNUT STREET
DOVER, NH 03820
Business: (603) 742-0911

Applicant
Josh Lanzetta
601 Central Avenue
Dover, NH 03820
Business: (603) 777-0579
Mobile: (603) 777-0579

Plan Custom Fields

Parcel Map/Lot	L-111	Parcel Zoning Overlay	Riverfront Residential	Parcel Zoning	R-20
trandevdetail	To purchase 2 additional living units for a total of 6 units,	Deed Book	4753	Deed Page	261
Property Address	306 Dover Point Road, Dover, NH 03820	Deed Date	04/22/2020	Owner Name	Brian Slovenski
Existing Parcel Size (Ac)	1.64	Owner Address	601 Central Avenue, Dover NH 03820	Owner Phone	603-777-0579
Existing Parcel Size (sqft)	71438.4	Owner EMail	josh@brutonlaw.com	Parcel Feedback	
Reference Plan ID Number:		Request Type	Residential	trandevpermits	NHDOT Construction (i.e., "driveway") permit. Pending.
Project Zone	Residential	Quantity of 1,400 sq ft Units	2	Relief Sought	Unit increase

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Josh_Lanzetta_11/21/2023.jpg	11/21/2023 8:22	Lanzetta, Josh		Uploaded via CSS
2023.12.12_PlanningBoard.Agenda.pdf	11/28/2023 13:00	Blonigen, Rachel		
4. TRAN-2023-0005 Abutters List.pdf	11/28/2023 13:00	Blonigen, Rachel		
PB12-12-23 TRAN-2023-0005 STAFF MEMO.pdf	12/11/2023 16:26	Blonigen, Rachel		Staff Memo

Note	Created By	Date and Time Created
1. Emailed applicant for physical copies - RLB	Rachel Blonigen	11/22/2023 14:11
2. Emailed applicant agenda, all invoices, and abutter list	Rachel Blonigen	11/28/2023 14:06

Invoice No.	Fee		Fee Amount	Amount Paid
INV-00005894	Planning Transfer of Dev Rights Application Fee		$200.00	$200.00
		Total for Invoice INV-00005894	**$200.00**	**$200.00**
INV-00006020	Planning Certified Mailing to Application Contacts		$30.00	$30.00
	Planning Creation / Printing of Abutter Labels		$10.00	$10.00
	Planning Certified Mailing to Abutters		$70.00	$70.00
	Planning Public Notice in Newspaper		$120.00	$120.00
		Total for Invoice INV-00006020	**$230.00**	**$230.00**
NOT INVOICED	Transfer of Dev Rights Fee - 1,400 sq ft		$22,000.00	$0.00

PLAN SNAPSHOT REPORT (TRAN-2023-0005)

Total for Invoice NOT INVOICED	$22,000.00	$0.00
Grand Total for Plan	**$22,430.00**	**$430.00**

Activity Type	Activity Number	Name	Workflow Action Name	User	Created On
Recommendation to Planning Board	RCMND-000106-2023		Planner Creates Staff Recommendations v.1.00	Rachel Blonigen	12/13/2023

Hearing Type	Location	Scheduled Date	Status	Subject
Planning Board Hearing v.1	Council Chambers	12/12/2023	Continued	Transfer of Development Rights
Planning Board Hearing v.1	Council Chambers	01/09/2024	Scheduled	Transfer of Development Rights

Workflow Step / Action Name	Action Type	Start Date	End Date
Review v.1		11/21/2023 10:47	11/21/2023 10:48
Confirm application complete v.1	Generic Action		11/21/2023 10:47
Technical Review Committee Meeting Agenda v.1	Task		11/21/2023 10:47
Land Use Plan Technical Review v.1	Receive Submittal		11/21/2023 10:47
Technical Review Committee Meeting v.1	Hold Meeting		11/21/2023 10:48
Planning Board v.1		11/21/2023 10:48	
Planning Board Agenda v.1	Task	11/21/2023 10:48	11/28/2023 13:02
Invoice for Notices v.1	Task	11/28/2023 13:01	11/28/2023 13:02
Send Notices v.1	Task	11/28/2023 13:01	12/04/2023 17:18
Planner Creates Staff Recommendations v.1	Plan Activity	12/13/2023 16:59	12/13/2023 17:00
Distribute Planning Board Materials v.1	Task	12/13/2023 16:59	12/13/2023 17:00
Planning Board Hearing v.1	Hold Hearing	12/13/2023 16:59	12/13/2023 17:02
Planning Board Hearing v.1	Hold Hearing	12/13/2023 17:02	
Planning Board Decision v.1	Plan Activity		
NOD Sent to Applicant v.1	Create Report		
Final Plan v.1			
Land Use Plan Stamped and Signed v.1	Generic Action		
Recording v.1	Task		
Document Archival v.1	Generic Action		
Property Info Group v.1	Generic Action		
Building Official Notifies Address v.1	Generic Action		
Pre-Con Meeting v.1	Hold Meeting		
Create/Link to Records v.1			
Create / Link to Permit - Building Major v.1	Create Sub Permit		
Create / Link to Permit - Site Work, Construction v.1	Create Sub Permit		

City of Dover, New Hampshire
TRANSFER OF DEVELOPMENT RIGHTS APPLICATION

[Revision Date: October 1, 2020]

Office Use Only	Project #:		Date Received:	
	Amount Paid:		Time Received:	

APPLICANT AND OWNER INFORMATION

Name of Applicant: Brian Slovenski c/o Bruton & Berube, PLLC Telephone # 603-777-0579

Address of Applicant: 601 Central Road, Dover, NH 03820

E-Mail Address: josh@brutonlaw.com

Name of Property Owner (if different from applicant): Brian Slovenski Telephone # 603-777-0579

Address of Property Owner: 124 Turtle Pond Road, Lee, NH 03861

PROPERTY INFORMATION

Assessor's Map # L Lot(s) # 11

Address of Property: 306 Dover Point Road, Dover, NH 03820

Zoning District(s) R-20 Overlay District(s) Riverfront Residential Overlay District

Existing Use of Property: Residential

New impervious area (in s.f.): _____

TRANSFER OF DEVELOPMENT RIGHTS INFORMATION

Type of TRANSFER OF DEVELOPMENT RIGHT REQUEST (Check All That Apply):

☒ Residential ☐ Residential (reduced size) ☐ Industrial | ☐ Purchase ☐ Land Preservation

Relief sought (Check All That Apply):

☐ Lot Size ☐ Frontage ☐ Setback ☒ Increase by 2 units

Describe Proposed Use or Activity that requires TDR; describe any impacts and document mitigation:

*Please see attached.

List Any Associated State or Federal Permits That Have Been or Will Be Applied For and Indicate Their Status: Pending NHDOT Construction (i.e., "Driveway") Permit.

Name of Professional That Prepared TDR Plans: McEneaney Survey Associates of New England

Address PO Box 681, Dover, NH 03820 Telephone #: 603-742-0911

Professional License #: 681 E-mail address: kevin@surveynh.com

SIGNATURES

I/We hereby submit this application to the City of Dover Planning Board and attest that to the best of my knowledge all of the information on this application form and in the accompanying application materials and documentation is true and accurate. As applicant or as agent, I attest that I am duly authorized to act in this capacity.

Signature of Property Owner: /s/ Josh Lanzetta, Esq. Date: 11/21/20223

Signature of Applicant (if different from owner): /s/ Josh Lanzetta, Esq. Date: 11/21/2023

Signature of Agent: /s/ Josh Lanzetta, Esq. Date: 11/21/2023

AUTHORIZATION TO ENTER SUBJECT PROPERTY

I, and my successors, hereby authorize members of the Dover Planning Board, Planning Department and other pertinent City Departments and boards to enter my property for the purpose of evaluating this application, including performing inspections during the application phase, post-approval phase, construction phase and occupancy phase. It is understood that these individuals must use all reasonable care, courtesy, and diligence when on the property.

Signature of Property Owner: Josh Lanzetta, Esq. Date: 11/21/2023

CITY OF DOVER TRANSFER OF DEVELOPMENT RIGHTS
LIST OF ABUTTERS

Pursuant to RSA 676:4, the State Law of New Hampshire, the City of Dover is required to notify the applicant, abutters (including holders of conservation easements), and any professional whose seal is on the plan, of the public hearing by certified mail, return receipt requested. Staff will provide the abutter information, while the applicant must provide accurate contact information for the owner, applicant and professional agents representing the project.

Owner:

TAX MAP	LOT #	PROPERTY OWNER	MAILING ADDRESS

Applicant (if different from owner):

APPLICANT NAME	APPLICANT COMPANY	MAILING ADDRESS

Surveyor and/or Engineer/Professional Agent:

NAME	COMPANY	MAILING ADDRESS

Conservation Easement Holder:

TAX MAP	LOT #	NAME OF EASEMENT HOLDER	MAILING ADDRESS

*Please see attached.

City of Dover, New Hampshire
TDR REVIEW SUBMISSION CHECKLIST

[Revision Date: January 5, 2021]

This Transfer of Development Rights Review Submission Checklist is intended to assist the applicant in the planning process of preparing a TDR Review application for Planning Board action. The size of the project will determine the types of information required for review, therefore, a **pre-application conference** with the Planning Department to determine the list of items that must be completed is strongly encouraged.

If staff indicates the scope of the project requires Technical Review Committee Review, to apply, eight (8) folded copies of the site plan with scale of not less than 1"=50' or 1" =100' for larger site plans, need to be provided, along with payment of plan review fees.

Two weeks prior to Planning Board, three (3) full size and twelve (12) half size (11x17), folded, copies of the plan set and materials, including response to TRC comments, will be due. Abutter/Notice Fees will be invoiced and need to be paid 28 hours prior to the Planning Board meeting.

The applicant is cautioned that this checklist is only a guide and is not intended to be a complete list of all Subdivision/Site plan review requirements. Please refer to the Subdivision/Site Plan Review Regulations for full details.

APPLICANT: Brian Slovenski c/o Bruton & Berube, PLLC File Number: _____

PROJECT TITLE: TDR Plan

PROPERTY LOCATION: 306 Dover Point Road Tax Map: L Lot: 11

	Where/How Provided	Reviewed
1. Completed and signed Application form		
2. Plan Review Fees are provided		
3. Electronic copy of the engineered/surveyed plan layout		
4. Electronic copy of supplementary materials and application		
5. Folded copies of site plan w/scale of not less than 1"=50' or 1"=100' for larger site plans, for TRC. Plans shall contain the following items as appropriate:		
Location map at appropriate scale		
Proposed Project name and title and Planning File #		
Date and scale		
Name and address of owners and/or applicants		
Location and widths of existing & proposed easements & right of ways		
Location and width of existing and proposed access/egress ways		
Existing and proposed buildings and structure locations and access		
Minimum building setbacks or build to lines on all lots		
Existing and proposed stormwater infrastructure/direction		
Neighborhood plan with unit counts		
Proposed landscaping		
Location of parking layout delineating spaces and arrangement; note addressing maximum required spaces		
Location, material and size of existing and proposed pavement area		
Location of solid waste disposal facilities (dumpster, pad and screening, etc.), including required screening		
All applicable Dover Common Site Plan/Subdivision notes		
Provide additional exhibits/technical data determined appropriate by the Planning Board or its staff as required		

REVIEWED BY: _____ DATE_____ TRC DATE_____

MCENEANEY SURVEY ASSOCIATES OF NEW ENGLAND
P.O. BOX 681 DOVER, NH 03820
603-742-0911

DENSITY CALCULATIONS

for

306 DOVER POINT ROAD – DOVER, NH
October 6, 2023

BASE LOT DENSITY

LOT SIZE	MINIMUM LOT SIZE WATERFRONT OVERLAY DISTRICT (3 x MINIMUM LOT AREA IN OVERLAY DISTRICT)		
71,299 SF	3 x 20,000 SF	=	60,000 SF

MULTI-FAMILY DENSITY

LOT SIZE — LOT AREA REQUIRED PER UNIT
(PER FOOT NOTE 7 ON R-20 ZONING TABLE)

71,299 SF ÷ 15,000 SF = (4.75) 4 UNITS

TDR CALCULATION (USE MINIMUM LOT SIZE)

LOT SIZE		71,299 SF
	(x .85 ROADS, ETC.)	x .85
		60,604 SF

WETLANDS DEDUCTION

(WETLAND <10% x .85)	51,513 SF	(NET DEVELOPABLE AREA)
(÷ MINIMUM LOT SIZE)	÷ 20,000 SF	
	(2.6)	2 UNITS

ABUTTERS LIST
11/21/2023

Re:	**Transfer of Development Rights Application**
Applicant:	**Brian Slovenski c/o Bruton & Berube, PLLC**
Owner:	**Brian Slovenski**
MBLU:	**L/11**
Address:	**306 Dover Point Road, Dover, New Hampshire 03820**
Zone:	**R-20**

APPLICANT:
Brian Slovenski
124 Turtle Pond Road
Lee, NH 03861

ABUTTERS:
L-12
Kuziomko Henry C Tts
Kuziomko 2023 Family Trust
310 Dover Point Road
Dover, NH 03820

L-11-A
Underwood Dover LLC
Po Box 99
Greenland, NH 03840-0099

L-11-B
Gagnon Realty Trust LLC
306 C Dover Point Road
Dover, NH 03820

L-11-C
Robert & Joanne Gifford
306a Dover Point Road
Dover, NH 03820

L-63
Charles Constance & sylvia Fosco
301 Dover Point Road
Dover, NH 03820

PROFESSIONALS:
Bruton & Berube, PLLC
Attn: Josh Lanzetta, Esq.
601 Central Avenue
Dover, NH 03820

McEneaney Survey Associates of New England
Attn: Kevin McEneaney
PO Box 681
Dover, NH 03820

BRUTON & BERUBE, PLLC
ATTORNEYS AT LAW

FRANCIS X. BRUTON, III
CATHERINE A. BERUBE
JOSHUA P. LANZETTA

Of Counsel
JAMES H. SCHULTE

601 Central Avenue
Dover, NH 03820
Office - 603.749.4529

Cell - 603.777.0579
josh@brutonlaw.com

November 21, 2023

City of Dover, New Hampshire
Planning Board
288 Central Avenue
Dover, NH 03820

Re:	**Transfer of Development Rights Application**
Applicant:	**Brian Slovenski c/o Bruton & Berube, PLLC**
Owner:	**Brian Slovenski**
MBLU:	**L/11**
Address:	**306 Dover Point Road, Dover, New Hampshire 03820**
Zone:	**R-20**

Dear Planning Board:

The purpose of this letter is to submit the enclosed Transfer of Development Rights Application (the "Application") on behalf of Brian Slovenski (the "Applicant") to construct 6-dwelling units[1] (the "Project") on real property located at MBLU L/11, otherwise identified as 306 Dover Point Road in Dover, New Hampshire (the "Property").

Pursuant to RSA 674:21[2], and Zoning Ordinance of the City of Dover, New Hampshire,[3] the Applicant seeks to transfer development rights ("TDR") under section 170-27.2[4], and respectfully requests the Planning Board (the "Board") review and grant the Application at its meeting on December 12, 2023.

I. ENCLOSED DOCUMENTS

Enclosed please find the following documents:

[1] Dwelling is defined as "[] one or more rooms, designed, occupied, or intended for occupancy as separate living quarters, with cooking, sleeping and sanitary facilities provided within the Dwelling Unit for exclusive use of a single family maintaining a household. Ordinance, Art. II § 170-6.
[2] NH RSA 674:21 (2017) (the "Statute").
[3] Zoning Ordinance, City of Dover, N.H., Chapt. 157 (2023) (the "Ordinance").
[4] Ordinance § 170-27.2, 170-110.

1. Application dated November 20, 2023;

2. Density Calculations drafted by McEneaney Survey Associates of New England dated October 21, 2023; and

3. TDR Plan prepared by McEneaney Survey Associates of New England dated October 20, 2023.

II. PROJECT NARRATIVE

The Applicant, Brian Slovenski, owns approximately 1.64 acres of real property located at Map L, Lot 11 (also identified as 306 Dover Point Road) in Dover, New Hampshire. The Property is in Dover's Low Density Residential (R-20) District, and the immediate neighborhood includes a mix of single family, multi-family, and commercial uses. The Applicant proposes constructing 6-dwelling units on the Property, allocated between 3-structures (illustrated on the Plans) connected to city water and sewer.

Based on the enclosed Density Calculations, the Applicant may apply for 3-TDR credits, however, seeks only 2-TDR credits to complete the Project. Here, the Project is consistent with the master plan, meets all dimensional regulations provided in the City's R-20 regulations, requires no special-permits, and the proposed use is consistent with the surrounding uses found throughout the neighborhood.

IV. RELIEF REQUESTED

For the reasons stated herein the Applicant respectfully requests the ZBA:

1. Approve the Application.

2. Grant all relief necessary to affect the request.

Please do not hesitate to contact me with questions or concerns at josh@brutonlaw.com or 603-749-4529.

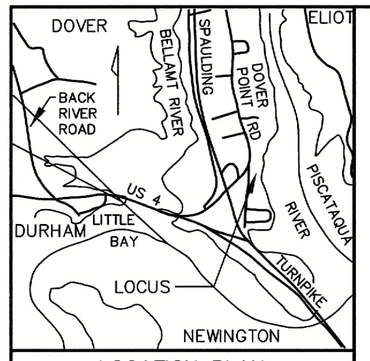
Sincerely,

/s/ Josh Lanzetta

Joshua P. Lanzetta, *Esq.*

TRAN-2023-0005 **306 DOVER POINT ROAD**

Property ID	Location	Owner 1	Owner 2	Owner Address 1	City	State	Zip
L0049-D00000	302 DOVER POINT RD	WELT ANDREW &	WELT KIMBERLY	302 DOVER POINT RD	DOVER	NH	03820-4666
L0063-000000	301 DOVER POINT RD	CONSTANCE CHARLES G &	FOSCO SYLVIA C	301 DOVER POINT RD	DOVER	NH	03820
L0111-A00000	304 DOVER POINT RD	UNDERWOOD DOVER LLC		PO BOX 99	GREENLAND	NH	03840-0099
L0111-B00000	306 C DOVER POINT RD	GAGNON REALTY TRUST LLC		306 C DOVER POINT RD	DOVER	NH	03820
L0111-C00000	306 A DOVER POINT RD	GIFFORD ROBERT L &	GIFFORD JOANNE A	306A DOVER POINT RD	DOVER	NH	03820
L0112-000000	308 310 DOVER POINT RD	KUZIOMKO HENRY C TTS	KUZIOMKO 2023 FAMILY TRUST	310 DOVER POINT RD	DOVER	NH	03820
L0112-A00000	312 DOVER POINT RD	CROTHERS EDGAR R	CROTHERS ANNE S	312 DOVER POINT RD	DOVER	NH	03820
L0111-000000	306 DOVER POINT RD	SLOVENSKI BRIAN		124 TURTLE POND ROAD	LEE	NH	03861
		BRUTON & BERUBE, PLLC	JOSH LANZETTA	601 CENTRAL AVENUE	DOVER	NH	03820
		MCENEANEY SURVEY ASSOCIATES OF NEW ENGLAND		PO BOX 681	DOVER	NH	03820



LOCATION PLAN
(NO SCALE)

No.	Bearing	Distance
L1	N05°08'52"E	23.85'
L2	N07°25'21"E	16.09'
L3	S76°34'39"E	25.00'
L4	S14°52'21"W	16.09'
L5	N69°02'39"W	73.10'
L6	N44°30'39"W	77.92'
L7	N76°34'39"W	18.72'

L / 63
CHARLES G. CONSTANCE
SYLVIA C. FOSCO
301 DOVER POINT ROAD
DOVER, NH 03820
3360 / 943

L / 111A
UNDERWOOD DOVER, LLC
4 FAIRWAY DRIVE
ENGLEWOOD, FL 34223
2189 / 78

L / 111C
ROBERT L. GIFFORD
JOANNE A. GIFFORD
306A DOVER POINT ROAD
DOVER, NH 03820
3074 / 430

L / 111B
FRANK M. LOCKER
DENISE M. WHITTIER
306 C DOVER POINT ROAD
DOVER, NH 03820
3516 / 199

L / 112
HENRY KUZIOMKO
310 DOVER POINT ROAD
DOVER, NH 03820
2917 / 50

DOVER POINT ROAD
{PUBLIC; VARIABLE WIDTH R.O.W.}

PARCEL AREA
71,299 S.F.
1.64 Ac.

S44°30'39"E 79.04'
S69°02'39"E 67.92'
S79°10'38"E 229.73'
N12°34'33"E 234.19'
193.14'
N73°55'25"W 194.41'
N73°55'25"W 189.79'
S16°04'35"W 100.00'
N73°54'18"W 187.07'
S12°53'24"W 134.85'
41.05'

BUILDING 1 PROPOSED 2 UNIT BUILDING
BUILDING 2 PROPOSED 3 UNIT BUILDING
BUILDING 3 PROPOSED 1 UNIT BUILDING
GAR. 1
GAR. 2
GAR. 3
GAR. 4
GAR. 5
GAR.
GRAVEL DRIVE
PROPOSED EDGE OF PAVEMENT (TYP)
ASPHALT DRIVE R.O.W. FOR LOT L/111C
APPROXIMATE LOCATION OF 20' WIDE SEWER EASEMENT
100' DOVER CONSERVATION AREA
250' PROTECTED SHORELAND
RIGHT OF WAY FOR LOT L/11B SEE REFERENCE PLAN #1
EASEMENT TO PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE S.C.R.D. 4000 / 1
SPECIAL FLOOD HAZARD AREA BOUNDARY - ELEVATION 8
HIGHEST OBSERVABLE TIDE LINE (HOTL)
30"ø WHITE PINE
14"ø HARDWOOD
14"ø HARDWOOD
TBM SPIKE IN UP 1/342 ELEV = 36.82
UP 1/340
UP 1/341
SMH
CB
S.S.(fnd)
I.R.(fnd)
NHHD
OHU
UGU
PISCATAQUA RIVER
EBB TIDAL FLOW

16°15'33"
MAG. OBS. - DATE
NH STATE PLANE NAD 83 - GPS OBS.

LEGEND

S.S.(fnd) – STEEL STAKE FOUND
I.R.(fnd) – IRON ROD FOUND
NHHD – NEW HAMPSHIRE HIGHWAY BOUND
– FIRE HYDRANT
– WATER GATE VALVE
CB – CATCH BASIN
SMH – SEWER MANHOLE
(TYP.) – TYPICAL
S.C.R.D. – STRAFFORD COUNTY REGISTRY OF DEEDS
UP – UTILITY POLE
– EDGE OF PAVEMENT
– SIGN
R.O.W. – RIGHT OF WAY
ELEV. – ELEVATION
S – SEWER LINE
OHU – OVERHEAD UTILITY LINES
UGU – UNDERGROUND UTILITY LINES

REFERENCE PLANS:

1.) PROPOSED DEVELOPMENT – LESTER BATES – DOVER, NEW HAMPSHIRE, PROPERTY LINES – TOPOGRAPHY. SCALE: 1" = 20'; DATED: SEPTEMBER 1965, BY: G.L. DAVIS & ASSOCIATES. RECORDED S.C.R.D. POCKET 11, FOLDER 2, PLAN 17A.

2.) LOT LINE REVISION – DOVER POINT ROAD, DOVER, N.H. FOR MAISE PEARSON 1989 TRUST & FREDERICK III AND PAMELA PEARSON AND FREDERICK PEARSON III AND EDGAR R. & ANNE S. CROTHERS. SCALE: 1" = 20'; DATED: DECEMBER 1999, REVISED THROUGH 2/12/90; BY: NORWAY PLAINS ASSOCIATES, INC. RECORDED S.C.R.D. PLAN 58–21.

3.) STATE OF NEW HAMPSHIRE – STATE HIGHWAY DEPARTMENT – PLAN AND PROFILE OF PROPOSED U.S. PUBLIC WORKS PROJECT NRM 262 EAST SIDE ROAD – FISCAL YEAR 1933. PLANS ON FILE WITH NH D.O.T. FILE: 50966.ROW.MARKUPS AND FILE: P1852.POP.

4.) PLAN OF EASEMENT – BATES – WEED – CITY OF DOVER ENGINEERING DIV. SCALE: 1" = 100'; DATED: NOVEMBER 1976; BY: DOVER ENGINEERING DEPARTMENT. RECORDED S.C.R.D. VOLUME 1011, PAGE 252.

5.) PLAN OF LAND – ESTATE OF MARGARET M. COLEMAN, DOVER, NEW HAMPSHIRE. SCALE: 1" = 20'; DATED: OCTOBER 15, 1958; BY: G.L. DAVIS & ASSOCIATES. RECORDED S.C.R.D. POCKET 8, FOLDER 2, PLAN 27.

NOTES:

1.) OWNER OF RECORD:
BRIAN SLOVENSKI
124 TURTLE POND ROAD
LEE, NEW HAMPSHIRE 03861
S.C.R.D. VOLUME 4753, PAGE 261

2.) L / 111 – DENOTES TAX MAP AND PARCEL NUMBER.

3.) PARCEL AREA:
= 71,299 S.F. / 1.64 Ac.

4.) THE INTENT OF THIS PLAN IS TO DEPICT A 3 BUILDING, 6 UNIT TDR PLAN.

5.) ZONING DISTRICT IS LOW DENSITY RESIDENTIAL (R–20) DISTRICT

DIMENSIONAL REQUIREMENTS:	
MINIMUM LOT SIZE	= 20,000 S.F.
MINIMUM LOT COVERAGE	= 30 PERCENT
MINIMUM FRONTAGE	= 125 FEET
BUILDING SETBACK REQUIREMENTS:	
FRONT BUILD TO LINE	= 20 FEET MINIMUM
	= 35 FEET MAXIMUM
SIDE SETBACK	= 20 FEET
REAR SETBACK	= 30 FEET
MAXIMUM BUILDING HEIGHT	= 35 FEET MAXIMUM

RIVERFRONT RESIDENTIAL OVERLAY DISTRICT:
FOR AREAS WITHIN 250 FEET OF THE REFERENCE LINE OF ANY TIDAL WATER.

MINIMUM LOT SIZE	= 3 TIMES STANDARD LOT SIZE
WATER FRONTAGE	= 100 FEET

6.) A PORTION OF THE SUBJECT PARCEL IS LOCATED WITHIN THE SPECIAL FLOOD HAZARD AREAS (SFHAs) SUBJECT TO INUNDATION BY THE 1 PERCENT ANNUAL CHANCE FLOOD, ZONE AE (BASE FLOOD ELEVATIONS DETERMINED, ELEVATION 8); AND AREAS DETERMINED TO BE INSIDE THE 0.2 PERCENT ANNUAL CHANCE FLOODPLAIN, AS SHOWN ON FLOOD INSURANCE RATE MAP, COMMUNITY NUMBER 330145; PANEL 0340; SUFFIX E; MAP NUMBER 33017C0340E; EFFECTIVE DATE SEPTEMBER 30, 2015.

7.) BASIS OF BEARING IS NH STATE PLANE (NAD83) BASED ON GPS OBSERVATION DATED MARCH 28, 2022.
VERTICAL DATUM IS NAVD88 BASED ON GPS OBSERVATION DATED MARCH 28, 2022.
CONTOUR INTERVAL IS TWO (2) FEET.

8.) PROPERTY LINE INFORMATION HAS BEEN OBTAINED FROM A SURVEY PERFORMED BY MCENEANEY SURVEY ASSOCIATES OF NEW ENGLAND ON DURING WITH AN ERROR NOT GREATER THAN 1 IN 10,000.

9.) THIS PLAN SHOWS ONLY THOSE FEATURES THAT WERE VISUALLY APPARENT ON THE DATE OF THE SURVEY. THE ABSENCE OF SUBSURFACE STRUCTURES, UTILITIES, ETC. FROM THIS PLAN, BUT IN EXISTENCE, IS NOT INTENDED OR IMPLIED.

10.) THE SOIL TYPES ON THE SITE ARE:
BzB – BUXTON SILT LOAM, 3 TO 8 PERCENT SLOPES
WdC – WINDSOR LOAMY SAND, 8 TO 15 PERCENT SLOPES
THE SOURCE FOR THE SOIL TYPE DATA IS USDA NRCS WEB SOIL SURVEY
http://websoilsurvey.nrcs.usda.gov/app/WebSoilSurvey.aspx

11.) PORTIONS OF THE PARCEL ARE SUBJECT TO THE STATE OF NEW HAMPSHIRE SHORELINE WATER QUALITY PROTECTION ACT (SWQPA). THOSE AREAS WITHIN 250 FEET OF THE PISCATAQUA RIVER REFERENCE LINE.

12.) THE PARCEL IS SUBJECT TO A TWENTY (20) FOOT WIDE EASEMENT GRANTED TO THE CITY OF DOVER FOR SEWER PURPOSES AS DESCRIBED IN S.C.R.D. VOLUME 1011, PAGE 250.

NO.	DATE	DESCRIPTION	BY	CHK
		REVISIONS		
1	11/15/23	REVISE DRIVE ENTRANCE	KJF	KMM

22–2410	BOUNDARY	22–05	15–20
PROJECT NO	TYPE	FIELDBOOK & PAGES	

"I HEREBY CERTIFY THAT THIS PLAN IS BASED ON AN ACTUAL GROUND SURVEY PERFORMED WITH A TOTAL STATION, BY ME OR THOSE UNDER MY DIRECT SUPERVISION AND THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, SAID SURVEY MEETS OR EXCEEDS THE MINIMUM PRECISION REQUIREMENTS FOR SURVEY CLASSIFICATION "U" AS SET FORTH IN TABLE 500.1 OF THE NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES OF THE BOARD OF LICENSURE FOR LAND SURVEYORS."

TDR PLAN
PREPARED FOR
BRIAN SLOVENSKI
TAX MAP L, LOT No. 11
306 DOVER POINT ROAD
CITY of DOVER
COUNTY of STRAFFORD
STATE of NEW HAMPSHIRE

DRAWN BY: KJF	FILE: 2410\DWGS\22–2410.dwg
SCALE: 1" = 30'	DATE: OCTOBER 20, 2023

30 15 0 15 30 60 90 120

STATE OF NEW HAMPSHIRE LICENSED LAND SURVEYOR No. 661 KEVIN M. McENEANEY SIGNATURE

McEneaney Survey Associates of NEW ENGLAND
P.O. Box 681 – 24 CHESTNUT STREET
DOVER, NH 03820 (603) 742–0911
SURVEYING – PLANNING – CONSULTING

File: M:\2410\Dwgs\2410 CONCEPT 2.dwg Layout: BOUNDARY PLAN
11/15/2023 13:06:58

CITY OF DOVER

PLANNING BOARD - STAFF MEMO

Meeting Type: Public Hearing
Purpose: Public Input for Draft FY25 CDBG Action Plan
Meeting Date: January 9, 2024

To: Planning Board
From: Dave Carpenter
Date: January 4, 2024
Re: Draft FY25 Annual Action Plan

ISSUE:
Draft CDBG FY25 Action Plan – Recommended Allocation Amounts

GOAL:
Conduct a public hearing for the draft FY25 Annual Action Plan and determine funding amounts to be recommended to the City Council.

ATTACHED:
Draft FY25 CDBG Action Plan

BACKGROUND

CONSOLIDATED PLAN

In 2020, the City adopted a new CDBG Consolidated Plan (CP). The CP serves as a strategic plan for addressing issues such as homelessness, housing, public services, community development needs and expanding economic opportunities. These efforts are targeted towards very low, low, and moderate-income persons within the community. One of the functions of the CP is to provide direction for funding decisions made through each of the five Annual Action Plans that are adopted during the life of the Consolidated Plan.

ACTION PLAN

To implement the fifth and final Action Plan of the current Consolidated Plan (CP), the City of Dover must adopt an Action Plan (AP) that identifies activities and projects that will be supported with CDBG funds. The AP serves as a means to assure that the funded Activities are consistent with the CP and that the Activities comply with one of HUD's National Objectives:

National Objectives:

1. Benefiting low and moderate-income persons,
2. Preventing or eliminating slums or blight, or
3. Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs.

Note that #3 above requires a federally declared disaster be in place in order allocate CDBG funding. Hurricane Sandy and the COVID pandemic are two examples.

The Planning Board decision serves as a recommendation to the City Council.

DRAFT FY25 ACTION PLAN

SECTION 2: FUNDING SOURCES

Section 2 of the draft FY24 Action Plan discusses the sources of the anticipated funding pool, funding by "category" as currently proposed by staff, funding caps and the contingency funding formula. Staff anticipates a funding pool of $328,230.00.

The four funding categories are:

- Public Services
- Public Facilities
- Economic Development
- Administration (General Administration & Planning; Activity Administration)

Funding Caps:

There are HUD imposed caps on the total amount of funding that can be allocated for Public Services and for General Administration. See Section 2 of the draft Action Plan for more detail. There are no HUD imposed caps on the amount that can be allocated for Public Facilities or Economic Development.

SECTION 3: SUMMARY of APPLICATIONS RECEIVED

Section 3 of the draft FY25 Action Plan provides a summary of the individual applications, the requested funding amounts and staff recommended funding amounts.

SECTION 4: APPLICATIONS

The first page of Section 4 provides the anticipated funding pool, applicants/activities, requested funding, current year funding and staff recommended funding. The remainder of Section 4 consists of the applications received.

PUBLIC SERVICES

Based on the anticipated FY25 award from HUD and the anticipated FY24 CDBG program income, the maximum amount of funding that can be allocated for all Public Services equals $48,150.00. The City received 11 applications for Public Services funding. All 11 activities meet are eligible for CDBG funding.

PUBLIC FACILITIES

Dover received 7 requests for FY25 Public Facilities funding totaling $393,365.00. Staff anticipates a maximum $208,320.00 available for Public Facilities projects. All 7 activities are eligible for CDBG funding.

RECOMMENDED ACTIONS

FUNDING

Public Services:

Staff has provided funding recommendations for the 11 requests ranging from zero funding to $7,650.00. See Section 3 & 4 of the draft FY25 Action Plan for individual funding recommendations. As in prior years, if funding is to be awarded to a Public Service applicant, staff recommends providing no less than $3,000.00 due to the accounting and administration required

Public Facilities:

Staff has provided funding recommendations for the 7 requests ranging from zero funding to $65,000.00. See Section 3 & 4 of the draft FY25 Action Plan for individual funding recommendations.

Economic Development:

Staff recommends providing $13,695.00 for Economic Development. See Section 3 & 4 of the draft FY25 Action Plan.

Administration:

General Administration & Planning:	Staff recommends providing $63,760.00 for General Administration & Planning of the CDBG program. See Section 3 & 4 of the draft FY25 Action Plan.
Activity Administration:	Staff recommends providing $8,000.00 for administration of individual Public Facilities & Economic Development Activities. See Section 3 & 4 of the draft FY25 Action Plan.

PUBLIC HEARING

Staff recommends the Planning Board conduct a public hearing to allow input on the Action Plan, close the public hearing, deliberate and then render a decision regarding funding amounts

City of Dover, NH

FY25 CDBG Annual Action Plan

Draft

12/21/23

Section 1

CDBG Program Description

CDBG PROGRAM DESCRIPTION

The City of Dover is designated as an Entitlement Community by HUD. That means that each year, the City receives funds directly from HUD rather than having to apply to the State for CDBG funds.

These funds may only be used to address one of HUD's three National Objectives:

1. Benefit low and moderate income persons.
2. Prevent or eliminate blight.
3. Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs.

The City of Dover has traditionally used CDBG funding to address the first National Objective listed above.

CONSOLIDATED PLAN

In 2020, the City adopted a 5-year Consolidated Plan as mandated by HUD requirements. The Consolidated Plan serves as a strategic plan for addressing issues such as of homelessness, housing, public services, community and development needs and expanding economic opportunities for very low, low and moderate income persons within the community. The Consolidated Plan includes the Goals provided below. Funded activities must meet one of the Goals.

DOVER CONSOLIDATED PLAN GOALS

Goal #1:	Access to Services
Goal Description:	To provide increased opportunities to residents of the City who require education, health, recreation, shelter, transportation and related human services.
Goal #2:	Renter and Homeowner Assistance
Goal Description:	Weatherization and energy efficiency, Housing unit rehab, security deposit assistance, Lead based paint hazard.
Goal #3:	Public Improvements
Goal Description:	Development and improvements related to facilities and housing units utilized by qualifying populations and individuals.
Goal #4:	Economic Development
Goal Description:	Improvements, and the support of efforts, intended to promote economic development and to enhance economic opportunities for qualifying business, populations and individuals.
Goal #5:	Accessibility and Transportation
Goal Description:	Access to social services and employment and removal of architectural barriers.

ACTION PLAN

To implement the Consolidated Plan, the community must annually adopt an Action Plan that identifies activities and projects that the community has decided to fund with CDBG funds. The Action Plan serves as a means to assure that the Goal and Objectives of the Consolidated Plan are being addressed. As part of the Action Plan process, citizens must be allowed an opportunity to provide comments on the Plan during the review process and after it has been approved by the City. After approval by the City, and a subsequent 30-day public comment period, the Action Plan must be sent to HUD for their review and approval.

This is the fifth Action Plan of the current Consolidated Plan.

ELIGIBLE ACTIVITIES

Examples of eligible activities include:

Acquisition: Acquisition of real property for any public purpose.

Activity Delivery Costs (*ADC*): Separate from general administration and planning activities, these are costs associated with administering specific grant awards. These costs include activities such as contract provision monitoring, Davis Bacon related activities and preforming environmental reviews for each recipient.

Administration and Planning: Payment of administrative costs and carrying charges related to the general planning and execution of Community Development program. The amount shall not exceed 20 percent of the grant plus 20 percent of the current year's estimated program income.

Clearance and Remediation Activities: Clearance, demolition, and removal of buildings and improvements.

Disposition: Disposition of real property acquired with CDBG funds.

Economic Development: Activities include direct economic development assistance to for-profit entities and job training programs.

Housing Rehabilitation: Single family, multi-family, low income public housing or other publicly owned residential buildings.

Loss of Rental Income: Payments to owners for losses of rental income during relocation of individuals or families displaced by Community Development program activities.

Planning: Planning activities, data gathering, studies and analysis.

Public Facilities and Improvements: Acquisition, construction, reconstruction, rehabilitation or installation of public facilities and improvements.

Public Services. Provision of public services including labor, supplies, and materials. The amount shall not exceed 15 percent of the grant plus 15 percent of program income from the previous year.

Section 2

Funding Pool, Funding Categories, Mandated Funding Formulas, Proposed Funding by Category & Contingency Funding Formula

AVAILABLE FUNDING
Overview

FUNDING POOL

The City of Dover calculates the total FY25 Action Plan funding pool based upon the following factors:

1. Anticipated FY25 Annual Allocation from HUD: **$307,000.00**
2. Anticipated FY25 Program Income available for FY24 AP: **$10,030.00**
3. Anticipated FY24 Program Income available for FY24 AP: **$11,200.00**

Based upon items 1, 2 & 3 above, the total anticipated funding pool for the FY25 Action Plan is **$328,230.00**

FUNDING CATEGORIES

All funded activities fall into one of four categories:

1. Public Services
2. Public Facilities
3. Economic Development
4. Administration (*General Administration & Planning*; *Activity Administration*)

HUD MANDATED FUNDING FORMULAS

*Public Services***:** The maximum amount of funding that can be allocated for all Public Services equals fifteen percent of the *anticipated* FY25 grant amount plus fifteen percent of the *anticipated* FY24 program income: **$48,150.00**

*General Administration & Planning***:** The maximum amount of funding that can be allocated for General Administration & Planning equals twenty percent of the *anticipated* FY25 grant amount plus twenty percent of the *anticipated* FY25 program income: **$63,760.00**

Note: There are no HUD mandated funding formulas/caps for Public Facilities, Economic Development or Activity Administration

PROPOSED FUNDING BY CATEGORY

Public Services: $48,150.00

- Allocations to applicants under the Public Services category include activities such as operating expenses, supplies and rental security deposits.

Public Facilities: $194,625.00

- Funding for construction based activities and projects.

Economic Development: $13,695.00

- Funding for the DELP loan pool and related economic development activities.

Administration: $71,760.00

- General Administration & Planning: $63,760.00

  General Administration of the CDBG program such as updating of the Consolidated Plan; development of the Action Plan; annual performance reporting to HUD (CAPER); quarterly and semi-annual reporting to HUD; training & legal notices.

- Activity Administration: $8,000.00

  Administrative costs associated with individual Activities. Activity specific costs include contract development & administration, processing requests for reimbursement, site visits, subrecipient monitoring and environmental review.

CONTINGENCY FUNDING FORMULA

In the event that that the FY25 Entitlement Grant amount and/or the FY24 or FY25 Program Income amounts are other than as listed above, allocations will be adjusted as follows:

Public Services: Public Service allocations will each be adjusted by an equal percentage, to achieve a total Public Service allocation amount that will meet, but not exceed, the 15% Public Services CAP.

General Administration and Planning: Allocation will be adjusted to meet, but not exceed, the 20% cap.

Economic Development: After adjusting for General Administration and Public Services, the Economic Development allocation will be adjusted as necessary to assure that the total of all FY25 allocations meet, but do not exceed, the total funding pool.

Section 3

Funding Requests – Activity Summary

FUNDING REQUESTS – ACTIVITY SUMMARY

Public Services, Public Facilities, Economic Development & Administration

Following are the names of applicants with the amount requested, staff recommended funding and a very brief description of proposed use of funds. See applications from organizations in Section 4 for a description of the program and expanded discussion regarding use of funds. See Section 2 for anticipated funding pool, HUD mandated spending caps for Public Services & Administration, proposed funding by category and contingency funding formula.

PUBLIC SERVICES

1. **AIDS Response Seacoast**
   Amount Requested: $10,000.00
   Staff Recommendation: $7,250.00

   Partially support the salaries and benefits of the Case Management Department staff, consisting of a Program Manager, Medical Case Managers and a Financial Administrator.

2. **Alliance for Community Transportation**
   Amount Requested: $4,000.00
   Staff Recommendation: $4,000.00

   Operate TripLink, a regional transportation call center; operate Community Rides that provides transportation to healthcare for seniors and individuals with disabilities; provide staffing for Regional Coordination Council to provide greater access to community transportation resources.

3. **CASA of NH**
   Amount Requested: $5,000.00
   Staff Recommendation: $3,000.00

   Recruitment and training/support of additional CASA Volunteer Advocates to serve the victimized children of Dover

4. **Community Partners**
   Amount Requested: $5,000.00
   Staff Recommendation: $4,000.00

   Provide rental assistance including security deposits, and first month's rent assistance for individuals and families in Dover with mental illness or a developmental disability who are in threat of becoming homeless.

5. **Cornerstone VNA**
   Amount Requested: $25,000.00
   Staff Recommendation: $3,000.00

   Offset underinsured or free care provided to Dover residents in need. It would also offset subsidized homemaking services, community education, and caregiver support in Dover.

6. **Cross Roads**
   Amount Requested: $15,000.00
   Staff Recommendation: $7,250.00

   Provide emergency and transitional shelter and supportive services for families and individuals from Dover who are experiencing homelessness.

7. **Dover Welfare**
   Amount requested: $5,000.00
   Staff Recommendation: $3,000.00

   Security deposit program. To help people of Dover move into apartments when they cannot afford deposits.

8. **HAVEN**
   Amount Requested: $7,500.00
   Staff Recommendation: $6,000.00

   Funds requested will pay a portion (approximately 5%) of the rental costs of our new Strafford County 6-unit Domestic Violence shelter

9. **My Friend's Place**
   Amount requested: $30,000.00
   Staff Recommendation: $7,650.00

   General operating cost to run both the Emergency Shelter and the Transitional Housing programs.

10. **Strafford Nutrition & Meals on Wheels**
    Amount requested: $5,000.00
    Staff Recommendation: $3,000.00

    Help provide meals to homebound, elderly & low-income disabled Dover residents. Approximately 5,000 meals.

11. **Triangle Club**
    Amount Requested: $18,796.99
    Staff Recommendation: $0.00

    General operating costs/ custodial payroll

PUBLIC FACILITIES PROJECTS

1. **Community Action Partnership of Strafford County - Weatherization & Energy Efficiency**
   Amount Requested: $25,000.00
   Staff Recommendation: $25,000.00

   Funding to supplement the Weatherization Assistance Program for Dover residents.

2. **MFP Barn**
   Amount Requested: $30,625.00
   Staff Recommendation: $30,625.00

   New roof and siding of existing barn storage building.

3. **Dover Housing Authority – Elevator Modernization @ Jack Buckley Commons**
   Amount Requested: $200,740.00
   Staff Recommendation: $0.00

   Modernization of elevator in elderly/disabled low-income residential building.

4. **Triangle Club – Mini Splits**
   Amount Requested: $20,000.00
   Staff Recommendation: $20,000.00

   Upgrading electrical in two upstairs offices, installing mini splits in downstairs back room and upstairs office.

5. **Triangle Club – Parking Lot and Fence**
   Amount Requested: $65,000.00
   Staff Recommendation: $65,000.00

   Repairing and repaving portion of existing parking lot. Removal and replacement of existing fence.

6. **Home for How – Security Cameras**
   Amount Requested: $49,000.00
   Staff Recommendation: $49,000.00

   Install hardwired security system to monitor all areas of the shelter.

7. **Home for How – Windows**
   Amount Requested: $5,000.00
   Staff Recommendation: $5,000.00

   Replace two windows in kitchen that do not open with two windows that open for airflow & ventilation.

ECONOMIC DEVELOPMENT

1. **City of Dover - Economic Development Activities:**
   Amount Requested: $13,695.00
   Staff Recommendation: $13,695.00

   Funding for the DELP loan pool, job training and related economic development activities.

ADMINISTRATION

1. **General Administration & Planning**
   Amount Requested: $63,760.00
   Staff Recommendation: $65,760.00

   Activities associated with overall administration of the CDBG program. Activities include development of the Action Plan; quarterly, semi-annual and annual reporting to HUD; training & legal notices. The amount proposed equals the maximum amount permissible per HUD regulations.

2. **Activity Administration**
   Amount Requested: $8,000.00
   Staff Recommendation: $8,000.00

   Administrative costs associated with individual Activities. Activity specific costs include contract development & administration, processing requests for reimbursement, site visits, subrecipient monitoring and environmental review.

Section 4

Applications, Funding Sources, Funding Requests and Recommended Allocations

PROPOSED FY25 FUNDING SOURES & ALLOCATIONS

FY25 Funding Pool

Anticipated FY25 Federal Grant	$307,000.00
Anticipated FY25 PI available for FY25 AP:	$10,030.00
Anticipated FY24 PI available for FY25 AP:	$11,200.00
Available for FY25 Funding Pool:	**$328,230.00**

Activities

Public Services	Amount Requested	Current Year Allocation	Recommended Allocation
AIDS Responses	$10,000.00	$8,000.00	$7,250.00
Alliance for Community Transportation (ACT)	$4,000.00	$4,000.00	$4,000.00
CASA of NH	$5,000.00	-	$3,000.00
Community Partners	$5,000.00	-	$4,000.00
Cornerstone VNA	$25,000.00	-	$3,000.00
Cross Roads	$15,000.00	-	$7,250.00
Dover Welfare Sec Deposit	$5,000.00	$4,500.00	$3,000.00
HAVEN	$7,500.00	$7,500.00	$6,000.00
My Friends Place (MFP)	$30,000.00	$19,000.00	$7,650.00
Strafford Nutrition Meals on Wheels (SNMoW)	$5,000.00	$5,000.00	$3,000.00
Triangle Club	$18,796.99		$0.00
Total	**$130,296.99**	**$48,000.00**	**$48,150.00**

Economic Development	Amount Requested	Current Year Allocation	Recommended Allocation
Loan Pool & Business Assistance	$13,695.00		$13,695.00
Total	**$13,695.00**		**$13,695.00**

Public Facilities	Amount Requested	Current Year Allocation	Recommended Allocation
CAP Weatherization & Energy Efficiency Program	$25,000.00	$25,000.00	$25,000.00
MFP Barn	$30,625.00	-	$30,625.00
DHA - Elevator Modernization @ Jack Buckley Commons	$200,740.00	-	$0.00
Triangle Club - Mini Splits	$20,000.00	-	$20,000.00
Triangle Club - Parking & Fence	$65,000.00	-	$65,000.00
Home for Now - Security Cameras	$49,000.00	-	$49,000.00
Home for Now - Windows	$5,000.00	-	$5,000.00
Total	**$395,365.00**	**$25,000.00**	**$194,625.00**

Administration	Amount Requested	Current Year Allocation	Recommended Allocation
General Administration	$63,760.00	$63,504.00	$63,760.00
Econ Dev Adm	$2,000.00	-	$2,000.00
CAP Weatherization Admin	$1,000.00	$2,000.00	$1,000.00
MFP Barn Admin	$1,000.00	-	$1,000.00
DHA - Elevator Admin	$0.00	-	$0.00
Triangle Club Mini Splits Admin	$1,000.00	-	$1,000.00
Triangle Club Parking & Fence Admin	$1,000.00	-	$1,000.00
Home for Now Security Cameras Admin	$1,000.00	-	$1,000.00
Home for Now Windows Admin	$1,000.00	-	$1,000.00
Total	**$71,760.00**	**$65,504.00**	**$71,760.00**

Grand Total	**$611,116.99**		**$328,230.00**

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization AIDS Response Seacoast	
Name of Program or Project Medical Case Management	
Name of Executive Director Tamara Leibowitz	
Mailing Address 7 Junkins Avenue Portsmouth, NH 03801 **Physical Address** Same	
Contact Person Tamara Leibowitz	**Phone** 603-433-5377
E-Mail tamaral@arsnh.org	**Website** www.aidsresponse.org
Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* ☒ 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 22-2884488	
SAM UEI # V1F8M6GH2P98	**SAM Expiration Date** 2-01-2024

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 10,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Funding will be utilized to partially support salaries and benefits of the Case Management Department staff, consisting of a Program Manager, Medical Case managers and a Financial administrator

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 7 Junkins Ave. Portsmouth, NH 03801

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.)

Persons living with HIV/AIDS, Low-income households

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 22

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 22

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): yes

If so, how much? $8100.00

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ____X__ **Yes** _____ **No**

If yes, are the criteria/protocols in writing?: ___X___ **Yes** _____ **No**

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization).* This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

The Department of Clients Services provides clients-centered Medical Case Management for people living with HIV/AIDS who live in Rockingham and Strafford Counties of New Hampshire. Case managers at ARS provide direct, face-to-face meetings for initial assessments, reassessments and informal 'check-in' meetings, phone support and medical and social referrals as indicated. Within this process, a client's needs and goals are assessed and an individual service plan (ISP) is developed in collaboration with the client to attain their goals. A case manager coordinates this process by providing information, advocacy and referrals linking clients to primary and specialty health care, dental, mental health/substance misuse counseling, Medicaid, Medicare, fuel assistance, SNAP, Section 8 Housing and the AIDS Drug Assistance Program (ADAP) administered by the New Hampshire Department of Health and Human Services CARE program.

CDBG funds will be used to partially cover the salaries and benefits of the Medical Case Managers, program director and financial administrator. The services provided by ARS Client Services Department directly benefit Dover residents, of which 90 % are low or very low incomes, receive the medical care necessary for them to maintain their health and obtain viral suppression.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	**Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.**
95% of clients will maintain stable and satisfactory housing	Number of clients in stable housing and satisfactory housing divided by total number of clients
90% of clients will have an HIV viral load of <200 copies/ml at last viral load test during measurement year	Number of clients with viral load <200 copies/ml divided by number of clients with HIV diagnosis with at least one HIV viral load test in measurement year.

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project.
AIDS Response Seacoast (ARS) is a non-profit community-based HIV/AIDS Service organization dedicated to providing direct assistance, education and advocacy for persons living with and affected by HIV/AIDS. ARS provides services to clients at all stages of HIV infection that live in Rockingham and Strafford counties of New Hampshire as well as providing educational programs though out our catchment area. It is the mission of ARS to support and assist those infected and affected by HIV/AIDS in maintaining a high quality of life through direct assistance and advocacy and to prevent the spread of new infections by promoting safer sex practices and education for local and regional communities.

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? Yes **If yes, please submit most recent audit or financial statements as an attachment to this application.** **Is your organization evaluated by outside agencies or programs?** Yes **If yes, please note the agency/program and how often the evaluation occurs.** New Hampshire Department of Health & Human services, Bureau of Infectious Disease Control: Program and fiscal audit done annually. Boston Public Health Commission, HIV/AIDS Service Division (administering agency for Ryan White CARE Act for Boston Eligible Metropolitan Area (EMA)-Program and fiscal audit annually.

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Raymond Ouellette	Dover, NH
Elvin Palacios	Dover, NH
Art Nicholson	Portsmouth, NH
David Steady	Portsmouth, NH
Kelsey Elliott	Somersworth, NH
Tyra Bauguess	Somersworth, NH
Monica Dorley	Portsmouth, NH
Jordan McKenny	Dover, NH
Andrew Houldsworth	Somersworth, NH

BUDGET: ACTIVITY or PROJECT-PLEASE SEE ATTACHED

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			

AIDS Response Seacoast
Projected Program Budget - Client Services Department
For Fiscal Year Ending June 30, 2025

LINE ITEM DESCRIPTION:	DOVER FUNDS REQUESTED	OTHER FUNDING	TOTAL
Client Services Dept. Staff Salaries	$ 7,100.00	$ 175,900.00	$ 183,000.00
Program Manager			
Medical Case Manager 1			
Medical Case Manager 2			
Financial Administrator			
Payroll Taxes & Fringe Benefits	$ 1,990.00	$ 49,010.00	$ 51,000.00
Clinical Supervision & Consultants	$ -	$ 4,600.00	$ 4,600.00
Consultant - Quality Improvement	$ -	$ 2,100.00	$ 2,100.00
Consultant - Tech Support	$ -	$ 2,000.00	$ 2,000.00
Direct Financial Assistance to Clients			
Housing and Utilities Assistance	$ -	$ 20,200.00	$ 20,200.00
Food & Nutrition	$ -	$ 14,100.00	$ 14,100.00
Client Transportation	$ -	$ 2,200.00	$ 2,200.00
Linguistic Services	$ -	$ 100.00	$ 100.00
Other Direct Client Support	$ -	$ 1,000.00	$ 1,000.00
Supplies - Office and PC	$ -	$ 4,400.00	$ 4,400.00
Copying & Printing	$ -	$ 1,600.00	$ 1,600.00
Postage	$ -	$ 700.00	$ 700.00
Audit & Professional Fees	$ -	$ 6,700.00	$ 6,700.00
Insurance	$ -	$ 4,400.00	$ 4,400.00
Telephone & Internet	$ -	$ 5,000.00	$ 5,000.00
Equipment Maintenance & Repairs	$ -	$ -	$ -
Training and Conferences	$ -	$ 200.00	$ 200.00
Case Managers Travel - Home Visits	$ -	$ 600.00	$ 600.00
Rent	$ -	$ 19,900.00	$ 19,900.00
Direct Department Overhead	$ 910.00	$ 25,290.00	$ 26,200.00
Total	$ 10,000.00	$ 340,000.00	$ 350,000.00

Additional Housing Support -

In addition to the support shown above, AIDS Response Seacoast coordinates through a program titled "Housing Opportunities for People With AIDS" (HOPWA) for approximately **$67,300** annually in direct housing and utilities assistance for our clients. These funds are administered directly and are not part of our financial statements.
(See Note 7 of Audited Financials)

Other:			
TOTAL PROPOSED BUDGET:			

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

* Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES -PLEASE SEE ATTACHED

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested.*

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:			
State:	Committed: Pending: Proposed:			
Local:	Committed:			

AIDS RESPONSE SEACOAST
PROJECTED OTHER FUNDING SOURCES - CLIENT SERVICES DEPARTMENT PROGRAM
FOR FISCAL YEAR ENDING JUNE 30, 2025
All Pending

FEDERAL GRANTS		
Boston Public Health Ryan White Funding	$ 136,000	
UW EFSP - Rockingham	$ 2,000	
UW EFSP - Strafford	$ 2,000	
HOPWA - Housing Opportunities for People With AIDS	$ 11,000	
Portsmouth Community Development Block Grant	$ 10,000	
Dover Community Development Block Grant ***(Not included)***	$ -	
		$ 161,000
STATE GRANTS & MUNICIPALITIES		
NH DHHS Client Services	$ 133,500	
Portsmouth Social Services	$ 5,000	
Local Municipalities	$ 15,000	
		$ 153,500
FOUNDATIONS :		
Broadway Cares	$ 7,500	
Bretton Woods Tele Co.	$ 1,000	
PhRMA & Gilead	$ 5,000	
		$ 13,500
DONATIONS -Restricted		
In Kind Donations - Food	$ 9,000	
In Kind Donations - Other Client Support	$ 3,000	
		$ 12,000
TOTALS		**$ 340,000**

NOTE:
Does not include funds that would be requested from Dover CDBG

	Pending: Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:			
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:			

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source **(Name of Parent Organization)**	**Committed, Pending or Proposed Amount ($)**		**Explanation**
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION -PLEASE SEE ATTACHED

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from to	**Current Year**	**Next Year (projected)**
REVENUES		
Federal Funds		
State Funds		
Foundations/Private Contributions		
United Way		

AIDS RESPONSE SEACOAST
ANNUAL BUDGETS
PERIOD JULY 1 TO JUNE 30

Revenue Sources	CURRENT YEAR ENDING June 30, 2024	PROJECTED ENDING June 30, 2025
Federal Grants	$ 166,992	$ 171,000
State Grants & Municipalities	$ 148,357	$ 153,500
Foundations	$ 11,500	$ 13,500
Special Events	$ 31,000	$ 27,000
Charitable Donations	$ 27,100	$ 25,000
Interest Income	$ 51	$ -
Total	**$ 385,000**	**$ 390,000**

Expenses	TOTAL BUDGET	TOTAL BUDGET
Salaries	$ 224,850	$ 228,000
Payroll Taxes & Employee Benefits	$ 59,250	$ 62,400
Contracted Services		
Clinical Supervision and Consultants	$ 4,100	$ 4,600
Consultants - Tech Support	$ 2,000	$ 2,000
Consultants - Quality Improvement	$ 2,100	$ 2,100
Direct Client Financial Assistance		
Housing and Utilities Assistance	$ 20,200	$ 20,200
Food and Nutritional Suppliments	$ 15,100	$ 14,100
Client Transportation	$ 2,200	$ 2,200
Linguistic Services	$ 100	$ 100
Other Direct Client Support	$ 1,000	$ 1,000
Supplies - Office	$ 4,500	$ 4,500
Copying and Printing	$ 1,800	$ 1,800
Telephone and Internet	$ 5,500	$ 5,500
Training and Conferences	$ 400	$ 400
Travel for Client Home Visits	$ 700	$ 700
Insurance	$ 4,900	$ 4,900
Equipment Expense		
Equipment Rentals	$ -	$ -
Equipment Purchase and Repairs - Office	$ 800	$ -
Postage	$ 1,000	$ 1,000
Rent	$ 22,000	$ 22,000
Advertising	$ 100	$ 100
Dues and Subscriptions	$ 500	$ 500
Professional Fees / Audit / Consultants	$ 7,500	$ 7,500
Bank Charges	$ 100	$ 100
Miscellaneous	$ 1,000	$ 1,000
Fundraising Event Costs	$ 3,300	$ 3,300
Other Agency Overhead	$ -	$ -
Total	**$ 385,000**	**$ 390,000**

Fundraising or other income		
Other (describe)		
Community Dev. Block Grant (include anticipated request)		
TOTAL REVENUE		
EXPENSES		
Salaries		
Fringe Benefits		
Supplies (include printing/copying)		
Travel		
Training		
Communications		
Audit		
Property Maintenance		
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL EXPENSES		
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS-PLEASE SEE ATTACHED

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$***	***$***
NH Dept. of	[Agency Name]			$	$

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	HRSA				
Direct Program	Ryan White Part A	Unknown	Unknown		
Passed Through	Boston Public Health Commission	93.914	Unknown		$15,508,205
	ARS			$136,008	
Total U.S. Dept. of	**HRSA**			**$136,008**	
U.S. Dept. of	FEMA	97.024	Unknown		Unknown
Direct Program	Emergency Food and Shelter				
Passed Through	United Way	Unknown	Unknown		Unknown
	ARS			$2,584	
Total U.S. Dept. of	**FEMA**			**$2,584**	**Unknown**
U.S. Dept. of	HUD				
Direct Program	Housing Opportunities for People Living With AIDS	14.241	Unknown	Unknown	$450,000,000
Passed Through	Merrimack Valley Assistance Program	Unknown	Unknown		$764,242
	ARS			10,800	
Total U.S. Dept. of	**HUD**			**$10,800**	
U.S. Dept. of	HUD				
Direct Program	CDBG				
Passed Through	Portsmouth				523,706
	ARS			***$9,500***	
Total U.S. Dept. of	**HUD/CDBG**			**$9,500**	**Unknown**
Total Expenditures of Federal Awards				$158,892	
NH Dept. of	Health and Human Services	Unknown	Unknown		$1,411,081
	Ryan White Part B to ARS			$132,357	
Total NH Dept. of	**Health and Human Services**			**$132,357**	
Local Assistance:	Various			$11,000	$0
Total Local Assistance:	**Various**			**$11,000**	**$0**
Total State and Local Awards				***$143,357***	
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$302,249**	

	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$***	***$***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$**	**$**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Yan Vi

SIGNATURE

November 8, 2023

DATE

TAMARA LEIBOWITZ

PRINTED NAME

EXECUTIVE DIRECTOR

TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☒

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions. The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ November 8, 2023
Signature of Authorized Person **Date**

Executive Director

_____
Title

AIDS Response Seacoast
Dover CDBG FY 2025
Measurement Goals

Goal 1	90% of all clients will have had an **HIV Viral Load** <200 copies/ml at last HIV viral load test during the measurement period.		
Measurement Dates:	July 1, 2022 to June 30, 2023		
Your Agency Outcome:	96.77%	**Statewide ASOs Outcome:**	95.15%
Numerator:	Number of patients in the denominator with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement period.		90
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one HIV viral load test during the measurement period.		93

Goal 2	Less than 2% of clients self-identified as **Homeless or Unstably Housed** during the measurement period.		
Measurement Dates:	July 1, 2022 to June 30, 2023		
Your Agency Outcome:	2.83%	**Statewide ASOs Outcome:**	3.74%
Numerator:	Number of clients who were homeless or unstable housed during the measurement period.		3
Denominator:	Number of persons receiving HIV services during the measurement period.		106

ARS
AIDS Response Seacoast

COMPASSION | CARE | PREVENTION

November 8, 2023

RE: FY 2023 Audited Financial Report

ARS is awaiting our most current Financial Report for FY 2023, which is currently being completed by our auditing firm. The report should be available shortly, at which time, I will immediately forward it to the City of Dover. In the interim, we have enclosed our FY 2022 Financial Report.

Please contact me with any questions. Thank you for your patience.

Best,

Tamara Leibowitz
Executive Director

James A. Sojka, CPA*

Sheryl A. Pratt, CPA**

Michael J. Campo, CPA, MACCY

Karen M. Lascelle, CPA, CVA, CFE

* Also licensed in Maine
** Also licensed in Vermont

Communication of No Material Weaknesses in a Separate Report

November 21, 2022

To the Board of Directors and Management
AIDS Response – Seacoast
Portsmouth, New Hampshire

In planning and performing our audit of the financial statements of AIDS Response - Seacoast as of and for the year ended June 30, 2022, in accordance with auditing standards generally accepted in the United States of America, we considered AIDS Response - Seacoast's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

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

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

This communication is intended solely for the information and use of management, The Board of Directors, and others within the Organization, and is not intended to be, and should not be, used by anyone other than these specified parties.

Plodzik & Sanderson

PLODZIK & SANDERSON
Professional Association

AIDS RESPONSE – SEACOAST

FINANCIAL REPORT

JUNE 30, 2022 AND 2021

AIDS RESPONSE – SEACOAST

FINANCIAL REPORT

JUNE 30, 2022 AND 2021

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PLODZIK & SANDERSON

Professional Association/Accountants & Auditors

193 North Main Street • Concord • New Hampshire • 03301-5063 • 603-225-6996 • FAX 603-224-1380

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
AIDS Response – Seacoast
Portsmouth, New Hampshire

Opinion

We have audited the accompanying financial statements of AIDS Response – Seacoast (a nonprofit organization), which comprise the statements of financial position as of June 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of AIDS Response – Seacoast as of June 30, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting policies generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of AIDS Response – Seacoast and to meet our ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

November 16, 2022

Plodzik & Sanderson
Professional Association

FINANCIAL STATEMENTS

AIDS RESPONSE - SEACOAST
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2022 AND 2021

ASSETS

	2022	2021
CURRENT ASSETS		
Cash and cash equivalents	$ 110,719	$ 74,311
Accounts receivable	39,333	78,857
Other receivables	6,366	-
Prepaid expenses	1,892	1,877
Inventory - food pantry	3,000	3,000
Total current assets	161,310	158,045
PROPERTY AND EQUIPMENT		
Office equipment and computers	11,417	11,417
Furniture and fixtures	12,215	12,215
	23,632	23,632
Less accumulated depreciation	23,632	23,632
	-	-
TOTAL ASSETS	$ 161,310	$ 158,045

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accrued expenses	$ 11,474	$ 10,464
NET ASSETS		
Without donor restrictions		
Undesignated	149,836	147,581
TOTAL LIABILITIES AND NET ASSETS	$ 161,310	$ 158,045

The Notes to Financial Statements are an integral part of these statements.

AIDS RESPONSE - SEACOAST
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2022

	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	2022 TOTAL
OPERATING REVENUE			
Grant revenue	$ 313,579	$ -	$ 313,579
Event revenue	26,631	-	26,631
Municipal revenue	15,108	-	15,108
	355,318	-	355,318
SUPPORT			
Cash donations	16,532	-	16,532
Donated materials and services	8,451	-	8,451
	24,983	-	24,983
TOTAL REVENUE AND SUPPORT	380,301	-	380,301
OPERATING EXPENSES			
Program services:			
Client services	348,204	-	348,204
Fundraising	11,344	-	11,344
Management and general	18,516	-	18,516
TOTAL OPERATING EXPENSES	378,064	-	378,064
DECREASE IN NET ASSETS FROM OPERATING ACTIVITIES	2,237	-	2,237
NONOPERATING ACTIVITIES			
Interest income	18	-	18
DECREASE IN NET ASSETS	2,255	-	2,255
NET ASSETS - BEGINNING	147,581	-	147,581
NET ASSETS - ENDING	$ 149,836	$ -	$ 149,836

The Notes to Financial Statements are an integral part of these statements.

AIDS RESPONSE - SEACOAST
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2021

	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	2021 TOTAL
OPERATING REVENUE			
Grant revenue	$ 308,746	$ -	$ 308,746
Event revenue	27,786	-	27,786
Municipal revenue	13,058	-	13,058
	349,590	-	349,590
SUPPORT			
Cash donations	15,758	-	15,758
Donated materials and services	7,703	-	7,703
	23,461	-	23,461
TOTAL REVENUE AND SUPPORT	373,051	-	373,051
OPERATING EXPENSES			
Program services:			
Client services	353,313	-	353,313
Fundraising	11,145	-	11,145
Management and general	25,228	-	25,228
TOTAL OPERATING EXPENSES	389,686	-	389,686
INCREASE IN NET ASSETS FROM OPERATING ACTIVITIES	(16,635)	-	(16,635)
NONOPERATING ACTIVITIES			
Interest income	20	-	20
INCREASE IN NET ASSETS	(16,615)	-	(16,615)
NET ASSETS - BEGINNING	164,196	-	164,196
NET ASSETS - ENDING	$ 147,581	$ -	$ 147,581

The Notes to Financial Statements are an integral part of these statements.

AIDS RESPONSE - SEACOAST
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2022

	Program Services	Support Services		
	Client Services	Fundraising	Management and General	Total
Salaries	$ 219,950	$ 3,570	$ 3,570	$ 227,090
Payroll tax expense	17,653	286	286	18,225
Fringe benefits	22,966	-	11,215	34,181
Contracted services				
Contracted educational services	3,600	-	-	3,600
Contracted technical support	1,000	-	-	1,000
Contracted quality improvement	5,575	-	-	5,575
Direct financial assistance				
Shelter assistance	20,829	-	-	20,829
Food	11,503	-	-	11,503
Client transportation expense	1,874	-	-	1,874
Other client support	995	-	-	995
Supplies	2,784	23	120	2,927
Copying and printing	2,000	82	82	2,164
Telephone and internet	4,592	255	255	5,102
Training and conferences	-	-	-	-
Travel	136	-	-	136
General insurance	3,940	218	218	4,376
Equipment purchase and repairs	903	-	-	903
Postage	1,897	16	16	1,929
Rent	18,500	1,021	1,021	20,542
Dues and subscriptions	-	-	438	438
Professional fees	7,507	307	1,083	8,897
Bank charges	-	-	115	115
Miscellaneous	-	-	97	97
Fundraising event costs	-	5,566	-	5,566
Totals	$ 348,204	$ 11,344	$ 18,516	$ 378,064

The Notes to Financial Statements are an integral part of these statements.

AIDS RESPONSE - SEACOAST
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2021

	Program Services	Support Services		
	Client Services	Fundraising	Management and General	Total
Salaries	$ 226,046	$ 3,693	$ 3,693	$ 233,432
Payroll tax expense	18,550	297	297	19,144
Fringe benefits	26,438	-	17,343	43,781
Contracted services				
Contracted educational services	3,600	-	-	3,600
Contracted technical support	580	-	-	580
Direct financial assistance				
Shelter assistance	24,909	-	-	24,909
Food	11,340	-	-	11,340
Client transportation expense	1,121	-	-	1,121
Other client support	1,000	-	-	1,000
Supplies	1,382	20	568	1,970
Copying and printing	1,956	94	101	2,151
Telephone and internet	4,644	251	246	5,141
Training and conferences	-	-	-	-
Travel	123	-	-	123
General insurance	3,841	213	213	4,267
Equipment purchase and repairs	829	-	-	829
Postage	1,078	21	21	1,120
Rent	18,810	1,058	1,058	20,926
Dues and subscriptions	-	-	518	518
Professional fees	7,066	287	1,001	8,354
Bank charges	-	-	95	95
Miscellaneous	-	-	74	74
Fundraising event costs	-	5,211	-	5,211
Totals	$ 353,313	$ 11,145	$ 25,228	$ 389,686

The Notes to Financial Statements are an integral part of these statements.

AIDS RESPONSE - SEACOAST
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021

	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 2.255	$ (16,615)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Changes in assets and liabilities:		
(Increase) decrease in accounts receivable	39.524	(5,952)
(Increase) in other receivables	(6.366)	-
(Increase) decrease in prepaid expenses	(15)	987
Increase in accrued expenses	1.010	192
Net cash provided by (used in) operating activities	36.408	(21,388)
Cash and cash equivalents:		
Beginning	74.311	95,699
Ending	$ 110,719	$ 74,311

The Notes to Financial Statements are an integral part of these statements.

AIDS RESPONSE – SEACOAST

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2022 AND 2021

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NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1-A Organization

AIDS Response - Seacoast (the Organization) is a non-stock, nonprofit corporation and is exempt for federal income tax purposes under Section 501(c) (3) of the Internal Revenue Code. The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions as provided in Section 17(b) (1) (A) (VI).

1-B Activities and Program Services

The Organization was formed to provide education, advocacy, referral, and other services to people whose lives are affected by the human immunodeficiency virus (HIV) at its various stages. Its service area encompasses the greater metropolitan area of Rockingham and Strafford Counties in New Hampshire and Southern York County in Maine. A description of the Organization's major classes of programs is as follows:

Client Services - To provide direct assistance and coordination of benefits by third parties to people both infected and/or affected by HIV/AIDS.

Education - To prevent new infections by offering educational programs and materials to the community.

1-C Basis of Accounting

The Organization prepares its financial statements in accordance with accounting principles generally accepted in the United States of America, which involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

1-D Financial Statement Presentation

The Organization reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by the donor.

Net assets consist of the following:

Without donor restrictions – net assets that are not restricted by donor-imposed stipulations and, therefore, are available to carry out the Organization's operations. Net assets without donor restrictions also include those net assets that are limited as to their use by action of the Board of Directors.

With donor restrictions – net assets resulting from contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization pursuant to those stipulations. When such stipulations end or are fulfilled, such net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

1-E Income Taxes

The Organization is a non-profit corporation determined to be exempt from Federal income taxes under the Internal Revenue Code, Section 501(c)(3), and is not a private foundation within the meaning of Section 509(a).

1-F Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America includes the use of estimates that affect the financial statements. Accordingly, actual results could differ from those estimates.

1-G Cash and Cash Equivalents

For purposes of reporting the statement of cash flows, the Organization considers all cash accounts and all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. As of June 30, 2022 and 2021, the Organization maintained cash equivalents of $110,719 and $74,311, respectively.

1-H Property and Equipment

Property and equipment are recorded at cost when purchased and fair market value when donated. Equipment purchased at a cost greater than $1,500 are capitalized, and equipment purchased at a cost less than $1,500 are expensed in the year of purchase. Depreciation is calculated using the straight-line method over the following estimated useful lives:

	Years
Office equipment and computers	3 - 7
Furniture and fixtures	3 - 5
Leasehold improvements	2 - 39
Vehicle	5

1-I Revenue Recognition and Restricted Grant Revenues

Contributions received are recorded as with or without donor restrictions, depending on the existence and/or nature of any donor restrictions.

Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends, or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the Statement of Activities as net assets released from restrictions. The Organization reports gifts of land, buildings, and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

The Organization considers restricted grant revenues whose restrictions have been met in the same reporting period to be unrestricted revenue. The Organization has numerous reimbursement grants. The revenue from these grants is recognized as the costs are incurred.

1-J Donated Services

Numerous volunteers have donated significant amounts of time to the Organization's program services and fundraising efforts. The fair value of these services has not been recognized as revenue in the financial statements because they did not meet the criteria for recognition.

1-K Functional Allocation of Expenses

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

1-L Advertising Costs

The Organization expenses all advertising costs as incurred in accordance with the American Institute of Certified Public Accountants Statement of Position 93-7, *Reporting on Advertising Costs.*

1-M Accounting for Income Taxes

The Organization considers the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic (ASC) 740-10 *Accounting for Uncertainty in Income Taxes.* The purpose of this topic is to clarify whether non-profit organizations may include tax benefits from uncertain tax positions in their financial statements. The Organization records a liability for uncertain tax positions when it is probable that a loss has been incurred and the amount can be reasonably estimated. The Organization recognizes interest accrued related to unrecognized tax benefits in interest expense and penalties in operating expenses.

The Organization is no longer subject to U.S. Federal and State informational return examinations by tax authorities for years before 2019. The Organization has evaluated its tax positions and concludes that there are no tax positions it has taken which if challenged would result in a material effect on the financial statements.

NOTE 2 – LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Organization structures its financial assets, consisting of cash and equivalents to be available as its general expenditures, liabilities, and obligations come due within one year. The Organization receives cash flows mainly from grants and contributions. Financial assets available for general expenditure within one year of the statement of financial position date are comprised of the following at June 30, 2022:

Financial assets at year-end:	
Cash and equivalents	$ 110,719
Accounts receivable	39,333
Other receivables	6,366
Financial assets at year-end available to meet cash needs for expenditure within one year	$ 156,418

NOTE 3 – INVENTORY — FOOD PANTRY

The Organization maintains a food pantry for the benefit of its clients. Inventory is recorded at cost for items purchased and fair value for items donated. Inventory as of June 30, 2022 and 2021, is valued at $3,000 and $3,000, respectively.

NOTE 4 – ACCRUED EXPENSES

Accrued expenses are comprised as follows:

	2022	2021
Accrued payroll	$ 3,520	$ 2,592
Accrued earned time	7,954	7,872
	$ 11,474	$ 10,464

NOTE 5 – LINE OF CREDIT

The Organization has a $35,000 line of credit with Citizens Bank which matures December 30, 2022. Amounts borrowed under this agreement bear interest at 1.0% above the Wall Street Journal Prime Rate (4.75% at June 30, 2022). At June 30, 2022 and 2021, the Organization had no amounts outstanding on the line of credit. The line is secured by cash held in an account at the same financial institution. Funds in that account totaled $85,294 and $73,278 at June 30, 2022 and 2021, respectively.

NOTE 6 – OPERATING LEASES

On August 23, 2018, the Organization entered into a lease agreement with the City of Portsmouth commencing October 1, 2018 and terminating September 30, 2023. The lease requires annual rent of $20,421. Rent is due in monthly installments of $1,702. Total rent expense in these financial statements under these leases amounts to $20,542 and $20,926 for the years ended June 30, 2022 and 2021, respectively. The lease may be terminated with 30 days prior written notice. Annual rent is renegotiated each September 1 and is calculated on a formula based on the lessor's operating costs of the building, and square footage utilized by the Organization.

The Organization leased a copier machine at $146 per month for 60 months. The term of the lease was August 1, 2016 through July 31, 2021. During June 2022, the Organization entered into a new lease at $140 per month for 60 months, through June 23, 2027. Total equipment rental expense in these financial statements amounts to $1,540 and $1,746 for the years ended June 30, 2022 and 2021, respectively, and is included under the expense caption "Copying and Printing."

The Organization leases a postage meter at $10 per month for 24 months. The term of this lease is June 19, 2022 through June 19, 2024. Total postal meter rental expense in these financial statements amounts to $314 and $380 for the years ended June 30, 2022 and 2021, respectively, and is included under the expense caption "Postage."

Future minimum lease payments under these leases, assuming future calculations of the office space lease remain constant, and the office space will be utilized for the full term of the lease, are as follows:

For the year ending June 30.	
2023	$ 22,795
2024	7,089
2025	1,675
2026	1,675
Thereafter	1,675
Total	$ 34,909

NOTE 7 – ADDITIONAL HOUSING SUPPORT

AIDS Response - Seacoast coordinates for its clients with Merrimack Valley Assistance Program (MVAP) in Concord, New Hampshire, for direct housing support for their clients. Total support for the years ended June 30, 2022 and 2021 was $67,374 and $66,743, respectively. Funds are provided by the Department of Housing and Urban Development (HUD) through a program titled "Housing Opportunities for People with AIDS" (HOPWA). These funds are not reflected in the financial statements of the Organization.

NOTE 8 – CURRENT VULNERABILITY DUE TO CONCENTRATIONS AND CONTINGENCIES

Concentration - AIDS Response – Seacoast receives a substantial amount of its support in the form of grant revenues from the State of New Hampshire and the Federal government under the Ryan White Care Act, Part A, and other programs. It is reasonably possible that in the near term these contracts could cease, which would cause a severe impact on the Organization and its ability to continue in its present capacity.

Grant Contingency - Amounts received or receivable from grantor agencies are subject to audit and adjustment by such grantor agencies, principally the federal government. Any disallowed claims, including amounts already collected, may constitute a liability of the applicable funds. The amount of expenses which may be disallowed by the grantor cannot be determined at this time, although the Organization expects such amounts, if any, to be immaterial.

NOTE 9 – COVID-19

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID-19) a global pandemic. It is anticipated that the impact of the pandemic will continue for some time. As a result, economic uncertainties have arisen which could have a financial impact on the Organization. The full extent of the financial impact cannot be determined as of the date of the financial statements.

NOTE 10 – SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing the financial statements. Non-recognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date but arose after that date. Management has evaluated subsequent events through November 16, 2022, the date the June 30, 2022 financial statements were available to be issued, and noted no events occurred that require recognition or disclosure.

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization Cooperative Alliance for Seacoast Transportation	
Name of Program or Project Alliance for Community Transportation	
Name of Executive Director Rad Nichols	
Mailing Address 42 Sumner Drive, Dover, NH 03820 **Physical Address** Same	
Contact Person Jeff Donald	**Phone** 603-516-0796
E-Mail Info@CommunityRides.org	**Website** CommunityRides.org
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* X 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 02-0362579	
SAM UEI # RTMFG5LQG5A1	**SAM Expiration Date** December 1, 2023

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $4,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Operate TripLink, a regional transportation call center; operate Community Rides, a "suggested donation" service providing transportation to healthcare for seniors and individuals with disabilities; provide staffing for the Regional Coordination Council to provide greater access to, and improve the operation of, community transportation resources.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Services are provided throughout Strafford County, eastern Rockingham County, Wakefield, and Brookfield.

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Older adults and individuals with disabilities in need of transportation.

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): ACT estimates that 5 -10 Dover residents will use Community Rides and that 85 residents will use the TripLink Common Application to apply for transportation services.

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 74 Dover residents competed the TripLink Common Application in FY 2023. Four of those individuals also used Community Rides.

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): Yes

If so, how much? $4,100

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: X Yes _____ No

If yes, are the criteria/protocols in writing?: X Yes _____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization).* This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. The Alliance for Community Transportation and COAST operate TripLink, a regional transportation call center. TripLink provides information and referral services to individuals looking for transportation services. ACT also operates Community Rides. Community Rides provides non-emergency medical transportation to seniors and individuals with disabilities if they do not qualify for another service such as COAST ADA Paratransit. Rides are provided by COAST, Rockingham Nutrition, and the Community Action Partnership of Strafford County. In FY23, Community Rides provided 22 rides to 4 Dover residents. In FY23, 74 residents used the TripLink Common Application to apply for services. In previous years, TripLink only collected race and ethnicity data from Dover residents who used Community Rides. In September 2023, TripLink began requesting this data from everyone who completed the Common Application. These numbers will be reported on the CDBG invoice in FY24 Q2.

ACT is the Regional Coordination Council for Community Transportation for Strafford County (RCC), eastern Rockingham County, Wakefield, and Brookfield. RCC's around the state consist of transportation providers, social service agencies, healthcare providers, and regional planning commissions. They work to improve and expand transportation options for older adults and individuals with disabilities. ACT helped to establish a volunteer driver program serving rural communities and launched TripLink, a coordinated call center. TripLink helps agencies operate more efficiently and professionally, by consolidating call-taking, scheduling, and dispatching services at one agency. TripLink manages these services for COAST, Ready Rides, Rockingham Nutrition & Meals on Wheels, Community Rides, and the Community Action Partnership of Strafford County's senior shuttle.

ACT and TripLink are supported by Federal Transit Administration (FTA) funding, transit agencies, and grant funding. While most of the funding for these programs are provided by the FTA, 20% local match is required to leverage the federal dollars.

ACT also requests financial support from philanthropic foundations, hospitals, and others. In November 2021 we began requesting $3 per trip donations from riders and have begun soliciting donations from the general public. These additional funds will be used exclusively for Community Rides.

This program benefits Dover residents by ensuring seniors and individuals with disabilities have access to a robust transportation network that will allow to continue living in their community by providing reliable access to health care, grocery shopping, and other essential services. TripLink helps callers to find the services that they need, including COAST's ADA Paratransit, Community Rides, and Strafford CAP's senior shuttle. TripLink also provides advice on how to ride the bus, as it is often more cost-effective and can be ridden without clients having to call and request a ride. Community Rides provides rides to medical care for those who would otherwise often go without care.

The Common Application allows users to apply for multiple transportation services at the same time. For Dover residents, this means that they will be able to apply for ADA Paratransit, Community Rides, and the CAP senior shuttle at once.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	**Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.**
Seniors and individuals with disabilities can remain living in their communities	Number of rides provided by Community Rides and Strafford CAP, and number of unduplicated clients
Seniors and individuals with disabilities can remain living in their communities	Number of new clients who register for a transportation service
Seniors and individuals with disabilities have access to health care	Number of rides provided to medical facilities and percentage of trip requests fulfilled

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. The Cooperative Alliance for Seacoast Transportation (COAST) is a regional public transit system serving the Seacoast since 1982. COAST is a nonprofit agency governed by a board of directors comprised of the communities served, planning commission, and local agencies. COAST serves as ACT's Lead Agency and fiscal sponsor.

The Alliance for Community Transportation (ACT) is the state-designated Regional Coordination Council for Community Transportation, serving southeastern NH. ACT's mission is to facilitate the implementation of coordinated community transportation and to encourage the development of improved and expanded regional community transportation services. ACT is comprised of transportation providers, regional planning commissions, healthcare providers, and social service agencies.

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? Yes
If yes, please submit most recent audit or financial statements as an attachment to this application.
Is your organization evaluated by outside agencies or programs? Yes
If yes, please note the agency/program and how often the evaluation occurs. Yes

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Dennis Shanahan	Dover
Michael Scala	Rochester
Scott Bogle	Durham
Margaret Joyce	Nottingham
Dave Sandmann	Greenland
Kendra Amaral	Somersworth
Fred Butler	Concord
Sonke Dornblut	Newmarket
Benjamin Fletcher	Portsmouth
Denis Hebert	Newington
Colin Lentz	Rochester
Michael Mates	Portsmouth
Kristen Murphy	Dover
Joanne Neumann	Portsmouth
Nick Taylor	Raymond
Thomas Wright	Berwick

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies			
Utilities	$4,000	$13,272.42	$17,272.42
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:	$4,000	$13,272.42	$17,272.42

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

* Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested.*

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount ($):		Total Amount ($)	Explanation
Federal:	Committed: Pending: Proposed:	$13,272.42	$13,272.42	**FTA Section 5310 funds**
State:	Committed: Pending: Proposed:			
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:			
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:			

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount ($)		Explanation
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from July 1 to June 30	Current Year	Next Year (projected)
REVENUES		
Federal Funds	$482,386.10	$492,988.06
State Funds		
Foundations/Private Contributions	$12,000.00	$12,000.00
Partner Match	$49,150.00	$49,150.00
Fundraising or other income	$29,933.35	$26,709.40
Rochester CDBG	$1,000	$6,000
Community Dev. Block Grant (include anticipated request)	$4,100	$4,000
TOTAL REVENUE	$578,569.45	$590,847.46
EXPENSES		
Salaries	$217,373.35	$223,894.56
Fringe Benefits	$86,321.14	$90,637.20
Supplies (include printing/copying)	$3,000.00	$3,000.00
Travel		
Training		
Communications	$3,731.02	$3,842.95
Audit		
Property Maintenance		
Service Contracts	$44,293.93	$45,622.75
Purchased Transportation	$221,750.00	$221,750.00
Planning & Marketing	$2,100.00	$2,100.00
Total Expenses	$578,569.45	$590,847.45
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	Transportation (FTA)			$	$
Direct Program	FTA 5310				
Passed Through	NHDOT	20.513		$492,988.06	$492,988.06
	[Program Name]				
Total U.S. Dept. of	Transportation			$	$
U.S. Dept. of	Housing and Urban Development (HUD)			$	$
Direct Program	CDBG				
Passed Through	City of Rochester	14.218		$6,000	$6,000
	[Program Name]				
Total U.S. Dept. of	Housing and Urban Development (HUD)			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$498,988.06***	***$498,988.06***
Local Assistance:	Strafford County			$8,000	$8,000
	NonCounty Special				
Local Assistance:	Rockingham County			$3,000	$3,000
	NonCounty Special				
Total Local Assistance:	[Agency Name]			$11,000	$11,000
Total State and Local Awards				***$11,000***	***$11,000***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$509,988.06**	**$509,988.06**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

SIGNATURE

10/31/23
DATE

Rad Nichols
PRINTED NAME

Executive Director
TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

COOPERATIVE ALLIANCE
FOR SEACOAST TRANSPORTATION

FINANCIAL STATEMENTS
AND SUPPLEMENTAL DATA

FOR THE YEARS ENDED
SEPTEMBER 30, 2022 AND 2021

COOPERATIVE ALLIANCE FOR SEACOAST TRANSPORTATION

FINANCIAL STATEMENTS AND SUPPLEMENTAL DATA

FOR THE YEARS ENDED SEPTEMBER 30, 2022 AND 2021

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CERTIFIED PUBLIC ACCOUNTANTS
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PRIVATE COMPANIES
PRACTICE SECTION

INDEPENDENT AUDITOR'S REPORT

December 24, 2022

To the Board of Directors
of the Cooperative Alliance for Seacoast Transportation

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of the Cooperative Alliance for Seacoast Transportation (a nonprofit organization), which comprise the statements of financial position as of September 30, 2022 and 2021, the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Cooperative Alliance for Seacoast Transportation as of September 30, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Cooperative Alliance for Seacoast Transportation's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Cooperative Alliance for Seacoast Transportation's ability to continue as a going concern for a reasonable period of time.

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

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedules of grant expenditures are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedules of grant expenditures are fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards,* we have also issued our report dated December 24, 2022, on our consideration of the Cooperative Alliance for Seacoast Transportation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Cooperative Alliance for Seacoast Transportation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Cooperative Alliance for Seacoast Transportation's internal control over financial reporting and compliance.

F. G. Briggs, Jr., CPA
Professional Association

COOPERATIVE ALLIANCE FOR SEACOAST TRANSPORTATION

STATEMENTS OF FINANCIAL POSITION

SEPTEMBER 30, 2022 AND 2021

ASSETS

	2022	2021
Assets		
Cash and equivalents	$ 1,975,763	$ 1,494,157
Accounts receivable - grants	571,924	430,178
Accounts receivable - other	99,313	178,365
Prepaid expenses	45,849	39,123
Inventories	106,369	86,865
Structures and equipment, net	4,206,913	2,610,456
TOTAL ASSETS	$ 7,006,131	$ 4,839,144

LIABILITIES AND NET ASSETS

Liabilities		
Accounts payable	$ 215,364	$ 149,269
Accrued expenses	302,703	252,183
Refundable advances	78,972	43,787
TOTAL LIABILITIES	597,039	445,239
Net Assets		
Net assets without donor restrictions	6,409,092	4,393,905
Total Net Assets	6,409,092	4,393,905
TOTAL LIABILITIES AND NET ASSETS	$ 7,006,131	$ 4,839,144

See Notes to Financial Statements

COOPERATIVE ALLIANCE FOR SEACOAST TRANSPORTATION

STATEMENTS OF ACTIVITIES

FOR THE YEARS ENDED SEPTEMBER 30, 2022 AND 2021

	2022	2021
NET ASSETS WITHOUT DONOR RESTRICTIONS		
Support		
Federal grants - operating and planning	$ 4,754,792	$ 4,585,747
State and local match - operating and planning	1,491,834	1,435,501
Ridership revenue	308,136	291,688
Advertising revenue	212,807	118,745
Other revenue (losses)	(13,603)	12,097
Interest income	2,281	1,804
Total Without Donor Restrictions Support	6,756,247	6,445,582
Expenses		
Program	5,479,575	5,942,148
Administration	1,340,637	712,498
Fundraising	24,044	20,697
Total Expenses	6,844,256	6,675,343
Change in Net Assets from Operations	(88,009)	(229,761)
Other Changes		
Federal grants - capital	1,897,693	238,310
Local match - capital	205,503	16,569
Total Other Changes	2,103,196	254,879
Change in Net Assets Without Donor Restrictions	2,015,187	25,118
Net Assets Without Donor Restrictions, Beginning of Year	4,393,905	4,368,787
Net Assets Without Donor Restrictions, End of Year	$ 6,409,092	$ 4,393,905

See Notes to Financial Statements

COOPERATIVE ALLIANCE FOR SEACOAST TRANSPORTATION

STATEMENT OF FUNCTIONAL EXPENSES

SEPTEMBER 30, 2022

	Transit	Maintenance	Other Program	Total Program	Admin-istration	Fund-raising	Total Supporting Services	Total Expenses
Drivers' salaries	$ 1,294,000	$ -	$ -	$ 1,294,000	$ -	$ -	$ -	$ 1,294,000
Operations and administrative salaries	763,858	317,656	210,475	1,291,989	423,642	14,293	437,935	1,729,924
Payroll taxes	155,230	24,657	15,857	195,744	30,813	1,093	31,906	227,650
Benefits	525,412	112,190	60,459	698,061	146,438	4,457	150,895	848,956
Insurance and other fees	46,205	5,666	-	51,871	480,292	-	480,292	532,163
Advertising	6,279	-	1,241	7,520	134,013	-	134,013	141,533
Consulting services	3,090	-	2,879	5,969	43,385	-	43,385	49,354
Mechanical services	-	62,744	-	62,744	-	-	-	62,744
Other services	59,345	17,047	161,507	237,899	21,807	-	21,807	259,706
Facilities cleaning	-	17,261	-	17,261	-	-	-	17,261
Fuel/oil	539,166	-	-	539,166	-	-	-	539,166
Tires, parts and supplies	39,262	145,849	-	185,111	-	-	-	185,111
Occupancy	-	45,049	12,146	57,195	27,540	3,060	30,600	87,795
Dues and subscriptions	925	-	-	925	9,319	-	9,319	10,244
Travel and training	1,066	-	-	1,066	5,102	-	5,102	6,168
Telephone	14,863	1,239	-	16,102	6,013	-	6,013	22,115
Office supplies	30,596	130	-	30,726	10,270	1,141	11,411	42,137
Depreciation	773,276	12,950	-	786,226	2,003	-	2,003	788,229
Total Expenditures	$ 4,252,573	$ 762,438	$ 464,564	$ 5,479,575	$ 1,340,637	$ 24,044	$ 1,364,681	$ 6,844,256

See Notes to Financial Statements

COOPERATIVE ALLIANCE FOR SEACOAST TRANSPORTATION

STATEMENT OF FUNCTIONAL EXPENSES

SEPTEMBER 30, 2021

	Transit	Maintenance	Other Program	Total Program	Admin-istration	Fund-raising	Total Supporting Services	Total Expenses
Drivers' salaries	$ 1,381,370	$ -	$ -	$ 1,381,370	$ -	$ -	$ -	$ 1,381,370
Operations and administrative salaries	777,888	316,761	199,549	1,294,198	336,090	11,883	347,973	1,642,171
Payroll taxes	168,331	24,717	15,400	208,448	25,425	909	26,334	234,782
Benefits	357,832	91,055	48,748	497,635	118,886	3,728	122,614	620,249
Insurance and other fees	60,889	424,354	-	485,243	23,268	-	23,268	508,511
Advertising	4,826	-	1,560	6,386	56,135	-	56,135	62,521
Consulting services	2,593	-	13,161	15,754	63,537	-	63,537	79,291
Mechanical services	-	85,959	-	85,959	-	-	-	85,959
Other services	49,308	34,607	102,583	186,498	20,902	-	20,902	207,400
Facilities cleaning	61	17,843	-	17,904	-	-	-	17,904
Fuel/oil	423,504	-	-	423,504	-	-	-	423,504
Tires, parts and supplies	47,778	335,339	-	383,117	-	-	-	383,117
Occupancy	-	41,124	11,122	52,246	24,570	2,430	27,000	79,246
Dues and subscriptions	2,104	-	-	2,104	5,383	-	5,383	7,487
Travel and training	4,738	-	-	4,738	1,227	-	1,227	5,965
Telephone	17,502	1,665	-	19,167	6,257	-	6,257	25,424
Office supplies	31,557	-	-	31,557	17,667	1,747	19,414	50,971
Depreciation	830,421	15,899	-	846,320	13,151	-	13,151	859,471
Total Expenditures	$ 4,160,702	$ 1,389,323	$ 392,123	$ 5,942,148	$ 712,498	$ 20,697	$ 733,195	$ 6,675,343

See Notes to Financial Statements

COOPERATIVE ALLIANCE FOR SEACOAST TRANSPORTATION

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED SEPTEMBER 30, 2022 AND 2021

	2022	2021
Cash Flows From Operating Activities		
Change in net assets	$ 2,015,187	$ 25,118
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	788,229	859,471
Loss on disposal of assets	14,534	-
(Increase) decrease in accounts receivable	(62,694)	(89,959)
(Increase) decrease in inventories	(19,504)	(5,603)
(Increase) decrease in prepaid expense	(6,726)	(1,726)
Increase (decrease) in accounts payable	(9,277)	82,585
Increase (decrease) in accrued expenses	50,520	(129,875)
Increase (decrease) in refundable advances	35,185	(692)
Total Adjustments	790,267	714,201
Net cash provided by operating activities	2,805,454	739,319
Cash Flows For Investing Activities		
Payments for the purchase of property and equipment	(2,359,590)	(292,138)
Proceeds from the disposition of assets	35,742	-
Net cash used for investing activities	(2,323,848)	(292,138)
Net increase in cash and cash equivalents	481,606	447,181
Cash and equivalents, beginning of year	1,494,157	1,046,976
Cash and equivalents, end of year	$ 1,975,763	$ 1,494,157

See Notes to Financial Statements

COOPERATIVE ALLIANCE FOR SEACOAST TRANSPORTATION

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2022

NOTE 1: NATURE OF THE ORGANIZATION

Cooperative Alliance for Seacoast Transportation (COAST) is organized as a Public Nonprofit Corporation and was formed in 1982 to promote and provide public mass transportation for southeastern New Hampshire. The Organization provides administrative, planning, para-transit, and coordination services. COAST receives approximately 75% of its funding directly from the federal government. The balance of its funding comes from local sources, primarily municipalities served by the transit routes.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared in accordance with the Standards of Accounting and Financial Reporting for Not-for-Profit Organizations as promulgated by the American Institute of Certified Public Accountants. They are stated on the accrual basis and include all material accounts receivable and payable.

Recent Accounting Pronouncements

In June 2018, the FASB issued ASU 2018-08, "Not-for-Profit Entities: Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (Topic 958)". The amendments in this Update provide a more robust framework to determine when a transaction should be accounted for as a contribution under Subtopic 958-605 or as an exchange transaction accounted for under other guidance (for example, Topic 606). The amendments also provide additional guidance about how to determine whether a contribution is conditional. COAST adopted this ASU on October 1, 2020.

COAST implemented ASU 2018-08 using a full retrospective method of application. The adoption of ASU 2018-08 resulted in changes to the disclosure of revenue. There were no material changes to the recognition or presentation of revenue as a result of the application of ASU 2018-08. As a result, no cumulative effect adjustment was recorded upon adoption.

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, "Revenue from Contracts with Customers (Topic 606)". This ASU supersedes the revenue recognition requirements in "Topic 605, Revenue Recognition", and most industry-specific guidance. The core principle of the guidance is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. COAST adopted this ASU on October 1, 2020.

COAST implemented ASU 2014-09 using a full retrospective method of application. The adoption of ASU 2014-09 resulted in changes to the disclosure of revenue. There were no material changes to the recognition or presentation of revenue as a result of the application of ASU 2014-09. As a result, no cumulative effect adjustment was recorded upon adoption.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The majority of COAST's revenue is derived from cost-reimbursable federal contracts and grants, which are conditioned upon costs of providing transit services. Amounts received are recognized as revenue when COAST has incurred expenditures in compliance with specific contract or grant performance requirements (incurring costs for providing transit services).

Financial Statement Presentation

The Organization follows the recommendation of the Financial Accounting Standards Board as applicable to not-for-profit organizations. Under these standards, the Organization is required to report information regarding its financial position and activities according to two classes of net assets, as applicable: net assets with donor restrictions or net assets without donor restrictions.

Descriptions of the two net asset categories are as follows:

Net Assets with Donor Restrictions

The part of net assets of a not-for-profit entity that is subject to donor-imposed restrictions (donors include other types of contributors, including makers of certain grants).

Net Assets without Donor Restrictions

The part of net assets of a not-for-profit that is not subject to donor-imposed restrictions (donors include other types of contributors, including makers of certain grants).

A donor-imposed restriction is a donor stipulation (donors include other types of contributors, including makers of certain grants) that specifies a use for a contributed asset that is more specific than broad limits resulting from the following:

a. The nature of the not-for-profit entity (NFP)
b. The environment in which it operates
c. The purposes specified in its articles of incorporation or bylaws or comparable documents for an unincorporated association.

The Organization reflects all resources used for operations as net assets without donor restrictions since any restricted revenues are generally received and spent in the same year.

Receivables

No allowance for doubtful accounts has been reflected since management believes all accounts receivable to be collectible. Accounts receivable will be considered delinquent based on the contractual terms of the agreement. COAST does not assess interest on outstanding or past-due balances.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fixed Assets

Structures and equipment are stated at cost if purchased or fair market value if contributed. Depreciation is recorded on the straight-line method over a two to twenty-five year period. Expenditures for additions, renewals and betterments of buildings and equipment, unless of a relatively minor amount, are capitalized. Expenditures for maintenance and repairs are expensed as incurred.

Inventory

Inventory, which consists of fuel and bus parts, is stated at the lower of cost or market.

Income taxes

No income tax provision has been included in the financial statements of COAST since it is a not-for-profit entity exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. It has been classified as an organization that is not a private foundation. COAST has analyzed its tax positions and has determined that there are no unrecognized tax obligations to record.

Cash Equivalents

For purposes of the statement of cash flows, COAST considers all unrestricted, highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Functional Allocation of Expenses

The costs of providing various programs and supporting services are summarized on a functional basis in the statement of activities. Expenses are directly charged to the appropriate activity, where feasible. The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, they may require allocation on a reasonable basis that is consistently applied. This basis included personnel cost allocations which are based on the estimates of time and effort.

Contributed Services

The value of contributed service of transit drivers is included in these statements. The value of contributed services of other volunteers is not reflected in these statements since there is no objective measurement available for such services.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, and reported revenues and expenses.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Advertising
The Organization expenses advertising costs as incurred.

Risks and Uncertainties
On March 11, 2020, the World Health Organization declared the outbreak of the COVID-19 virus a global pandemic as it spread rapidly throughout the world and still continues to spread. The virus negatively impacted COAST's operations, such as lower ridership, a shortage of bus operators and a subsequent service suspension of some fixed bus routes. Management has evolved with the pandemic in an effort to support its employees and riders.

In an effort to counter the virus' negative impact on operations, COAST has received federal funding to support its operations during the pandemic.

COAST continues to closely monitor the situation. Depending on the severity and duration of the pandemic, COAST could continue to experience additional negative impacts to operations; however, the extent of the future impact cannot be reasonably estimated at this time.

NOTE 3: LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The following reflects the Organization's financial assets as of the balance sheet date, reduced by amounts not available to meet cash needs for general expenditures within one year. The Organization's working capital and cash flows have variations during the year primarily due to the inconsistent collections of accounts receivable.

As part of the Organization's liquidity management plan, funds in excess of general requirements are invested in a money market account.

Financial assets at year-end:	2022	2021
Cash and equivalents	$ 1,975,763	$ 1,494,157
Accounts and grants receivable	671,237	608,543
Total	$ 2,647,000	$ 2,102,700

NOTE 4: CONCENTRATION OF CREDIT RISK

COAST maintains accounts with First Seacoast Bank and TD Bank that at times exceed the Federal Deposit Insurance Corporation (FDIC) limit of $250,000. At September 30, 2022, the bank balances for each institution totaled $1,170,812 and $308,782, respectively.

The majority of the funding for COAST is received directly from the Federal Government. Accounts receivable at September 30, 2022 includes $442,024 from the Federal Government and a total of $129,900 from the states of New Hampshire and Maine.

NOTE 5: STRUCTURES AND EQUIPMENT

Structures and equipment consist of the following components at September 30, 2022 and 2021.

	2022	2021
Structures, land and leasehold improvements	$ 1,576,603	$ 1,289,291
Equipment, vehicles and furniture	9,364,453	8,182,441
Amenities and miscellaneous	693,794	642,140
	11,634,850	10,113,872
Accumulated depreciation	(7,427,937)	(7,503,416)
	$ 4,206,913	$ 2,610,456

Included in these figures are three vehicles which are not currently used in operations by COAST. The vehicles are used by community agencies in the provision of transit services for the elderly and disabled. COAST retains the title to these vehicles and would take possession of the vehicles if these services were to cease. At September 30, 2022 and 2021, these vehicles are fully depreciated.

NOTE 6: REFUNDABLE ADVANCES

COAST recognizes conditional income from grants as services are provided and conditions are met. Funds received in advance are recorded as refundable advances.

NOTE 7: OPERATIONS

Transit operation expenditures are detailed in the Supplemental Data "Grant Expenditures - Operating Grants." Costs are recorded in accordance with the FTA as set forth in its National Transit Database Uniform System of Accounts. Reimbursement rates are 50%, 80% or 100%. Preventive maintenance and facility expenses are included in maintenance.

NOTE 8: PENSION PLAN

COAST has a SIMPLE pension plan. The organization matches employee contributions up to three percent of salaries. The cost for the years ended September 30, 2022 and 2021, respectively, were $46,148 and $41,631.

NOTE 9: CONTINGENT LIABILITIES

COAST receives money from the federal government under grants. Under the terms of these grants, COAST is required to use the money within the grant period for purposes specified in the grant proposals. If the expenditures of the grant were found not to be in compliance with the proposal, COAST might be required to repay the grantor's funds. The federal government also has an interest in equipment purchased with federal funds. Because specific amounts, if any, have not been determined by grantor agency audits as of September 30, 2022, no provision has been made for this contingency.

NOTE 10: COLLABORATION

During the year ended September 30, 2009, COAST and Stafford Network (a nonprofit organization) formed a working committee known as the Alliance for Community Transportation (ACT) for the purposes of establishing and advancing a transportation brokerage network in the area. COAST has agreed to receive grant funding and provide human resource and oversight of the Manager of Coordination Planning and Operations. COAST also provides dispatch and operational support. Expenditures for this project in the amount of $450,033, and related revenue of $496,212, are included in the financial statements for the year ended September 30, 2022.

NOTE 11: COMMITMENTS

Lease Commitment

For the year ended September 30, 2021, COAST was engaged in a tenancy-at-will agreement for the rental of its office facilities. COAST incurred net rent expense of $27,000 and was allotted contributions from the Lessor in the amount of $3,000. The lease also called for COAST to pay a pro rata share of the utilities and internal maintenance and repairs.

Starting October 1, 2021, COAST entered into a new three-year lease for its office facilities. The lease includes the right to terminate the lease without cause upon at least a ninety days' written notice to the Lessor. The market value of the leased space is $2,550 per month and the Lessor agrees to provide a $250 per month contribution towards the market value. COAST owes a net monthly payment of $2,300. COAST will continue to pay a pro rata share of utilities and internal maintenance and repairs. For the year ended September 30, 2022, COAST incurred net rent expense of $27,600 and was allotted $3,000 in contributions from the Lessor. COAST continues to pay a pro rata share of utilities and internal maintenance and repairs.

Future minimum lease payments for the subsequent fiscal year ends are as follows:

2023	$	30,600
2024		30,600
	$	61,200

Construction of New Facility Commitment

COAST is in the planning process of the construction of a new 48,000 square foot facility to house its transit operations and administrative offices. The estimated cost of the new facility is approximately $15,000,000. Funds for the project will come from a blend of sources, including up to $12,000,000 in Federal Transit Authority (FTA) capital grants, which will require $3,000,000 in matching funds. COAST is in the process of raising the matching funds.

For the fiscal year ended September 30, 2022, COAST has been awarded $449,600 in federal grants, of which COAST has drawn down $246,195, or 80% of its $307,744 in related expenditures.

NOTE 12: SUBSEQUENT EVENTS

Subsequent events have been evaluated through December 24, 2022, which is the date the financial statements were available to be issued.

The COVID-19 virus is still present in the United States. Future potential impacts caused by the virus may include additional disruptions or restrictions on the COAST's ability to serve its riders; however, the related financial impact and duration cannot be reasonably estimated at this time.

SUPPLEMENTAL DATA

COOPERATIVE ALLIANCE FOR SEACOAST TRANSPORTATION

SUPPLEMENTAL DATA

FOR THE YEAR ENDED SEPTEMBER 30, 2022

Grant Expenditures - Operating Grants

	Transit	Maintenance	Total Operations	Admin-istration & Fundraising	Total Expenses
Drivers' salaries	$ 1,294,000	$ -	$ 1,294,000	$ -	$ 1,294,000
Operations and administrative salaries	763,858	317,656	1,081,514	437,935	1,519,449
Payroll taxes	155,230	24,657	179,887	31,906	211,793
Benefits	525,412	112,190	637,602	150,895	788,497
Insurance and other fees	46,205	5,666	51,871	480,292	532,163
Advertising	6,279	-	6,279	134,013	140,292
Consulting services	3,090	-	3,090	43,385	46,475
Mechanical services	-	62,744	62,744	-	62,744
Other services	59,345	17,047	76,392	21,807	98,199
Facilities cleaning	-	17,261	17,261	-	17,261
Fuel/oil	539,166	-	539,166	-	539,166
Tires, parts and supplies	39,262	145,849	185,111	-	185,111
Occupancy	-	45,049	45,049	30,600	75,649
Dues and subscriptions	925	-	925	9,319	10,244
Travel and training	1,066	-	1,066	5,102	6,168
Telephone	14,863	1,239	16,102	6,013	22,115
Office supplies	30,596	130	30,726	11,411	42,137
Depreciation	773,276	12,950	786,226	2,003	788,229
Total Expenditures	$ 4,252,573	$ 762,438	$ 5,015,011	$ 1,364,681	$ 6,379,692

Federal Match	
NH-2020-002	$ 694,604
NH-2020-005	1,848,556
NH-2021-012	1,083,097
NH-2021-012	665,682
Total Match	$ 4,291,939

See Notes to Financial Statements

COOPERATIVE ALLIANCE FOR SEACOAST TRANSPORTATION

SUPPLEMENTAL DATA

FOR THE YEAR ENDED SEPTEMBER 30, 2022

Grant Expenditures - Other Grants

	ACT Regional Coordination	Financial & Strategic Planning	Total Operations
Administrative Expenditures			
Salaries	$ -	$ 10,761	$ 10,761
Payroll taxes	-	891	891
Consulting services	-	2,879	2,879
Program Expenditures			
Salaries	199,714	-	199,714
Payroll taxes	14,966	-	14,966
Benefits	60,459	-	60,459
Advertising	1,241	-	1,241
Other services - providers	161,507	-	161,507
Occupancy	12,146	-	12,146
Total Expenditures	$ 450,033	$ 14,531	$ 464,564

Federal Match	
NH-2020-002	$ 11,625
	11,625
Pass-Through State of New Hampshire	
NH-1385-2019	451,228
Total Match	$ 462,853

See Notes to Financial Statements

COOPERATIVE ALLIANCE FOR SEACOAST TRANSPORTATION

SUPPLEMENTAL DATA

FOR THE YEAR ENDED SEPTEMBER 30, 2022

Grant Expenditures - Capital Grants

Capital Expenditures	
Structures and improvements	$ 307,744
Equipment	2,071,246
Software	55,972
Total Expenditures	$ 2,434,962
Federal Match	
NH-2020-002	$ 1,532,156
NH-2021-012	119,342
NH-2022-016	246,195
Total Match	$ 1,897,693

See Notes to Financial Statements

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization Court Appointed Special Advocates (CASA) of NH	
Name of Program or Project volunteer recruitment and support	
Name of Executive Director Marcia R. Sink, President and CEO	
Mailing Address PO Box 1327 Manchester NH 03105 **Physical Address** 138 Coolidge Ave Manchester, NH 03102	
Contact Person Tarah Bergeron, Development Associate	**Phone** 603-626-4600 x2113
E-Mail tbergeron@casanh.org	**Website** www.casanh.org
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* ☒ 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 02-0432242	
SAM UEI # CLJQB5GM33E7	**SAM Expiration Date** 08/06/2024

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 5,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Recruitment and training/support of additional CASA Volunteer Advocates to serve the victimized children of Dover

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Dover, NH and State of NH

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) victimized children

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): CASA estimates 75 children from the City of Dover during FY25

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population:

In FY 23, CASA volunteer advocates spoke on behalf of 61 children from 49 cases in the City of Dover

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): No

If so, how much?

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: _X_ **Yes** _____ **No**

If yes, are the criteria/protocols in writing?: _X_ **Yes** _____ **No**

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

Court Appointed Special Advocates (CASA) of NH respectfully requests appropriated funds in the amount of $5,000. The City of Dover's support will allow CASA of NH to expand and elevate our continued recruitment efforts in your community. Funding will provide training and support for two CASA volunteer advocates so that they may serve children who are the victims of abuse and neglect in your area. CASA of NH estimates that it costs $2,000 to train and support one volunteer advocate per year who, in turn, will serve 2.5 children on average.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.	
Outcome	**Measurement**
Example 1: Decrease in number of "latch-key kids" **Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults**	**Example 1: # of children who participate in afterschool program** **Example 2: Increase in number of low/mod income residents that seek care from health program.**
Provide advocacy services to more children who are the victims of abuse and neglect in the City of Dover	Number of children we served in Dover for the funding year.
	Increased number of advocates in Strafford County for the funding year.

DESCRIPTION OF ORGANIZATION
Please provide a description for the organization or agency that is undertaking the activity or project. CASA of NH provides a voice for abused and neglected children and youth by empowering a statewide network of trained volunteers to advocate on their behalf so they can thrive in safe, permanent homes. It is our goal to provide an advocate for 100 percent of NH's children.

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? Yes **If yes, please submit most recent audit or financial statements as an attachment to this application.** **Is your organization evaluated by outside agencies or programs?** Yes **If yes, please note the agency/program and how often the evaluation occurs.** National Court Appointed Special Advocates (NCASA). Evaluations occur quarterly via phone and physically at the discretion of NCASA. Last physical evaluation occurred 6/18/2021

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Michael Burns – Co- Chairman	Hollis, NH
Terry Heinzmann – Co- Chairman	Manchester, NH
Kathleen Thomas - Treasurer	Hampton, NH
Evelyn Aissa - Vice Chair	Concord, NH
Sabrina Dunlap - Secretary	Hopkinton, NH
Karen J. Borgstrom, Esq.	Lyme, NH
Dr. Charles Cappetta	Nashua, NH
Paul Chant	Chocorua, NH
Sue Chollet	Peterborough, NH
Pat Clancey	Nashua, NH
Madison Dragon - Laconia, NH	Mike Ambrogi - North Hampton, NH
JoAnn Fenton - Keene, NH	Tom Stevens - Manchester, NH
Chief David Goldstein - Auburn, NH	Corrine Rober - Colebrook, NH
Bill Glahn - Concord, NH	Evan Lowry - Nashua, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Program Manager	4197	53,092	57,289
taxes and benefits	802	10,142	10,944
Other:			
TOTAL PROPOSED BUDGET:	5000	63,234	68,233

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

***** Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested*.

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:	30,704	30,704	VOCA Funding
State:	Committed: Pending: Proposed:			
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:	5,000	5,000	
Rochester CDBG:	Committed: Pending: Proposed:	5,000	5,000	
Other:	Committed: Pending: Proposed:	22,528	22,528	Individual Donations
Total:	Committed: Pending: Proposed:	63,832	63,832	68,832 with Dover

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	**Committed, Pending or Proposed Amount ($)**		**Explanation**
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from July 1 to June 30, 2024	Current Year	Next Year (projected)
REVENUES		
Federal Funds	685,912	508,950
State Funds	1,126,550	1,126,550
Foundations/Private Contributions	350,000	350,000
United Way	3,000	3,000
Fundraising or other income	830,000	830,000
Other (describe) Individual Donations	789,900	1,066,862
Community Dev. Block Grant (include anticipated request)	28,000	28,000
TOTAL REVENUE	3,813,362	3,913,362
EXPENSES		
Salaries	2,644,306	2,723635
Fringe Benefits	515,275	530,733
Supplies (include printing/copying)	27,000	27,000
Travel	30,600	30,900
Training	6,150	6,150
Communications	219,400	219,400
Audit	22,660	22,660
Property Maintenance	61,752	61,752
Service Contracts	0	0
Construction Supplies/Materials	0	0
Other (describe) Equip, insurance, bank fees, consulting, cc fees, dues, utilities, postage, rent	447,510	452,423
TOTAL EXPENSES	$3,974,653	4,074,653
NET (Income - Expenses)	-161,291	-161,291

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures Budgeted for Y/E 6/30/2024
U.S. Dept. of	Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP)			$	$
Direct Program					
Passed Through	State of NH Justice Department			$	$
	VOCA Victims Assistance Formula Grant-ARPA	16.575	N/A	565,347	565,347
Total U.S. Dept. of	(OJJDP)			$ 565,347	$ 565,347
	Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP)				
U.S. Dept. of				$	$
Direct Program					
Passed Through	State of NH Justice Department			$	$
	VOCA Victims Assistance Formula Grant	16.575	N/A	78,501	78,501
Total U.S. Dept. of	(OJJDP)			$ 78,501	$ 78,501
U.S. Dept. of	Health & Human Services, Administration for Children & Families			$	$
Direct Program	State of NH Department of Health & Human				
Passed Through	Services, Division of Children, Youth and Families			$	$
	Title IVE-CASA Training Partnership	93.658	N/A	26,064	26,064
Total U.S. Dept. of	Health & Human Services, Administration for Children & Families			$ 26,064	$ 26,064
OJJDP-National CASA-Pass Through-Growth Grant		16.726	N/A	16,000	16,000
Total Expenditure of Federal Awards				***$*** 685,912	***$*** 685,912
NH Dept. of	NH Judicial Council			$ 1,126,550	$ 1,126,550
	GAL Program				
Total NH Dept. of	NH Judicial Council			$ 1,126,550	$ 1,126,550
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	Towns & Cities			$ 120,000	$ 120,000
	Local Support				
Total Local Assistance:	Towns & Cities			$ 120,000	$ 120,000
Total State and Local Awards				***$*** 1,246,550	***$*** 1,246,550
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$** 1,932,462	**$** 1,932,462

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Tarah Bergeron
SIGNATURE

11/15/2023
DATE

Tarah Bergeron
PRINTED NAME

Development Associate
TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

FINANCIAL STATEMENTS

JUNE 30, 2023

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HESSION & PARE, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
62 Stark Street, Manchester, New Hampshire 03101
603-669-5477 FAX 603-669-0197

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Court Appointed Special Advocates of New Hampshire, Inc.
Manchester, New Hampshire

Opinion

We have audited the accompanying financial statements of Court Appointed Special Advocates of New Hampshire, Inc. ("CASA") (a nonprofit organization), which comprise the statement of financial position as of June 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of CASA as of June 30, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

To the Board of Directors
Court Appointed Special Advocates of New Hampshire, Inc.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of CASA's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about CASA's ability to continue as a going concern for a reasonable period of time.

To the Board of Directors
Court Appointed Special Advocates of New Hampshire, Inc.

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

Report on Summarized Comparative Information

We have previously audited CASA's 2022 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 7, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2022, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 6, 2023, on our consideration of CASA's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of CASA's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering CASA's internal control over financial reporting and compliance.

Manchester, NH
November 6, 2023

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

STATEMENT OF FINANCIAL POSITION

As of June 30, 2023
(with comparative totals for 2022)

ASSETS

	Without Donor Restrictions	With Donor Restrictions	**2023**	2022
Current assets				
Cash and cash equivalents	$ 3,126,394	$ 135,261	**$ 3,261,655**	$ 3,727,198
Sponsorship receivable	18,235	-	**18,235**	10,025
Grants receivable	185,866	-	**185,866**	174,234
Pledges receivable	-	165,150	**165,150**	181,195
Prepaid expenses	5,185	-	**5,185**	-
Total current assets	3,335,680	300,411	**3,636,091**	4,092,652
Noncurrent assets				
Investments	2,037,879	1,007,411	**3,045,290**	2,298,349
Pledges receivable, net of current	-	100,753	**100,753**	43,503
Property and equipment, net	1,015,158	-	**1,015,158**	1,056,940
Operating lease, right-of-use asset	148,454	-	**148,454**	-
Total noncurrent assets	3,201,491	1,108,164	**4,309,655**	3,398,792
Total assets	$ 6,537,171	$ 1,408,575	**$ 7,945,746**	$ 7,491,444

LIABILITIES AND NET ASSETS

Current liabilities				
Accounts payable	$ 42,711	$ -	**$ 42,711**	$ 40,208
Accrued expenses	108,593	-	**108,593**	98,553
Operating lease liability	35,379	-	**35,379**	-
Total current liabilities	186,683	-	**186,683**	138,761
Noncurrent liabilities				
Operating lease liability, net of current	113,573	-	**113,573**	-
Total liabilities	300,256	-	**300,256**	138,761
Commitments (see Notes)				
Net assets				
Without donor restrictions	6,236,915	-	**6,236,915**	6,094,468
With donor restrictions	-	1,408,575	**1,408,575**	1,258,215
Total net assets	6,236,915	1,408,575	**7,645,490**	7,352,683
Total liabilities and net assets	$ 6,537,171	$ 1,408,575	**$ 7,945,746**	$ 7,491,444

See notes to financial statements.

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the Year Ended June 30, 2023

	Without Donor Restrictions	With Donor Restrictions	2023
Public support			
Contributions	$ 782,880	$ 271,776	**$ 1,054,656**
Government grants	1,836,869		**1,836,869**
Fundraising events, net of costs of $136,224	691,936	-	**691,936**
Private grants	257,630	75,000	**332,630**
Other income	29,895	-	**29,895**
Donated goods, services and use of facilities	80,351	-	**80,351**
Total public support	3,679,561	346,776	**4,026,337**
Investment income, net of fees of $8,586	67,117	113,246	**180,363**
Total public support and investment income	3,746,678	460,022	**4,206,700**
Net assets released from restrictions For satisfaction of program restrictions	309,662	(309,662)	-
Total public support, investment income and net assets released from restrictions	4,056,340	150,360	**4,206,700**
Expenses			
Program services	3,317,024	-	**3,317,024**
Supporting activities			
Management and general	262,231	-	**262,231**
Fundraising	334,638	-	**334,638**
Total expenses	3,913,893	-	**3,913,893**
Increase in net assets	142,447	150,360	**292,807**
Net assets, beginning of year	6,094,468	1,258,215	**7,352,683**
Net assets, end of year	$ 6,236,915	$ 1,408,575	**$ 7,645,490**

See notes to financial statements.

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the Year Ended June 30, 2022

	Without Donor Restrictions	With Donor Restrictions	2022
Public support			
Contributions	$ 627,320	$ 725,422	$ 1,352,742
Government grants	1,989,070		1,989,070
Fundraising events, net of costs of $131,983	624,582	-	624,582
Private grants	238,200	178,650	416,850
Other income	31,458	-	31,458
Donated goods, services and use of facilities	31,493	-	31,493
Total public support	3,542,123	904,072	4,446,195
Investment loss, net of fees of $14,224	(94,699)	(152,403)	(247,102)
Total public support and investment income	3,447,424	751,669	4,199,093
Net assets released from restrictions			
For satisfaction of program restrictions	1,130,691	(1,130,691)	-
Total public support, investment income and net assets released from restrictions	4,578,115	(379,022)	4,199,093
Expenses			
Program services	2,794,184	-	2,794,184
Supporting activities			
Management and general	184,761	-	184,761
Fundraising	314,527	-	314,527
Total expenses	3,293,472	-	3,293,472
Increase (decrease) in net assets	1,284,643	(379,022)	905,621
Net assets, beginning of year	4,809,825	1,637,237	6,447,062
Net assets, end of year	$ 6,094,468	$ 1,258,215	$ 7,352,683

See notes to financial statements.

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended June 30, 2023
(with comparative totals for 2022)

	Program Services	Management and General	Fundraising	**2023**	2022
Payroll					
Salaries and wages	$2,101,303	$ 166,121	$ 211,990	**$2,479,414**	$2,162,841
Payroll taxes	165,837	13,110	16,730	**195,677**	178,500
Benefits	22,452	1,775	2,265	**26,492**	7,436
Total payroll	2,289,592	181,006	230,985	**2,701,583**	2,348,777
Other					
Insurance	220,502	17,432	22,245	**260,179**	227,080
Professional fees and contract labor	196,690	15,550	19,843	**232,083**	103,448
Advertising	149,079	11,786	15,040	**175,905**	175,495
Depreciation	71,261	5,634	7,189	**84,084**	69,417
Lease expense	56,208	4,444	5,671	**66,323**	64,937
Training	55,993	4,427	5,649	**66,069**	14,786
Office expense	49,325	3,898	4,978	**58,201**	67,207
Service contracts	49,029	3,876	4,946	**57,851**	57,571
Travel	37,723	2,982	3,806	**44,511**	22,509
Bank fees	37,644	2,976	3,798	**44,418**	20,275
Telephone	24,943	1,972	2,516	**29,431**	30,527
Dues, memberships and subscriptions	17,082	1,350	1,723	**20,155**	24,088
Postage	12,876	1,018	1,299	**15,193**	15,845
Repairs and maintenance	12,157	961	1,226	**14,344**	28,301
Meals and entertainment	12,027	951	1,213	**14,191**	4,450
Utilities	9,802	775	989	**11,566**	9,273
Printing	6,960	550	702	**8,212**	6,472
Gifts and promotions	4,727	374	477	**5,578**	1,513
Conferences and meetings	3,404	269	343	**4,016**	1,501
Total other	1,027,432	81,225	103,653	**1,212,310**	944,695
Total expenses	$3,317,024	$ 262,231	$ 334,638	**$3,913,893**	$3,293,472

See notes to financial statements.

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

STATEMENT OF CASH FLOWS

For the Year Ended June 30, 2023
(with comparative totals for 2022)

	2023	2022
Cash flows from operating activities		
Change in net assets	**$ 292,807**	$ 905,621
Adjustments to reconcile change in net assets to cash provided by operating activities		
Depreciation	**84,084**	69,417
Net realized and unrealized (gains) losses on investments	**(68,622)**	282,856
Loss on disposal of fixed asset	**-**	849
(Increase) in sponsorships receivable	**(8,210)**	(8,025)
(Increase) decrease in grants receivable	**(11,632)**	1,834
(Increase) decrease in pledges receivable	**(41,205)**	309,439
Contributions restricted for long-term investment	**-**	(30,279)
(Increase) decrease in prepaid expenses	**(5,185)**	2,380
Increase (decrease) in accounts payable and accrued expenses	**12,543**	(60,077)
Increase in operating lease liability	**498**	-
Net cash provided by operating activities	**255,078**	1,474,015
Cash flows from investing activities		
Proceeds from sale of investments	**255,809**	609,751
Purchase of investments	**(934,128)**	(2,174,307)
Purchase of property and equipment	**(42,302)**	(81,897)
Net cash used in investing activities	**(720,621)**	(1,646,453)
Cash flows from financing activities		
Contributions restricted for long-term investment	**-**	30,279
Net (decrease) in cash and cash equivalents	**(465,543)**	(142,159)
Cash and cash equivalents, beginning of year	**3,727,198**	3,869,357
Cash and cash equivalents, end of year	**$ 3,261,655**	$ 3,727,198

See notes to financial statements.

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1. NATURE OF ACTIVITIES

Court Appointed Special Advocates of New Hampshire, Inc. ("CASA") is a non-stock, non-profit corporation organized in New Hampshire. CASA's primary service is training volunteers in New Hampshire to advocate for abused and neglected children in the court system. The major sources of revenue are government grant income and contributions.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies

CASA prepares its financial statements in accordance with generally accepted accounting principles promulgated in the United States of America (U.S. GAAP) for not-for-profit entities. The significant accounting and reporting policies used by CASA are described subsequently to enhance the usefulness and understandability of the financial statements.

Change in Accounting Principle

ASU 2016-02, Leases
Effective July 1, 2022, CASA adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 842, *Leases*. CASA determines if an arrangement contains a lease at inception based on whether CASA has the right to control the asset during the contract period and other facts and circumstances. CASA elected the package of practical expedients permitted under the transition guidance within the new standard, which among other things, allowed it to carry forward the historical lease classification. CASA elected the short-term lease recognition exemption for all leases that qualify. Consequently, for those leases that qualify, CASA will not recognize right-of-use assets or lease liabilities on the Statement of Financial Position. CASA generally does not have access to the rate implicit in the lease and, therefore, CASA utilizes a risk-free rate as the discount rate.

The adoption of ASC 842 resulted in the recognition of right-to-use assets of $168,010 and operating and financing lease liabilities totaling $168,010 as of July 1, 2022. Results for periods beginning prior to July 1, 2022 continue to be reported in accordance with CASA's historical accounting treatment. The adoption of ASC 842 did not have a material impact on CASA's results of operations and cash flows.

COURT APPOINTED SPECIAL ADVOCATES
OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Comparative financial information

The financial statements of CASA include certain prior-year summarized comparative information in total. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with CASA's financial statements for the year ended June 30, 2022, from which the summarized information was derived.

Use of estimates and assumptions

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Accordingly, actual results may differ from estimated amounts.

Cash and cash equivalents

For purposes of reporting cash flows, CASA considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash and cash equivalents. There were no cash equivalents at June 30, 2023. Excess cash is deposited into a sweep account and earns interest on a daily basis. Temporary cash investments held in the investment portfolio are excluded from cash and cash equivalents.

Sponsorships receivable

Sponsorships receivable consist of amounts due from sponsors for events that have already occurred, but for which amounts have not yet been paid. CASA establishes its allowance for uncollectible accounts based on prior collection experience. It is CASA's policy to write off uncollectible accounts receivable when management determines the receivable will not be collected. Management does consider a variety of factors, including risk characteristics of the selected accounts, number of days outstanding, and current economic conditions.

Grants receivable

Grants receivable are recognized when the qualifying costs are incurred for cost-reimbursement grants or contracts, or when a unit of service is provided for performance grants.

COURT APPOINTED SPECIAL ADVOCATES
OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Pledges receivable

CASA has launched a capital campaign to generate funds to expand their capacity to meet the emergency faced by our children today from the impact of the opioid epidemic. The campaign was designed to solicit pledges to be paid over time (up to 5 years). Pledges are recorded as net assets with donor restrictions due to the purpose and/or implied time restrictions. The contributions are recorded as revenue at the time the pledges are made. When the purpose and/or time restrictions are met, restrictions are released, and the amounts are recorded on the statement of activities as net assets released from restrictions.

Investments

CASA carries investments in marketable securities with readily determinable fair values based upon quoted market prices. Unrealized and realized gains and losses are included with investment income in the accompanying statement of activities and changes in net assets. Purchased and gifted securities are recorded at fair value on the date of the acquisition or gift date, net of any brokerage fees. CASA's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

Property and equipment

Property and equipment are recorded at cost, or in the case of donated assets, at fair value. Items with an individual or aggregate cost of less than $1,000 are expensed in the year of purchase. Maintenance, repairs, and minor renewals are expensed as incurred.

The provision for depreciation is made using the straight-line method by annual charges calculated to absorb the costs over the following estimated useful lives:

Buildings and improvements	39 years
Furniture, equipment and software	3-5 years

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Leases

CASA is a lessee in several noncancellable leases for office space. CASA determines if an arrangement is a lease, or contains a lease, at inception of a contract and when the terms of an existing contract are changed. CASA recognizes a lease liability and a right-of-use (ROU) asset at the commencement date of the lease. The lease liability is initially and subsequently recognized based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variable payments depend on an index or a rate. CASA generally does not have access to the rate implicit in the lease and, therefore, CASA utilizes a risk-free rate as the discount rate at the lease commencement date for all classes of underlying assets. The ROU asset is subsequently measured throughout the lease term at the amount of the remeasured lease liability (i.e., present value of the remaining lease payments), plus unamortized initial direct costs, plus (minus) any prepaid (accrued) lease payments, less the unamortized balance of lease incentives received, and any impairment recognized. Lease cost for lease payments is recognized on a straight-line basis over the lease term.

CASA has elected, for all underlying classes of assets, to not recognize ROU assets and lease liabilities for short-term leases that have a lease term of 12 months or less at lease commencement, and do not include an option to purchase the underlying asset that CASA is reasonably certain to exercise. CASA recognizes lease costs associated with short-term leases on a straight-line basis over the lease term.

Net assets

The financial statements report net assets based upon the existence or absence of restrictions placed by its donors, as follows:

Net assets without donor restrictions – Net assets without donor restrictions are resources available to support operations. The only limits on the use of these net assets are the broad limits resulting from the nature of CASA, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of its operations.

COURT APPOINTED SPECIAL ADVOCATES
OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Net assets with donor restrictions – Net assets with donor restrictions are resources that are restricted by a donor for use for a particular purpose or in a particular future period. Some donor-imposed restrictions are temporary in nature, and the restriction will expire when the resources are used in accordance with the donor's instructions or when the stipulated time has passed. Other donor-imposed restrictions are perpetual in nature; CASA must continue to use the resources in accordance with the donor's restrictions.

Revenue recognition

Contributions and private grants
Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or a notification of a beneficial interest is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met.

Government grants
Government grants are recognized when the qualifying costs are incurred for cost-reimbursement grants or contracts, or when a unit of service is provided for performance grants.

Fundraising events
Revenue from fundraising events is recognized when the performance obligation of providing the event is met. The performance obligation of conducting the events is simultaneously received and consumed by the attendees; therefore, the revenue is recognized when the event occurs. Upon receipt of a prepayment from a registrant, CASA recognizes a contract liability in the amount of the prepayment for its performance obligation to provide the event in the future. Due to the nature and timing of the performance and/or transfer of services, certain contract liabilities at June 30 of each year are recognized in the following year.

COURT APPOINTED SPECIAL ADVOCATES
OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Donated goods and services

A significant portion of CASA's functions are conducted by unpaid officers, Board members, and volunteers. The value of this contributed time is not reflected in the accompanying financial statements since it does not meet the criteria necessary for recognition under U.S. GAAP. GAAP allows recognition of contributed services only if (a) the services create or enhance nonfinancial assets, or (b) the services would have been purchased if not provided by contribution, require specialized skills, and are provided by individuals possessing those skills.

Donated goods, services and use of facilities consisted of the following at June 30:

	2023	2022
Consulting services	**$ 66,650**	$ -
Office space	**7,800**	7,800
Auction items	**-**	12,374
Advertising	**3,118**	8,372
Other	**2,783**	2,947
Total	**$ 80,351**	$ 31,493

CASA recognized donated goods, services and use of facilities within public support for consulting services, office space, auction items, advertising and other. Unless otherwise noted, donated goods, services and use of facilities did not have donor-imposed restrictions.

Donated goods, services and use of facilities were used toward program, fundraising events and general and administrative costs. Donated professional services are recorded at the respective fair values of the services received. Donated goods are recorded at fair value at the date of donation and as expenses when placed in service or distributed. Donated use of facilities is reported as a contribution and as an expense at the estimated fair value of similar space for rent under similar conditions. If the use of the space is promised unconditionally for a period greater than one year, the amount is reported as a contribution and an unconditional promise to give at the date of the gift, and the expense is reported over the term of use.

COURT APPOINTED SPECIAL ADVOCATES
OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (concluded)

Functional allocation of expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the accompanying statement of activities and changes in net assets and in the statement of functional expenses. Accordingly, certain costs have been allocated among program services, supporting activities, and fundraising as benefited.

Advertising costs

CASA charges advertising costs to operating expenses as incurred.

Financial instruments and credit risk

Deposit concentration risk is managed by placing cash and cash equivalents with financial institutions believed to be creditworthy. At times, amounts on deposit may exceed insured limits or include uninsured investments. To date, no losses have been experienced in any of these accounts. Credit risk associated with receivables is considered to be limited due to high historical collection rates and because substantial portions of the outstanding amounts are due from governmental agencies and entities supportive of CASA's mission.

Income taxes

CASA is a not-for-profit organization exempt from income tax under Section 501(c)(3) of the Internal Revenue Code and is classified as other than a private foundation. However, certain unrelated business income is subject to federal taxation. For the year ended June 30, 2023, there was no liability for tax on unrelated business income. Accordingly, no provision for federal income tax has been recorded in the accompanying financial statements.

CASA is no longer subject to income tax examinations by U.S. Federal or State tax authorities for tax years before 2019.

Subsequent events

CASA has evaluated subsequent events through November 6, 2023, the date which the financial statements were available to be issued and has not evaluated subsequent events after that date. No subsequent events were identified that would require disclosure in the financial statements for the year ended June 30, 2023.

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 3. LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use within one year of June 30 are:

	2023	2022
Financial assets:		
Cash and cash equivalents	**$ 3,261,655**	$ 3,727,198
Investments	**3,045,290**	2,298,349
Sponsorship receivable	**18,235**	10,025
Grants receivable	**185,866**	174,234
Pledges receivable	**291,400**	224,698
Total financial assets	**6,802,446**	6,434,504
Less financial assets held to meet donor-imposed restrictions:		
Purpose-restricted net assets	**(109,764)**	(139,342)
Pledges receivable	**(291,400)**	(224,698)
Donor-restricted endowment funds	**(1,007,411)**	(894,175)
Amount available for general expenditures within one year	**$ 5,393,871**	$ 5,176,289

CASA's endowment funds consist of donor-restricted endowments. Income from donor-restricted endowments is available for general use and could be made available if necessary. Donor-restricted endowment funds are not available for general expenditure.

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 4. INVESTMENTS AND FAIR VALUE MEASUREMENT

The FASB defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in CASA'S principal or most advantageous market in an orderly transaction between market participants on the measurement date.

The standard establishes a fair value hierarchy which requires CASA to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

> Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that CASA has the ability to access as of the measurement date.
>
> Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.
>
> Level 3: Significant unobservable inputs that reflect CASA's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

Investments measured at fair value at June 30 are summarized below:

June 30, 2023	Fair Value	(Level 1)	(Level 2)	(Level 3)
Valued on a recurring basis				
Investment cash	$ 103,009	$ 103,009	$ -	$ -
US equities	721,966	721,966	-	-
International equities	264,686	264,686	-	-
Fixed income	1,710,993	1,710,993	-	-
Other investments	244,636	244,636	-	-
Total investments	$ 3,045,290	$ 3,045,290	$ -	$ -

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 4. INVESTMENTS AND FAIR VALUE MEASUREMENT (concluded)

June 30, 2022	Fair Value	(Level 1)	(Level 2)	(Level 3)
Valued on a recurring basis				
Investment cash	$ 93,824	$ 93,824	$ -	$ -
US equities	608,890	608,890	-	-
International equities	177,636	177,636	-	-
Fixed income	1,254,322	1,254,322	-	-
Other investments	163,677	163,677	-	-
Total investments	$ 2,298,349	$ 2,298,349	$ -	$ -

Fair values of Level 1 investments are determined by reference to quoted market prices and other relevant information generated by market transactions.

Generally accepted accounting principles require disclosure of an estimate of fair value of certain financial instruments. CASA's significant financial instruments are cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

Note 5. PLEDGES RECEIVABLE

Pledges receivable were as follows at June 30:

	2023	2022
Promises to give expected to be collected in		
Less than one year	**$ 165,150**	$ 181,195
One to five years	**126,250**	77,301
	291,400	258,496
Less discount to present value	**(10,926)**	(2,501)
Less allowance for uncollectible pledges	**(14,571)**	(31,297)
Net pledges receivable	**$ 265,903**	$ 224,698

COURT APPOINTED SPECIAL ADVOCATES
OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 5. PLEDGES RECEIVABLE (concluded)

Pledges receivable are reported at their fair value, which is estimated as the present value of expected future cash inflows on a non-recurring basis. At June 30, 2023, a discount rate of 3% was considered to determine net present value. As discussed in Note 4, the valuation technique used by CASA is a level 3 measure because there are no observable market transactions.

Note 6. PROPERTY AND EQUIPMENT

Property and equipment are stated at cost and were as follows at June 30:

	2023	2022
Buildings and improvements	**$ 1,418,855**	$ 1,394,343
Furniture, equipment and software	**279,916**	262,127
	1,698,771	1,656,470
Less accumulated depreciation	**683,613**	599,530
Property and equipment, net	**$ 1,015,158**	$ 1,056,940

Note 7. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are available for the following purposes or periods at June 30:

	2023	2022
Time		
Portion of perpetual endowment funds subject to time restriction under the Uniform Prudent Management of Institutional Funds Act (UPMIFA)	**$ 322,789**	$ 209,542
Pledges receivable	**291,400**	224,698
Restricted for		
Training and community relations	**62,068**	-
CRM system	**25,506**	52,816
Language bank	**21,340**	24,000
Generator	**980**	1,117
Leadership coaching program	**-**	46,550
Fiscal year 2023 operations	**-**	15,000
Endowment restricted in perpetuity	**684,492**	684,492
Total	**$ 1,408,575**	$ 1,258,215

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 8. ENDOWMENT FUNDS AND NET ASSETS

CASA adheres to the Other Presentation Matters section of the Presentation of Financial Statements for Not-for-Profit Organizations in accordance with U.S. GAAP. U.S. GAAP provides guidance on the net asset classification of donor-restricted endowment funds for a non-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA). U.S. GAAP also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds), whether or not the organization is subject to UPMIFA.

The State of New Hampshire enacted UPMIFA effective July 1, 2008, the provisions of which apply to endowment funds existing on or established after that date. CASA adopted these provisions for the year ended June 30, 2009.

CASA's endowment is comprised of five named funds and includes donor-restricted endowment funds. As required by GAAP, net assets associated with endowment funds, including any funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of CASA has interpreted UPMIFA as allowing CASA to appropriate for expenditure or accumulate as much of an endowment fund as CASA determines to be prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument.

The original gift is defined by CASA as (a) the original value of gifts donated to the donor-restricted endowment, (b) the original value of any subsequent gifts to donor-restricted endowment, and (c) accumulations to donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

Investment Return Objectives, Risk Parameters and Strategies

CASA has adopted an investment policy, approved by the Board of Directors, to create a balanced portfolio among several asset classes managing moderate levels of return with moderate levels of risk, while exceeding long-term inflation. Given CASA has no immediate intention of appropriating any assets for expenditure, there is currently no spending policy in place for the year ended June 30, 2023. However, management is currently in the process of establishing a spending policy that will be in accordance with UPMIFA. During this process, CASA will consider the following

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 8. ENDOWMENT FUNDS AND NET ASSETS (continued)

factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of CASA and (7) the investment policies of CASA.

Endowment net assets composition by type of fund were as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
June 30, 2023			
Donor-restricted endowment funds	$ -	$ 1,007,411	$ 1,007,411

	Without Donor Restrictions	With Donor Restrictions	Total
June 30, 2022			
Donor-restricted endowment funds	$ -	$ 894,175	$ 894,175

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 8. ENDOWMENT FUNDS AND NET ASSETS (continued)

Endowment net assets were as follows:

June 30, 2023	Without Donor Restrictions	With Donor Restrictions	Total
Investments, beginning of year	$ -	$ 894,175	$ 894,175
Net investment income	-	9,120	9,120
Unrealized gain	-	109,221	109,221
Realized loss	-	(5,105)	(5,105)
Total investment income	-	113,236	113,236
Investments, end of year	$ -	$ 1,007,411	$ 1,007,411

June 30, 2022	Without Donor Restrictions	With Donor Restrictions	Total
Investments, beginning of year	$ -	$ 1,016,649	$ 1,016,649
Net investment income	-	20,090	20,090
Unrealized loss	-	(303,336)	(303,336)
Realized gain	-	130,843	130,843
Total investment loss	-	(152,403)	(152,403)
Contributions	-	29,929	29,929
Investments, end of year	$ -	$ 894,175	$ 894,175

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 8. ENDOWMENT FUNDS AND NET ASSETS (concluded)

In a prior year, CASA created a donor-restricted endowment fund named in memory of one of CASA's strongest supporters, Mr. John Zahr. While the endowment principal will be permanently invested, the income from the endowment may be used to support the general operations of CASA, unless otherwise stated by the donor. Through the donor-restricted endowment fund, donors who feel compelled to leave a legacy gift or otherwise invest in CASA's future will now have that opportunity.

Note 9. OPERATING LEASE COMMITMENTS

CASA has operating lease agreements for various office spaces in Laconia, Dover Claremont, Berlin, and Keene, New Hampshire. In July 2020, CASA entered into a 5-year operating lease agreement in Dover expiring June 2025 with monthly payments of $1,042, increased for utility costs each year. In November 2020, CASA entered into a 5-year operating lease agreement in Keene expiring October 2025 with monthly payments of $940, increased each year by 2%. In May 2023, CASA entered into a 5-year operating lease agreement in Laconia expiring April 2028 with monthly payments of $1,957, increased each year by 3%. The operating lease agreement in Claremont is rented on a month-to-month basis at $440 per month. The operating lease agreement for Berlin automatically renews each year at $500 per month.

Noncash investing and financial activities related to these operating leases includes a lease asset obtained in exchange for lease liabilities of $168,010.

There is currently no rent requirement other than utilities for CASA's Colebrook office. The estimated fair value of the monthly rental for this space is $7,800.

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 9. OPERATING LEASE COMMITMENTS (concluded)

Future payments due under the operating leases are as follows:

Year ending June 30,	Amount
2024	$ 40,482
2025	41,419
2026	28,950
2027	25,790
2028	22,524
Total lease payments	159,165
Imputed interest	(10,213)
Present value of lease liability	$ 148,952

For the years ended June 30, 2023 and 2022, lease expenses were $66,322 and $64,937, respectively.

Note 10. RETIREMENT PLAN

CASA has a defined contribution plan covering all eligible employees. During the year ended June 30, 2023, CASA approved plan contributions up to 2% of eligible employees' salary. For the years ended June 30, 2023 and 2022, CASA contributed $26,492 and $7,436, respectively.

Note 11. COMMITMENTS AND CONTINGENCIES

CASA has entered into grant agreements that are recognized when qualifying costs are incurred for cost-reimbursement grants or when a unit of service is provided for performance grants. Revenue from government agencies is subject to review by grantor agencies. The review could result in the disallowance of expenditures under the terms of the grants or reductions of future grant awards.

COURT APPOINTED SPECIAL ADVOCATES OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 12. RELATED PARTY TRANSACTION

CASA has purchased consulting services from a partnership owned by a family member of CASA's officer. During the years ended June 30, 2023 and 2022, there was $125,700 and $20,736 in consulting expenses, of which $66,650 and $0 was donated, respectively.

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization Behavioral Health and Developmental Services of Strafford County, Inc. d/b/a Community Partners	
Name of Program or Project Rental Assistance	
Name of Executive Director Christopher Kozak	
Mailing Address 113 Crosby Road – Suite 1, Dover, NH 03820 **Physical Address** 113 Crosby Road – Suite 1, Dover, NH 03820	
Contact Person Elizabeth Fourar-Laidi	**Phone** 603-516-9321
E-Mail eflaidi@communitypartnersnh.org	**Website** www.communitypartnersnh.org
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* ☒ 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 02-0366120	
SAM UEI # F6H7M3LQKZP4	**SAM Expiration Date** 11/05/24

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ $5,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Community Partners is requesting CDBG funds to provide rental assistance including security deposits, and first month's rent assistance for individuals and families in Dover with mental illness or a developmental disability who are in threat of becoming homeless. This population is low-to-moderate income and often deals with mental illness or developmental disability. The goal of this program is to aid the target population in obtaining and maintaining permanent housing in Dover.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Community Partners main office: 113 Crosby Road, Dover, NH 03820

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) **Homeless, disabled or mental health issues, low-to-moderate income households**

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 4-6

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 5

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): N/A

If so, how much?

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ___X___ **Yes** _____ **No**

If yes, are the criteria/protocols in writing?: ___X___ **Yes** _____ **No**

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. CDBG funds are critical in financing Community Partners' rental assistance services which affect low-to-moderate income households. Funds will be used to assist households in danger of losing housing and those who may need to find new housing. This may take the form of rental assistance, first month's rent and/or security deposits. Funds are needed for these households who may have lost jobs or experienced a health crisis preventing them from paying these bills. The funds will help Dover residents in need to stay in their homes, preventing the homelessness of an individual or a family with children and taking financial pressure off the city's welfare department. Funds may be distributed unevenly throughout the year as they are disbursed as the need arises.

These funds will be administered through the Behavioral Health Adult Services and Developmental Services Case Management. The former works with individuals with severe and persistent mental illness who may need assistance in managing their daily lives. Services provided in this program include budgeting and financial management including Representative Payee services if needed; nutrition planning and grocery shopping; vocational services and supports; social skills; supportive counseling; medication monitoring; home care and other life skills; and benefits planning.

Many of the clients in Behavioral Health Adult Services receive assistance with housing-related issues including help with negotiation and communication with landlords, help with arranging seasonal payment plans to offset utility increases during the winter months, or education and guidance on appropriate tenant behavior (such as making timely rent payments and keeping the apartment clean).

The Developmental Services Case Management program works with adults and parents of children with developmental disabilities, helping them to manage and coordinate benefits; residential and day programs and activities; and connecting them to mainstream resources. For individuals living independently, Case Managers will advocate for Community Support Services which assist them with cleaning, shopping, budgeting, and other independent living skills.

All program participants will receive vocational assessments. If employment is a viable option, they will work with vocational staff and Vocational Rehabilitation to find and secure a job. Vocational staff will assist with job development, job placement, and job coaching; and individuals with mental illness will utilize Supported Employment, an evidence-based practice currently in use at community mental health centers throughout the state.

In addition to employment, program participants will be required to apply for benefits. Their case manager will assist them with determining what benefits they are eligible to receive and will facilitate the application process. These resources may include, but are not limited to, Section 8, Fuel Assistance, Social Security Disability, Medicaid, TANF, and food stamps. Community Partners regularly makes coordinated referrals to the Dover Adult Learning Center, Community Action Partnership of Strafford County, and Goodwin Community Health Center, and can make referrals for education, child-care/parenting, and health programs.

The Agency staff has a positive relationship with the area homeless shelters and city welfare offices, and there is open communication regarding clients who may benefit from CDBG funds. The program continues to be a valuable source of financial support for people who need assistance in obtaining permanent housing. When one lacks safe and affordable housing, the experience has a significant impact on their mental and emotional health. Community Partners' Dover CDBG program helps to ensure that a vulnerable population will be at less risk.

Community Partners is grateful for the long-standing CDBG support of its Dover program, dating back to 2003. With CDBG funding, Community Partners has been able to effect great positive change for our homeless consumers and those at risk of homelessness in Dover. Over the past 20 years, our Dover CDBG program has impacted over 500 individuals, aiding them in securing permanent and affordable housing. We hope that we will be able to continue this important work in FY2025 with CDBG support.

Description of Need: CDBG dollars are critical in financing Community Partners' rental assistance services. The majority of our consumers are in the low to very low-income bracket, and many struggle to find decent, affordable housing for themselves or their family. The need for more affordable housing in Strafford County and Dover, NH is well documented. The 2022 New Hampshire Housing Finance Authority Residential Rental Cost Survey found that the median rent for a two-bedroom apartment, necessary for a family, was $1,764, an increase of 11.4% over last year for the state, and a 37% increase for Strafford County. According to the Cost Survey data, this is the seventh year there has been an increase in the median gross rent for a two-bedroom apartment in Strafford County. Increased rental rates, coupled with only a .6% vacancy rate, have converged to make affordable housing nearly impossible for vulnerable populations in our county. A vacancy rate of 4 to 5% is considered a balanced market for supply and demand. Income level in Strafford County required to afford a two-bedroom apartment is $64,500. This is 124% of the renter household median income. Thus, only 12% of two-bedroom units in New Hampshire are affordable to median income households. Figures are not available for low to very low-income families.

When affordable housing is not available, many are forced into homelessness. According to the 2022 latest annual New Hampshire Coalition to End Homelessness report, the overall number of homeless people in New Hampshire had remained approximately the same as the previous year. This statistic coupled with a decrease in median household income, an increase in gross rent and a reduced vacancy rate paints a concerning picture for the homeless of Strafford County.

Even in a better economic climate, the affordability of permanent housing is a constant struggle for the clients served by Community Partners. Most of these individuals are reliant on Social Security Disability benefits as many are unable to work due to their disability. In 2023, the average monthly disability benefit was $1,400; this is barely enough to keep an individual above the poverty level (Social Security Administration) and not enough to cover even the rent portion of their expenses. Individuals and families who are chronically homeless typically have complex and long-term health conditions, such as mental illness, substance use disorders, or physical disabilities. Once they become homeless, they may experience longer or repeated episodes of homelessness and have an increased difficulty returning to stable, long-term housing. Per an Easter Seals report, this population which usually experiences chronic homelessness has increased by 52%, with 40% of those estimated to have a disability. The ever-increasing and staggering costs of an apartment can, oftentimes, exacerbate symptoms of mental illness and lead to further distress for people with disabilities. Providing a specialized funding stream for the populations that Community Partners serves alleviates the burden on City Welfare, leaving those funds for the general public, more of whom are finding they need assistance in this current economy.

Community Partners' CDBG program will work to ensure that our Dover consumers are placed in sustainable, long-term housing. Consumers will work with Case Mangers to establish realistic housing goals, and secure placement in affordable housing utilizing CDBG funded rental assistance, security deposits and/or first month's rental payments to help establish themselves in their new residence. Consumers at risk of homelessness will be given the support needed to prevent eviction.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	**Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.**
Decrease the number of people with mental illness or a disability at risk for homelessness	Number of people/families helped to retain their homes

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project.

Please provide a description for the organization or agency that is undertaking the activity or project.

Community Partners has been in operation since September of 1982 as the Area Agency for Developmental Services in Strafford County. In 2001, we were also designated by the State of New Hampshire as the Community Health Center; and the ServiceLink location for Strafford County. In 2018 we began providing case management for the Choices for Independence waiver program.

The organization is overseen by the Board of Directors and executive officers with directors and managers in each department. The agency is currently reviewing and updating the five-year strategic plan with the intention of increasing the efficient delivery and quality of its programming. This agency-wide examination has already proven to be valuable in developing innovative programming to our clients and their families.

Our mission is to connect our clients and their families to the opportunities and possibilities for full participation in their communities. This feeds our vision to serve those who experience emotional distress, mental Illnesses, substance use disorders, developmental disabilities, chronic health needs, acquired brain disorder, as well as those in need of information and referral to access long term supports and services. We strive to be an organization that consistently delivers

outstanding services and supports that are person-focused and dedicated to full participation in communities. We take leadership roles in educating our community network, families, and the public to reduce stigma and to increase self-determination and personal empowerment. We are committed to evidence-based and outcome-driven practices and invest in our staff to further professional development and foster an environment of innovation. Currently under a grant provide by SAMHSA, we have trained 717 community members (mostly in Dover and Dover schools) in Mental Health Awareness.

Behavioral Health Services include 24/7 crisis intervention services, group, individual and family therapy, youth and family services, community support programs for persons with severe and persistent illness, psychiatry, and medication monitoring. Developmental Services include case management; adult residential and day programs; community support services; and family support, including respite and transition planning, vocational supports, and nursing. Family Centered Early Supports and Services are also available for children from birth to age three with a developmental disability or delay and their families. The Partners in Health program is available for children with chronic health conditions.

Community Partners served over 4,663 individuals and families in Fiscal Year 2022; of this total, 1053 (23%) were Dover residents.

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? Yes
If yes, please submit most recent audit or financial statements as an attachment to this application. Attached to email.
Is your organization evaluated by outside agencies or programs? Yes
If yes, please note the agency/program and how often the evaluation occurs. Community Partners is evaluated by the New Hampshire Bureau of Behavioral Health through quarterly billing reports, annual work plan submission, contractual outcomes and a formal re-approval process every five years; last completed and approved August 2021. The New Hampshire Bureau of Developmental Services requires monthly billing and attendance reports, strategic plan submission, and a formal re-designation process. In the past, this process occurred every five years, but it has recently shifted to an annual procedure. We are also required to achieve client outcomes for each funded program.

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Wayne Goss	Dover, NH
Anthony Demers	Newfields, NH
Bryant Hardwick	Dover, NH
Gary Gletow	Dover, NH
Ken Muske	Portsmouth, NH
Ann Landry	Dover, NH
Kathleen Boisclair	E. Rochester NH
Kristine Baber	Dover, NH
Judge Daniel Cappiello	Barrington, NH
Tracy Hayes	Middleton, NH
Sharon Reynolds	Dover, NH
Phillip Vancelette	Rochester, NH
Mark Santoski	Dover, NH
Margaret Wallace	Dover, NH
Danielle Pomeroy	Dover, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other: Rental Assistance, First Month and Security Deposits	4,400	4,400	8,800
Administrative Overhead - Staff time to work with Clients, Accounting staff to keep records and budget submissions (12%)	600	600	1,200
TOTAL PROPOSED BUDGET:	**5,000**	**5,000**	**10,000**

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

* Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested.*

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:			
State:	Committed: Pending: Proposed:			
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:	 **5,000**	**5,000**	**Application Submitted**
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:	 **5,000**	**5,000**	**Waiting on Application Decision**

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	**Committed, Pending or Proposed Amount ($)**	**Explanation**

	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from 7/1/23 to 6/30/24	Current Year	Next Year (projected)
REVENUES		
Federal Funds	2,935,078	2,935,078
State Funds	34,733,008	34,733,008
Foundations/Private Contributions	1,173,348	1,174,348
United Way	1,000	1,000
Fundraising or other income	0	0
Other (describe) Program Fees, Comm. Ins.	4,870,916	4,870,916
Community Dev. Block Grant (include anticipated request)	0	10,000
TOTAL REVENUE	43,713,350	43,723,350
EXPENSES		
Salaries	19,359,063	19,359,063
Fringe Benefits	5,390,154	5,390,154
Supplies (include printing/copying)	290,503	290,503
Travel	653,540	653,540
Training	173,202	173,202
Communications	427,105	427,105
Audit	90,000	90,000
Property Maintenance	406,103	406,103
Service Contracts	1,745,000	1,745,000
Construction Supplies/Materials	90,800	90,800
Other (describe) Legal, Professional, Occupancy, Insurance, Client Treatment Svcs, Rental and Security Deposit Assistance	15,087,880	15,097,880
TOTAL EXPENSES	43,713,350	43,723,350
NET (Income - Expenses)	**0**	**0**

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
ProHealth NH	NH DHHS	93.243			
Cessation Breathe Well	NH Tobacco	93.305		$	$240,910
Dover CDBG	City of Dover	14.218			$1,955
Partners in Health (PIH)	Bureau of Developmental Services	93.667		$	$4,570
PIH - Camperships	Bureau of Developmental Services	93.667			$37,878
Part C – ESS	Bureau of Developmental Services	84.181A		$	$2,467
art C – ESS – Autism Proposal	Bureau of Developmental Services	84.181			$124,966
NH Rapid Response	NH DHHS	93.665		$	$21,714
MH Awareness Training	SAMHSA	93.243			$34,207
Provider Relief Funding	US HHS Stimulus	93.498		$	$36,790
				$	$
				$	$
				$	$
Total Expenditure of Federal Awards				***$***	***$560,407***
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$***	***$***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$**	**$**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



SIGNATURE

11/16/23

DATE

ELIZABETH FOURAR-LAIDI

PRINTED NAME

GRANT COORDINATOR

TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☒

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions. The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____11/16/23_____
Signature of Authorized Person Elizabeth Fourar-Laidi **Date**

____Grant Coordinator_____
Title

BerryDunn



CONSOLIDATED FINANCIAL STATEMENTS

and

SUPPLEMENTARY INFORMATION

June 30, 2022 and 2021

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Behavioral Health & Developmental Services of Strafford County, Inc.
d/b/a Community Partners and Subsidiaries

Opinion

We have audited the accompanying consolidated financial statements of Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners and Subsidiaries (the Organization), which comprise the consolidated statements of financial position as of June 30, 2022 and 2021, and the related consolidated statements of activities, functional revenue and expenses without donor restrictions, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization as of June 30, 2022 and 2021, and the changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

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

In performing an audit in accordance with U.S. generally accepted auditing standards, we:

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

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statements of financial position and consolidating statements of activities are presented for purposes of additional analysis, rather than to present the financial position and changes in net assets of the individual entities and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
November 3, 2022

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statements of Financial Position

June 30, 2022 and 2021

	2022	2021
ASSETS		
Cash and cash equivalents	**$ 9,709,578**	$ 6,897,442
Restricted cash	**112,619**	112,592
Accounts receivable, net	**2,135,448**	2,797,374
Grants receivable	**591,137**	299,756
Prepaid expenses	**286,650**	460,431
Property and equipment, net	**2,512,205**	2,492,164
Total assets	**$15,347,637**	$13,059,759
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable and accrued expenses	**$ 2,105,943**	$ 2,055,823
Paycheck Protection Program (PPP) funding	**-**	3,375,000
Estimated third-party liabilities	**1,757,667**	1,206,028
Operating lease payable	**120,634**	98,894
Loan fund	**89,656**	89,629
Notes payable	**459,039**	553,729
Total liabilities	**4,532,939**	7,379,103
Net assets		
Without donor restrictions	**10,742,284**	5,600,644
With donor restrictions	**72,414**	80,012
Total net assets	**10,814,698**	5,680,656
Total liabilities and net assets	**$15,347,637**	$13,059,759

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statements of Activities

Years Ended June 30, 2022 and 2021

	2022	2021
Changes in net assets without donor restrictions		
Public support and revenue		
Medicaid revenue	**$38,225,994**	$34,521,525
Medicare revenue	**318,134**	304,321
Client resources	**2,165,275**	2,081,203
Contract revenue	**3,684,935**	3,014,955
Grant income	**3,516,082**	2,369,938
Interest income	**17,435**	21,309
Other program revenue	**-**	44,650
Public support	**3,507,647**	125,308
Other revenue	**113,459**	921,198
Total public support and revenue	**51,548,961**	43,404,407
Net assets released from restrictions	**30,932**	59,689
Total public support, revenue, and releases	**51,579,893**	43,464,096
Expenses		
Program services		
Case management	**1,197,952**	1,107,522
Day programs and community support	**4,790,969**	4,770,513
Early support services and youth and family	**4,786,014**	4,555,661
Family support	**639,592**	646,820
Residential services	**17,572,714**	14,833,402
Consolidated services	**5,270,513**	4,621,721
Adult services	**3,065,530**	2,601,108
Emergency services	**856,877**	679,164
Other	**4,206,251**	4,279,398
Total program expenses	**42,386,412**	38,095,309
Supporting services		
General management	**4,051,841**	3,786,813
Total expenses	**46,438,253**	41,882,122
Change in net assets without donor restrictions	**5,141,640**	1,581,974
Changes in net assets with donor restrictions		
Grants and contributions	**23,334**	37,953
Net assets released from restrictions	**(30,932)**	(59,689)
Change in net assets with donor restrictions	**(7,598)**	(21,736)
Change in net assets	**5,134,042**	1,560,238
Net assets, beginning of year	**5,680,656**	4,120,418
Net assets, end of year	**$10,814,698**	$ 5,680,656

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statement of Functional Revenue and Expenses Without Donor Restrictions

Year Ended June 30, 2022

	Case Management	Day Programs and Community Support	Early Support Services and Youth and Family	Family Support	Residential Services	Consolidated Services	Adult Services	Emergency Services	Other	Total Program	General Management	Total
Public support and revenue												
Medicaid revenue	$ 862,564	$ 3,706,450	$ 4,867,194	$ 326,431	$ 18,494,871	$ 5,755,660	$ 3,526,680	$ 97,652	$ 588,492	$ 38,225,994	$ -	$ 38,225,994
Medicare revenue	-	42,089	-	-	-	-	204,109	-	71,936	318,134	-	318,134
Client resources	41,646	46,110	525,533	-	1,218,738	34,328	193,903	1,147	103,870	2,165,275	-	2,165,275
Contract revenue	61,711	406,321	405,242	77,610	63,849	46,470	31,360	611,035	1,841,094	3,544,692	140,243	3,684,935
Grant income	25,124	199,059	183,983	36,863	1,311,457	87,050	161,415	9,584	1,444,526	3,459,061	57,021	3,516,082
Interest income	-	5	-	-	-	-	-	-	7	12	17,423	17,435
Public support	6,543	426	2,904	13,696	2,195	4,173	880	-	131,675	162,492	3,376,087	3,538,579
Other revenue	2,073	12,132	9,151	573	32,024	7,589	35,672	1,109	7,475	107,798	5,661	113,459
												-
Total public support and revenue	999,661	4,412,592	5,994,007	455,173	21,123,134	5,935,270	4,154,019	720,527	4,189,075	47,983,458	3,596,435	51,579,893
Expenses												
Salary and wages	664,451	2,290,639	3,027,009	169,392	1,559,376	1,872,846	2,213,258	372,611	2,296,390	14,465,972	2,622,748	17,088,720
Employee benefits	149,252	601,201	529,744	35,485	336,238	116,874	1,411	53,242	627,876	2,451,323	429,617	2,880,940
Payroll taxes	51,865	195,807	237,544	13,150	121,551	155,454	124,095	29,277	203,053	1,131,796	188,223	1,320,019
Contracted substitute staff	-	50	-	-	-	-	-	-	-	50	-	50
Client treatment services	108,522	623,262	124,688	319,748	5,826,855	2,874,566	194,353	-	36,417	10,108,411	60	10,108,471
Professional fees and consultants	30,160	58,440	233,955	13,758	57,539	16,043	72,822	149,550	159,159	791,426	208,134	999,560
Subcontractors	-	-	-	-	9,298,327	-	-	-	-	9,298,327	-	9,298,327
Staff development and training	4,732	8,122	28,695	166	3,569	901	16,500	8,683	14,243	85,611	65,004	150,615
Rent	-	101,074	104,000	-	38,242	-	74,131	7,267	93,593	418,307	18,541	436,848
Interest	1,327	865	701	211	2,906	340	82	10	13,407	19,849	1,891	21,740
Utilities	8,644	45,702	18,103	1,366	16,168	2,192	20,974	1,575	33,430	148,154	15,840	163,994
Building maintenance and repairs	21,680	93,989	43,876	3,205	32,067	5,230	62,684	2,093	82,496	347,320	34,179	381,499
Other occupancy costs	20,018	105,449	48,389	3,185	22,838	5,133	34,452	4,765	54,531	298,760	30,390	329,150
Office	15,154	75,074	66,374	3,959	32,803	5,591	40,419	52,082	91,762	383,218	166,634	549,852
Building and housing	1,874	12,276	5,944	385	6,984	504	4,507	426	9,547	42,447	4,377	46,824
Client consumables	-	12,703	2,788	1,549	25,515	33,774	2,159	1,840	35,336	115,664	528	116,192
Medical	2,223	4,452	3,367	358	2,139	583	2,207	738	3,532	19,599	3,732	23,331
Equipment maintenance	30,004	118,039	142,276	6,635	55,828	12,842	90,967	16,664	100,279	573,534	94,312	667,846
Depreciation	19,415	75,004	42,225	4,729	40,572	9,458	9,236	1,881	47,099	249,619	34,502	284,121
Advertising	-	50	50	-	-	479	50	-	100	729	155	884
Printing	-	4	14	-	-	-	33	2	106	159	48	207
Telephone and communications	22,111	71,412	54,807	4,077	16,234	6,228	41,145	6,920	50,245	273,179	57,584	330,763
Postage and shipping	786	3,135	4,457	189	1,625	378	2,867	608	7,268	21,313	2,850	24,163
Transportation	6,839	118,854	15,818	287	29,989	97,369	8,238	140,277	21,802	439,473	18,746	458,219
Assistance to individuals	29,577	82,077	3,738	53,409	16,879	47,876	6,088	478	31,567	271,689	2,197	273,886
Insurance	9,307	87,309	45,948	2,067	28,457	5,735	38,888	5,875	36,320	259,906	48,100	308,006
Membership dues	-	1,297	-	-	-	103	2,813	-	120,023	124,236	3,380	127,616
Other	11	4,683	1,504	2,282	13	14	1,151	13	36,670	46,341	69	46,410
Total expenses	1,197,952	4,790,969	4,786,014	639,592	17,572,714	5,270,513	3,065,530	856,877	4,206,251	42,386,412	4,051,841	46,438,253
Change in net assets without restrictions	$ (198,291)	$ (378,377)	$ 1,207,993	$ (184,419)	$ 3,550,420	$ 664,757	$ 1,088,489	$ (136,350)	$ (17,176)	$ 5,597,046	$ (455,406)	$ 5,141,640

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statement of Functional Revenue and Expenses Without Donor Restrictions

Year Ended June 30, 2021

	Case Management	Day Programs and Community Support	Early Support Services and Youth and Family	Family Support	Residential Services	Consolidated Services	Adult Services	Emergency Services	Other	Total Program	General Management	Total
Public support and revenue												
Medicaid revenue	$ 958,139	$ 3,382,580	$ 4,875,562	$ 311,161	$ 15,683,299	$ 4,805,506	$ 3,951,142	$ 68,790	$ 485,346	$ 34,521,525	$ -	$ 34,521,525
Medicare revenue	-	28,678	471	-	-	-	227,248	-	47,924	304,321	-	304,321
Client resources	37,866	42,000	488,541	2	1,158,381	31,684	171,019	60,333	91,377	2,081,203	-	2,081,203
Contract revenue	70,549	241,763	505,581	76,179	46,803	46,470	10,720	217,618	1,671,051	2,886,734	128,221	3,014,955
Grant income	23,933	260,067	121,507	42,551	80,686	14,955	84,571	5,136	1,683,864	2,317,270	52,668	2,369,938
Interest income	-	4	-	-	-	-	-	-	9	13	21,296	21,309
Other program revenue	-	34,850	800	-	-	-	-	-	-	35,650	9,000	44,650
Public support	7,456	2,839	3,444	12,658	723	167	2,204	-	151,673	181,164	3,833	184,997
Other revenue	-	73,580	35,700	150	585,398	77,400	52,950	4,650	27,049	856,877	64,321	921,198
Total public support and revenue	1,097,943	4,066,361	6,031,606	442,701	17,555,290	4,976,182	4,499,854	356,527	4,158,293	43,184,757	279,339	43,464,096
Expenses												
Salaries and wages	673,124	2,117,099	2,820,168	207,012	1,426,816	1,882,181	1,864,434	243,799	2,229,963	13,464,596	2,498,842	15,963,438
Employee benefits	156,906	550,078	570,994	50,448	332,913	140,243	50,478	46,389	689,640	2,588,089	449,459	3,037,548
Payroll taxes	52,290	180,303	223,454	16,332	111,773	157,380	98,348	18,377	203,168	1,061,425	176,956	1,238,381
Contracted substitute staff	-	1,828	5,138	-	-	-	-	-	-	6,966	-	6,966
Client treatment services	16,503	578,112	109,468	260,328	5,063,469	2,189,673	153,990	-	7,775	8,379,318	-	8,379,318
Professional fees and consultants	32,923	60,588	197,057	9,328	51,829	18,644	54,842	328,823	178,672	932,706	149,939	1,082,645
Subcontractors	-	317,958	-	-	7,511,181	6,919	-	-	-	7,836,058	-	7,836,058
Staff development and training	7,270	14,168	27,178	890	2,683	4,943	10,313	5,337	11,132	83,914	60,512	144,426
Interest	1,661	2,302	968	265	4,077	429	419	16	15,071	25,208	2,392	27,600
Rent	-	99,994	100,086	-	37,299	-	72,381	7,168	113,699	430,627	19,255	449,882
Utilities	8,344	45,497	17,555	1,319	15,323	2,117	20,949	4,564	29,968	145,636	19,929	165,565
Building maintenance and repairs	16,780	77,759	40,075	2,626	31,171	4,292	25,832	1,667	94,301	294,503	30,531	325,034
Other occupancy costs	6,354	87,465	34,901	1,005	10,774	1,612	23,667	-	45,759	211,537	3,285	214,822
Office	15,033	109,309	133,022	3,009	45,032	6,509	44,018	4,879	91,142	451,953	106,382	558,335
Building and housing	3,833	18,807	8,084	649	5,842	1,340	4,896	558	21,883	65,892	9,108	75,000
Client consumables	529	13,537	3,092	4,161	22,325	29,114	2,056	20	52,175	127,009	695	127,704
Medical	69	743	618	13	347	52	740	103	4,573	7,258	311	7,569
Equipment maintenance	28,093	101,380	104,761	5,432	37,252	10,290	63,673	7,202	55,218	413,301	101,352	514,653
Depreciation	19,443	85,642	46,299	4,166	37,267	8,564	13,402	1,558	47,822	264,163	35,224	299,387
Advertising	-	15	46	-	-	-	101	5	23	190	606	796
Printing	-	80	185	-	-	-	497	-	1,228	1,990	300	2,290
Telephone and communications	24,942	54,932	51,532	4,034	12,676	6,338	38,610	4,243	49,301	246,608	63,790	310,398
Postage and shipping	817	4,526	4,135	173	1,540	348	3,344	544	10,232	25,659	2,983	28,642
Transportation	1,039	97,858	4,638	286	42,567	69,068	8,408	50	20,553	244,467	4,125	248,592
Assistance to individuals	32,260	52,269	4,020	73,464	3,332	78,006	2,954	294	34,092	280,691	3,846	284,537
Insurance	9,188	90,097	45,620	1,869	25,492	3,637	38,529	3,535	43,572	261,539	43,416	304,955
Membership dues	51	928	2,567	11	98	22	4,227	33	120,736	128,673	3,575	132,248
Other	70	7,239	-	-	324	-	-	-	107,700	115,333	-	115,333
Total expenses	1,107,522	4,770,513	4,555,661	646,820	14,833,402	4,621,721	2,601,108	679,164	4,279,398	38,095,309	3,786,813	41,882,122
(Decrease) increase in net assets without restrictions	$ (9,579)	$ (704,152)	$ 1,475,945	$ (204,119)	$ 2,721,888	$ 354,461	$ 1,898,746	$ (322,637)	$ (121,105)	$ 5,089,448	$ (3,507,474)	$ 1,581,974

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years Ended June 30, 2022 and 2021

	2022	2021
Cash flows from operating activities		
Change in net assets	**$ 5,134,042**	$ 1,560,238
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	**284,121**	299,387
PPP funding	**(3,375,000)**	-
Forgiveness of note payable	**-**	(50,000)
Change in operating assets and liabilities		
Accounts receivable, net	**661,926**	(704,649)
Grants receivable	**(291,381)**	292,184
Prepaid expenses	**173,781**	24,836
Accounts payable and accrued expenses	**50,120**	(786,732)
Estimated third-party liabilities	**551,639**	174,459
Operating lease payable	**21,740**	26,664
Loan fund	**27**	67
Net cash provided by operating activities	**3,211,015**	836,454
Cash flows from investing activities		
Acquisition of property and equipment	**(304,162)**	(559,924)
Cash flows from financing activities		
Proceeds from notes payable	**58,013**	-
Principal payments on notes payable	**(152,703)**	(180,307)
Net cash used by financing activities	**(94,690)**	(180,307)
Net increase in cash and restricted cash	**2,812,163**	96,223
Cash and restricted cash, beginning of year	**7,010,034**	6,913,811
Cash and restricted cash, end of year	**$ 9,822,197**	$ 7,010,034
Composition of cash and restricted cash, end of year:		
Cash and cash equivalents	**$ 9,709,578**	$ 6,897,442
Restricted cash	**112,619**	112,592
	$ 9,822,197	$ 7,010,034

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

Nature of Activities

Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners (Community Partners) is a New Hampshire nonprofit corporation providing a wide range of community-based services (see consolidated statements of functional revenue and expenses without donor restrictions for programs offered) for individuals with developmental disabilities and/or mental illness and their families. Community Partners also supports families with children who have chronic health needs. Community Partners is currently operating as two divisions: Developmental Services and Behavioral Health Services.

Community Partners is the sole shareholder of Lighthouse Management Services, Inc., which was organized to perform accounting and management functions for other not-for-profit entities.

Community Partners is the sole beneficiary of the Community Partners Foundation (the Foundation), which was established exclusively for the benefit and support of Community Partners. To that end, the Foundation receives and accepts gifts and funds.

The Foundation received and disbursed the following funds:

	2022	2021
Funds received	**$ 123,977**	$ 115,694
Funds disbursed	**60,857**	104,438
	$ 63,120	$ 11,256

The Foundation has received and disbursed the following funds since its inception in 2007:

Funds received	$ 822,515
Funds disbursed	520,995
	$ 301,520

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of Community Partners, Lighthouse Management Services, Inc., and the Foundation (collectively, the Organization). All material intercompany balances and transactions have been eliminated in consolidation.

The Organization prepares its consolidated financial statements in accordance with U.S. generally accepted accounting principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Presentation

The consolidated financial statements of the Organization have been prepared in accordance with U.S. GAAP, which require the Organization to report information regarding its consolidated financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the consolidated statements of activities.

Grants and Contributions

Grants awarded and contributions received in advance of expenditures are reported as public support and revenue with donor restrictions if they are received with stipulations that limit the use of the grants or contributions. When a grant or contribution restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of activities as net assets released from restrictions. The Organization records restricted grants and contributions whose restrictions are met in the same reporting period as public support and revenue without donor restrictions in the year of the gift.

Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code to operate as a not-for-profit organization.

FASB ASC Topic 740, *Income Taxes*, establishes financial accounting and disclosure requirements for recognition and measurement of tax positions taken or expected to be taken. Management has reviewed the tax provisions for the Organization under FASB ASC Topic 740 and determined it did not have a material impact on the Organization's consolidated financial statements.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity date of less than three months to be cash equivalents. The cash equivalents represent money market accounts and repurchase agreements as of June 30, 2022 and 2021.

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. It has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk on cash and cash equivalents.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible accounts after considering each category of receivable individually and estimates an allowance according to the nature of the receivable. Allowances are estimated from historical performance and projected trends. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to trade accounts receivable. Accounts receivable, net amounted to $2,135,448; $2,797,374; and $2,092,725 as of June 30, 2022, 2021 and 2020, respectively.

Property and Equipment

Property and equipment are recorded at cost, while donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Expenditures for repairs and maintenance are charged against operations. Renewals and betterments which materially extend the life of the assets are capitalized. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the asset is placed into service. The Organization reclassifies net assets with donor restrictions to net assets without donor restrictions at that time.

Depreciation is provided on the straight-line method in amounts designed to depreciate the costs of the assets over their estimated lives as follows:

Buildings and improvements	5-39 years
Equipment and furniture	3-7 years
Vehicles	5 years

Revenue Recognition

Medicaid, Medicare and client resources revenue is reported at the estimated net realizable amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing client services. These amounts are due from third-party payors (including health insurers and government programs), and others, and include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Organization bills third-party payors several days after services are provided. Revenue is recognized as performance obligations are satisfied. It is the Organization's expectation that the period between the time the service is provided to a client and the time a third-party payor pays for that service will be one year or less.

Under the Organization's contractual arrangements with the New Hampshire Department of Health and Human Services (DHHS), the Organization provides services to clients for an agreed upon fee. The Organization recognizes revenue for client services in accordance with the provisions of Accounting Standards Update (ASU) No. 2014-09 and related guidance.

Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied over time is recognized based on actual services rendered. Generally, performance obligations are satisfied over time when services are provided. The Organization measures the performance obligation from when the Organization begins to provide services to a client to the point when it is no longer required to provide services to that client, which is generally at the time of DHHS notification to the Organization.

Each performance obligation is separately identifiable from other promises in the contract with the client and DHHS. As the performance obligations are met, revenue is recognized based upon allocated transaction price. The transaction price is allocated to separate performance obligations based upon the relative stand-alone selling price.

Because all of its performance obligations relate to short-term contracts, the Organization has elected to apply the optional exemption provided in FASB ASC Subtopic 606-10-50-14(a), and therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period.

Estimated Third-Party Liabilities

The Organization's estimated third-party liabilities consists of funds received in advance for services to be performed at a later date, amounts due to Medicaid and estimated amounts due to Medicaid from eligibility, certification and other audits, Provider Relief Fund (PRF) administered by the U.S. Department of Health and Human Services (HHS), and certain pass-through funds. Estimated third-party liabilities amounted to $1,757,667; $1,206,028; and $1,031,569 as of June 30, 2022, 2021 and 2020, respectively.

Functional Allocation of Expenses

The Organization's expenses are presented on a functional basis (i.e., program activities and support services). The Organization classifies expenses based on the organizational cost centers in which expenses are incurred. The expenses allocated between support functions and program services based on personnel time includes salaries and related benefits and taxes. The expenses allocated between support functions and program services based on space utilized for the related services includes depreciation, insurance and other occupancy costs.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize its available funds. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and lines of credit as disclosed in Note 5.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing operating activities as well as the conduct of services undertaken to support those operating activities.

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover expenditures not covered by donor-restricted resources or, where appropriate, borrowings. Refer to the consolidated statements of cash flows, which identifies the sources and uses of the Organization's cash and cash equivalents and the generation of positive cash from operations for fiscal year 2022 and 2021.

The following financial assets are expected to be available within one year of the statement of financial position date to meet general expenditures as of June 30:

	2022	2021
Cash and cash equivalents, excluding net assets with donor restrictions	**$ 9,637,164**	$ 6,817,430
Accounts receivable, net	**2,135,448**	2,797,374
Grants receivable	**591,137**	299,756
Financial assets available to meet general expenditures within one year	**$12,363,749**	$ 9,914,560

3. Restricted Cash

The Organization serves as a pass-through entity for the Council for Children and Adolescents with Chronic Health Conditions Loan Guaranty Program. This program is operated and administered by a New Hampshire bank. As of June 30, 2022 and 2021, the Organization held cash totaling $89,656 and $89,629, respectively, which was restricted for this program. A corresponding amount has been recorded as a liability.

Additionally, the Organization administers the Council for Children and Adolescents with Chronic Health Conditions Program. As of June 30, 2022 and 2021, the Organization held cash totaling $22,963, which was restricted for this program. A corresponding amount has been recorded as a liability.

4. Property and Equipment

Property and equipment consisted of the following:

	2022	2021
Land and buildings	**$ 2,218,893**	$ 2,218,893
Building improvements	**2,597,708**	2,492,167
Vehicles	**985,997**	912,500
Equipment and furniture	**2,947,629**	2,947,629
	8,750,227	8,571,189
Less accumulated depreciation	**6,238,022**	6,079,025
	$ 2,512,205	$ 2,492,164

5. Lines of Credit

The Organization has a revolving line of credit agreement with a bank amounting to $1,500,000, collateralized by a security interest in all business assets. Monthly interest payments on the unpaid principal balance are required at the rate of 1% over the bank's stated index, which was 5.00% at June 30, 2022. The Organization is required to annually observe 30 consecutive days without an outstanding balance. At June 30, 2022 and 2021, there was no outstanding balance on the revolving line of credit.

The Organization has an equipment line of credit agreement with a bank amounting to $250,000, collateralized by a security interest in equipment obtained by advances on the line. Advances are limited to 80% of the invoice price. Monthly interest payments on the unpaid principal balance are required at the rate of .5% over the Federal Home Loan Bank of Boston (FHLB) five-year index through October 6, 2019, at which time it increased to 1.75% over the FHLB index, which was 5.75% at June 30, 2022. The line of credit has a maturity date of February 28, 2027. At June 30, 2022 and 2021, there was no outstanding balance on the equipment line of credit.

6. Notes Payable

Notes payable consisted of the following:

	2022	2021
Note payable to a bank, payable in monthly installments of $4,029, including interest at 3.92%, through July 2022; collateralized by certain real estate. The note is a participating loan with the New Hampshire Health and Education Facilities Authority (NHHEFA).	**$ 2,248**	$ 49,863
Note payable to NHHEFA, payable in monthly installments of $3,419, including interest at 1.00%. The note payable was paid off in full in July 2021.	**-**	3,480
Mortgage note payable to a bank, payable in monthly installments of $1,580, including interest at 4.12%, through April 2026 with one final payment which shall be the unpaid balance at maturity; collateralized by certain real estate.	**65,265**	81,167
Note payable to a bank, payable in monthly principal and interest payments totaling $2,413 through February 2023; the note bears interest at 4.50%; collateralized by all assets.	**6,668**	35,292
Note payable to a bank, payable in monthly installments totaling $1,882, including interest at 3.49%, through August 2026; collateralized by all the rights and benefits under the leases attached to the related real estate.	**87,146**	106,282
Note payable to a bank, payable in monthly installments totaling $3,162, including interest at 4.85%, through April 2029; collateralized by certain real estate.	**220,410**	246,907
Note payable to a bank, payable in monthly installments totaling $789, including interest at 7.69%, through March 2025; collateralized by a certain vehicle.	**23,373**	30,738
Note payable to a bank, payable in monthly installments totaling $989, including interest at 6.89%, through November 2027; collateralized by a certain vehicle.	**53,929**	-
	$ 459,039	$ 553,729

The scheduled maturities of long-term debt are as follows:

2023	$ 87,910
2024	83,039
2025	85,079
2026	76,793
2027	59,602
Thereafter	66,616
	$ 459,039

Cash paid for interest approximates interest expense.

7. Commitments and Contingencies

Operating Leases

The Organization leases various office facilities and equipment under operating lease agreements. Expiration dates range from July 2023 through March 2033. Total rent expense charged to operations was $436,853 in 2022 and $449,882 in 2021.

Future minimum operating lease payments are as follows:

2023	$ 480,901
2024	434,358
2025	308,117
2026	293,105
2027	296,217
Thereafter	1,625,731
	$ 3,438,429

Litigation

The Organization is involved in litigation from time to time arising in the normal course of business. After consultation with legal counsel, management estimates these matters will be resolved without a material adverse effect on the Organization's future financial position or results of operations.

8. Concentrations

Approximately 74% and 80% of public support and revenue of the Organization was derived from Medicaid for the years ended June 30, 2022 and 2021, respectively. The future existence of the Organization is dependent upon continued support from Medicaid.

Accounts receivable due from Medicaid were as follows:

	2022	2021
Developmental Services	**$ 1,404,357**	$ 2,486,349
Behavioral Health Services	**106,926**	69,254
	$ 1,511,283	$ 2,555,603

In order for the Developmental Services division of the Organization to receive this support, it must be formally approved by the State of New Hampshire, DHHS, Bureau of Developmental Services, as the provider of services for developmentally disabled individuals for Strafford County in New Hampshire. This designation is received by the Organization every five years. The current designation expires in September 2022. Management expects the contract to be renewed in 2023 under similar terms.

In order for the Behavioral Health Services division of the Organization to receive this support, it must be formally approved by the State of New Hampshire, DHHS, Bureau of Behavioral Health, as the community mental health provider for Strafford County in New Hampshire. This designation is received by the Organization every five years. The current designation expires in August 2026.

9. Retirement Plan

The Organization maintains a tax-sheltered annuity plan that is offered to all eligible employees. The plan includes a discretionary employer contribution equal to 3% of each eligible employee's salary. During 2022 and 2021, the Organization made an additional discretionary contribution equal to 1% of each eligible employee's salary. Total costs incurred for the plan during the year ended June 30, 2022 were $412,193 and during the year ended June 30, 2021 were $429,191. The total expense for the year ended June 30, 2022 for the Developmental Services division was $243,650, and for the Behavioral Health Services division was $168,543. The total expense for the year ended June 30, 2021 for the Developmental Services division was $255,221, and for the Behavioral Health Services division was $173,970.

10. Subsequent Events

For purposes of the preparation of these consolidated financial statements in conformity with U.S. GAAP, management has considered transactions or events occurring through November 3, 2022, which is the date that the consolidated financial statements were available to be issued.

11. Uncertainty and Relief Funding

On March 11, 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic. Local, U.S., and world governments encouraged self-isolation to curtail the spread of COVID-19 by mandating the temporary shut-down of business in many sectors and imposing limitations on travel and the size and duration of group gatherings. Most sectors are experiencing disruption to business operations and may feel further impacts related to delayed government reimbursement. The Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 and Coronavirus Response and Relief Supplemental Appropriations Act of 2021 provides several relief measures to allow flexibility to providers to deliver critical care. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and additional government actions to mitigate them. Accordingly, while management expects this matter to impact operating results, the related financial impact and duration cannot be reasonably estimated.

The U.S. government has responded with three phases of relief legislation, as a response to the COVID-19 outbreak. The U.S government has enacted three statutes into law to address the economic impact of the COVID-19 outbreak: the first on March 27, 2020, called the CARES Act; the second on December 27, 2020, called the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA); and the third on March 11, 2021 called the American Rescue Plan Act (ARPA). The CARES Act, CRRSAA and ARPA, among other things, 1) authorize emergency loans to distressed businesses by establishing, and providing funding for, forgivable bridge loans; 2) provide additional funding for grants and technical assistance; 3) delay due dates for employer payroll taxes and estimated tax payments for organizations; and 4) revise provisions of the Code, including those related to losses, charitable deductions, and business interest. Management has evaluated the impact of these statutes on the Organization, including their potential benefits and limitations that may result from additional funding. Management has evaluated the impact of the CARES Act, CRRSAA and ARPA on the Organization, including its potential benefits and limitations that may result from additional funding.

During 2020, the Organization obtained $3,375,000 under the CARES Act PPP funding. The PPP funding has specific criteria for eligibility and provides for forgiveness of the funds under the program if the Organization meets certain requirements. Any portion of the funds that are not forgiven are to be repaid within 5 years at a 1% interest rate. During 2022, the Organization received notification of full forgiveness from the Small Business Administration (SBA) and is included in public support in the consolidated statement of activities. The loan forgiveness is subject to audit from the SBA for six years from the date of forgiveness.

The CARES Act also established the Provider Relief Funds (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by HHS. These funds are to be used for qualifying expenses and to cover lost revenue due to COVID-19. The PRF are recognized as income when qualifying expenditures have been incurred, or lost revenues have been identified. During the years ended June 30, 2022 and 2021, the Organization received Phase 4 of PRF in the amount of $54,950 and Phase 2 of PRF in the amount of $635,707, respectively.

During the year ended June 30, 2021, management believed the Organization had met the conditions necessary to recognize a portion of Phase 2 PRF included in grant income in the consolidated statement of activities in the amount of $271,086. The remaining PRF of $364,621 were included in estimated third-party liability in the consolidated statement of financial position at June 30, 2021. During the year ended June 30, 2022, management believed the Organization had met the conditions necessary to recognize the remaining amount of Phase 2 PRF and the conditions of Phase 4 PRF. As a result, $419,571 of PRF is included in grant income in the consolidated statement of activities. Management believes the position taken is a reasonable interpretation of the rules currently available. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, there is at least a reasonable possibility the amount of income recognized may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

During 2021, the Organization also received and recognized emergency grant funding under the CARES Act passed through the State of New Hampshire in the amount of approximately $825,200 to help offset incremental costs related to the pandemic. This funding is commonly referred to as long-term care stabilization funds which are included in other revenue in the consolidated statement of activities for the year ended June 30, 2021.

During 2022, the Organization was awarded emergency grant funding under the ARPA and the funds were passed through the State of New Hampshire in the amount of $2,025,855 for the purpose of recruitment, retention, or training of direct support workers. As of June 30, 2022, management believed the Organization had met the conditions necessary to recognize a portion of the ARPA funds in the amount of $1,526,018 which is included in grant income in the consolidated statement of activities. The remaining $499,837 of ARPA funds are included in estimated third-party liability in the consolidated statement of financial position at June 30, 2022. The Organization has until fiscal year 2024 to spend the remaining ARPA funds.

SUPPLEMENTARY INFORMATION

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidating Statements of Financial Position

June 30, 2022 and 2021

	2022						2021					
	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Totals	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Totals
ASSETS												
Cash and cash equivalents	$ 6,885,073	$ 2,521,565	$ 1,420	$ 301,520	$ -	$ 9,709,578	$ 5,011,376	$ 1,646,324	$ 1,342	$ 238,400	$ -	$ 6,897,442
Restricted cash	112,619	-	-	-	-	112,619	112,592	-	-	-	-	112,592
Accounts receivable, net	1,628,241	2,849,312	61	-	(2,342,166)	2,135,448	2,576,048	1,637,484	63	-	(1,416,221)	2,797,374
Grants receivable	45,834	545,303	-	-	-	591,137	51,958	247,798	-	-	-	299,756
Prepaid expenses	161,433	125,217	-	-	-	286,650	250,113	210,318	-	-	-	460,431
Interest in net assets of subsidiaries	299,692	-	-	-	(299,692)	-	236,500	-	-	-	(236,500)	-
Property and equipment, net	2,149,363	362,842	-	-	-	2,512,205	2,164,294	327,870	-	-	-	2,492,164
Total assets	$ 11,282,255	$ 6,404,239	$ 1,481	$ 301,520	$ (2,641,858)	$ 15,347,637	$ 10,402,881	$ 4,069,794	$ 1,405	$ 238,400	$ (1,652,721)	$ 13,059,759
LIABILITIES AND NET ASSETS (DEFICIT)												
Liabilities												
Accounts payable and accrued expenses	$ 4,342,617	$ 102,184	$ 3,308	$ -	$ (2,342,166)	$ 2,105,943	$ 3,248,417	$ 220,322	$ 3,305	$ -	$ (1,416,221)	$ 2,055,823
PPP funding	-	-	-	-	-	-	3,375,000	-	-	-	-	3,375,000
Estimated third-party liabilities	944,032	813,635	-	-	-	1,757,667	973,551	232,477	-	-	-	1,206,028
Operating lease payable	29,869	90,765	-	-	-	120,634	24,486	74,408	-	-	-	98,894
Loan fund	89,656	-	-	-	-	89,656	89,629	-	-	-	-	89,629
Notes payable	459,039	-	-	-	-	459,039	550,249	3,480	-	-	-	553,729
Total liabilities	5,865,213	1,006,584	3,308	-	(2,342,166)	4,532,939	8,261,332	530,687	3,305	-	(1,416,221)	7,379,103
Net assets (deficit)												
Without donor restrictions	5,417,042	5,397,655	(1,827)	229,106	(299,692)	10,742,284	2,141,549	3,539,107	(1,900)	158,388	(236,500)	5,600,644
With donor restrictions	-	-	-	72,414	-	72,414	-	-	-	80,012	-	80,012
Total net assets (deficit)	5,417,042	5,397,655	(1,827)	301,520	(299,692)	10,814,698	2,141,549	3,539,107	(1,900)	238,400	(236,500)	5,680,656
Total liabilities and net assets (deficit)	$ 11,282,255	$ 6,404,239	$ 1,481	$ 301,520	$ (2,641,858)	$ 15,347,637	$ 10,402,881	$ 4,069,794	$ 1,405	$ 238,400	$ (1,652,721)	$ 13,059,759

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidating Statements of Activities

Years Ended June 30, 2022 and 2021

	2022						2021					
	Developmental Services	**Behavioral Health Services**	**Lighthouse Management Services**	**Community Partners Foundation**	**Eliminations**	**Consolidated Totals**	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Totals
Changes in net assets (deficit) without donor restrictions												
Public support and revenue												
Medicaid revenue	**$ 30,094,814**	**$ 8,131,180**	**$ -**	**$ -**	**$ -**	**$ 38,225,994**	$ 26,121,805	$ 8,399,720	$ -	$ -	$ -	$ 34,521,525
Medicare revenue	**-**	**318,134**	**-**	**-**	**-**	**318,134**	-	304,321	-	-	-	304,321
Client resources	**1,461,359**	**703,916**	**-**	**-**	**-**	**2,165,275**	1,504,575	576,628	-	-	-	2,081,203
Contract revenue	**2,222,052**	**1,462,883**	**-**	**-**	**-**	**3,684,935**	2,006,387	1,008,568	-	-	-	3,014,955
Grant income	**1,830,416**	**1,685,666**	**-**	**-**	**-**	**3,516,082**	711,348	1,658,590	-	-	-	2,369,938
Interest income	**12,241**	**5,194**	**-**	**-**	**-**	**17,435**	15,435	5,874	-	-	-	21,309
Other program income	**-**	**-**	**-**	**-**	**-**	**-**	44,650	-	-	-	-	44,650
Public support	**1,716,248**	**1,690,756**	**-**	**100,643**	**-**	**3,507,647**	39,799	7,768	-	77,741	-	125,308
Other revenue	**93,638**	**82,940**	**9,077**	**-**	**(72,196)**	**113,459**	831,891	100,563	9,067	-	(20,323)	921,198
Total public support and revenue	**37,430,768**	**14,080,669**	**9,077**	**100,643**	**(72,196)**	**51,548,961**	31,275,890	12,062,032	9,067	77,741	(20,323)	43,404,407
Net assets released from restrictions	**-**	**-**	**-**	**30,932**	**-**	**30,932**	-	-	-	59,689	-	59,689
Total public support, revenues and releases	**37,430,768**	**14,080,669**	**9,077**	**131,575**	**(72,196)**	**51,579,893**	31,275,890	12,062,032	9,067	137,430	(20,323)	43,464,096
Expenses												
Program services												
Case management	**1,197,952**	**-**	**-**	**-**	**-**	**1,197,952**	1,107,522	-	-	-	-	1,107,522
Day programs and community support	**3,498,685**	**1,292,284**	**-**	**-**	**-**	**4,790,969**	3,757,624	1,012,889	-	-	-	4,770,513
Early support services and youth and family	**1,749,931**	**3,036,083**	**-**	**-**	**-**	**4,786,014**	1,847,423	2,708,238	-	-	-	4,555,661
Family support	**639,592**	**-**	**-**	**-**	**-**	**639,592**	646,820	-	-	-	-	646,820
Residential services	**17,572,714**	**-**	**-**	**-**	**-**	**17,572,714**	14,833,402	-	-	-	-	14,833,402
Consolidated services	**5,270,513**	**-**	**-**	**-**	**-**	**5,270,513**	4,621,721	-	-	-	-	4,621,721
Adult services	**205,788**	**2,859,742**	**-**	**-**	**-**	**3,065,530**	187,582	2,413,526	-	-	-	2,601,108
Emergency services	**-**	**856,877**	**-**	**-**	**-**	**856,877**	-	679,164	-	-	-	679,164
Other	**1,704,623**	**2,440,771**	**9,004**	**60,857**	**(9,004)**	**4,206,251**	1,831,867	2,343,093	9,004	104,438	(9,004)	4,279,398
Total program expenses	**31,839,798**	**10,485,757**	**9,004**	**60,857**	**(9,004)**	**42,386,412**	28,833,961	9,156,910	9,004	104,438	(9,004)	38,095,309
Supporting services												
General management	**2,315,477**	**1,736,364**	**-**	**-**	**-**	**4,051,841**	2,124,351	1,662,462	-	-	-	3,786,813
Total expenses	**34,155,275**	**12,222,121**	**9,004**	**60,857**	**(9,004)**	**46,438,253**	30,958,312	10,819,372	9,004	104,438	(9,004)	41,882,122
Change in net assets (deficit) without donor restrictions	**3,275,493**	**1,858,548**	**73**	**70,718**	**(63,192)**	**5,141,640**	317,578	1,242,660	63	32,992	(11,319)	1,581,974
Changes in net assets with donor restrictions												
Grants and contributions	**-**	**-**	**-**	**23,334**	**-**	**23,334**	-	-	-	37,953	-	37,953
Net assets released from restrictions	**-**	**-**	**-**	**(30,932)**	**-**	**(30,932)**	-	-	-	(59,689)	-	(59,689)
Change in net assets with donor restrictions	**-**	**-**	**-**	**(7,598)**	**-**	**(7,598)**	-	-	-	(21,736)	-	(21,736)
Change in net assets (deficit)	**3,275,493**	**1,858,548**	**73**	**63,120**	**(63,192)**	**5,134,042**	317,578	1,242,660	63	11,256	(11,319)	1,560,238
Net assets (deficit), beginning of year	**2,141,549**	**3,539,107**	**(1,900)**	**238,400**	**(236,500)**	**5,680,656**	1,823,971	2,296,447	(1,963)	227,144	(225,181)	4,120,418
Net assets (deficit), end of year	**$ 5,417,042**	**$ 5,397,655**	**$ (1,827)**	**$ 301,520**	**$ (299,692)**	**$ 10,814,698**	$ 2,141,549	$ 3,539,107	$ (1,900)	$ 238,400	$ (236,500)	$ 5,680,656

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization Cornerstone VNA	
Name of Program or Project Home Care, Hospice and Community Education Services in the City of Dover	
Name of Executive Director Julie Reynolds RN, MS, President/CEO	
Mailing Address 178 Farmington Rd, Rochester, NH 03867 **Physical Address** 178 Farmington Rd, Rochester, NH 03867	
Contact Person Ann Vennard	**Phone** 603-994-6941
E-Mail AVennard@cornerstonevna.org	**Website** cornerstonevna.org
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* ☒ 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 02-0231026	
SAM UEI # MG7ZZEFHDU75/53NM9	**SAM Expiration Date** 6/15/24

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 25,000.00 *(Total cost is $102,467 but we will find other sources of revenue and philanthropy to offset).*
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Funding would offset underinsured or free care provided to Dover residents in need. It would also offset subsidized homemaking services, community education, and caregiver support in Dover.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Dover

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Low-income individuals and senior services.

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 435

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 403

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): No

If so, how much?

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ___X___ Yes _____ No

If yes, are the criteria/protocols in writing?: _____ Yes _____ No

Patients are determined to be eligible for Home Care by having a physician order and being homebound. Hospice and Palliative Care patients do not need to be homebound. We have a transition care nurse who meets with patients in the hospitals and rehabilitation facilities as requested by the hospital case managers and rehab case managers. Community education and caregiver support are open to all community members.

Uninsured patients are given a sliding fee scale.

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. Home Care: Providing care at home for patients of all ages, this program is well regarded in the community due to the high number of specialized services we offer. Our clinicians are certified in Lymphedema, Vestibular, Wound, Ostomy and Incontinence Care, Behavioral Health, Intravenous Therapy, Chronic Care Management, Balance Therapy and Fall Prevention and Telehealth, an in-home remote health monitoring system for high-risk patients. **Hospice Care:** Hospice is a philosophy of care which focuses on the greatest quality of life until the end of- life. Our goal is to provide physical, emotional, and spiritual comfort to patients and their families. Hospice is a concept of care that can be provided in a private residence, skilled nursing facility, assisted living or hospital. **Palliative Care:** Palliative Care provides specialized medical care for people with a serious illness, with a focus on providing symptom management and patient education. The primary goals of Palliative Care are to improve the quality of life for both the patient and their family and decrease the need for emergency room visits or re-hospitalizations. Our Palliative Care medical team includes specialized nurse practitioners who are experts in addressing unique patient needs. **Life Care:** Life Care is a private duty program providing a full array of services to help individuals "age in place". Our goal is to help people remain at home as long as possible and live safely, independently, and comfortably. **Community Care:** Community Care is comprised of a Certified Health Coach, Nurses and other clinical experts who provide free programs and services throughout our service area, including monthly wellness clinics in 20 different locations. We also offer a free Educational Series and a variety of programs to support family caregivers. Cornerstone VNA also features a thriving "Circle of Caring" Volunteer program which includes office volunteers, hospice volunteers,

companion volunteers and a partnership with the federally funded Senior Companion volunteer program to provide companionship and transportation to home bound community members within our service area, including Dover residents.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project: Home Care services, Hospice services and Life Care Services for the underinsured as well as community education including caregiver support for community.

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : Those who have no insurance or that are underinsured are accepted to our organization because of the city funding we receive which eliminates the barrier to receiving Home Care and Hospice services.

Proposed project starting date: July 2024

Proposed project completion date: July 2025

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): The cost covers staff time, materials and preparation time.

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" **Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults**	**Example 1: # of children who participate in afterschool program** **Example 2: Increase in number of low/mod income residents that seek care from health program.**
A healthier community.	Number of educational opportunities, attendance at events. Goals of care are met for Home Care patients. Number of patients served.
Death with dignity for Hospice patients.	Number of patients served.

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. Founded in 1913 by Rochester resident, local visionary and philanthropist, Norma Snow, Cornerstone VNA has been providing birth through end-of-life patient care for over 110 years. Today, the team at Cornerstone VNA provides award-winning care and support through five distinct programs: Home Care, Hospice Care, Palliative Care, Life Care – Private Duty and Community Care. Cornerstone VNA is committed to bringing services to people of all ages, so families can stay together at home, even when facing challenges of aging, surgical recovery, chronic or life-threatening illnesses or end of life

care. Specialty programs include wound, ostomy and incontinence care, lymphedema, vestibular, a specialized behavioral health program, certified intravenous therapy, a balance therapy and fall prevention program, chronic care management, and Telehealth, an in-home health monitoring system for high-risk patients. Our Community Palliative Care program provides in-home visits by Nurse Practitioners to community members with chronic illnesses who need a higher level of care for symptom management. This has been proven to improve a patient's quality of life, reducing re-hospitalization and emergency room visits. Cornerstone VNA also provides a wide array of services through our Community Care Program. Through Community Care, our wellness nurse provides free monthly wellness and flu clinics in 20 different locations. Our clinics include blood pressure checks, blood sugar checks, pulse oxygen levels checks, weight, cholesterol screening, foot care, medication, and nutrition counseling. In addition to wellness clinics, we offer bereavement and grief groups and counseling, a free educational series for community members and health professionals on topics ranging from living with diabetes to fall prevention and balance therapy. We identified a need that caregivers in our communities need support and education as our population ages and are staying home being cared for by relatives and friends, so we provide an annual educational event in Dover called Caregivers Connect which is dedicated to family caregivers. We also provide monthly Caregiver Cafés, one is at the Dover Public Library, and this year we added a monthly Vet to Vet Café. Cornerstone VNA also provides ongoing volunteer recruitment and trainings.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. Home Care and Hospice site visits and audits are conducted by the Centers for Medicare and Medicaid (CMS). Home Care and Hospice services are reviewed for organizational structure, policy and procedures, clinical documentation, home visits and compliance with all regulations. Home Care is evaluated every three years and Hospice surveys are conducted every three years; two separate surveys. We also receive regular audits from CMS of claims submitted where we are required to submit patient information pre and post payments to ensure compliance of regulations.

BOARD OF DIRECTORS

Name	Residence (city/town)
Please see attached.	

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Nurses/Licensed Nursing Assistants	$25,000.00		$102,467
Rehab Clinicians			
Life Care Homemakers			
Community Care Staff			
Other:			
TOTAL PROPOSED BUDGET:			

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

***** Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending, or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested*.

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:			
State:	Committed: Pending: Proposed:			
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:			
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:			

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	**Committed, Pending or Proposed Amount ($)**		**Explanation**
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Please see attached.

Budget Period: from to	**Current Year**	**Next Year (projected)**
REVENUES		
Federal Funds		
State Funds		
Foundations/Private Contributions		
United Way		
Fundraising or other income		
Other (describe)		
Community Dev. Block Grant (include anticipated request)		
TOTAL REVENUE		
EXPENSES		
Salaries		
Fringe Benefits		
Supplies (include printing/copying)		
Travel		
Training		
Communications		
Audit		
Property Maintenance		
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL EXPENSES		
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$***	***$***
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$***	***$***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$**	**$**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



SIGNATURE	**DATE**
JULIE REYNOLDS, RN, MS	**PRESIDENT/CEO**
PRINTED NAME	**TITLE**

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

CORNERSTONE VNA
HOME • HEALTH • HOSPICE
Trusted Care since 1913

2023 - 2024 BOARD OF DIRECTORS

Board Member	Position
Dr. Archana Bhargava, MD	Chair
Anne Brown	Vice Chair
Jill Johnstone	Secretary
Melanie Dupuis	Treasurer
Jacqueline Fitzpatrick	Member at Large
Susan Gaudiello	Board Member
Brian Gasbarro	Board Member
Casey O'Kane	Board Member
Laura Davie	Board Member
David Richard	Board Member
Marilyn Staff	Board Member
Gina DeNuzzio	Board Member

CORNERSTONE VNA
2023 BUDGET

	Budget 2,023
REVENUES AND SUPPORT	
Medicare	6,498,666
Medicare Advantage	3,519,462
Medicaid	325,514
Commercial Insurance	1,747,702
Subtotal Homecare	**12,091,345**
Self Pay	55,075
Community Health	30,000
Perinatal	0
Hospice	6,404,810
Palliative Care	185,304
Lifecare	497,946
Provision for Bad Debt	(120,000)
Municipal Appropriations	75,500
Total Operating Revenue	**19,219,980**
Homecare - Direct Expenses	
Salaries and Wages - Admin / Management	1,417,425
Salaries and Wages - Nurses	2,921,225
Salaries and Wages - PT	2,319,009
Salaries and Wages - OT	741,733
Salaries and Wages - ST	86,991
Salaries and Wages - MSW	179,265
Salaries and Wages - HHA/LNA/CNA	193,462
Transportation - HH	308,593
Contract Services - HH	314,509
Program Supplies	323,478
Telehealth	60,365
Total Homecare	**8,866,055**
Hospice - Direct Expenses	
Salaries and Wages - Admin/Management	927,114
Salaries and Wages - Nurses	1,228,347
Salaries and Wages - MSW	212,538
Salaries and Wages - HHA/LNA/CNA	159,522
Salaries and Wages - Medical Dir & NP	227,795

Transportation - HOS	138,178
Contract Services - HOS	0
Program Supplies - HOS	655,915
Program Supplies - Respite	0
Program Supplies - GIP	233,469
Total Hospice	**3,782,878**
Lifecare - Direct Expenses	
Salaries and Wages - Management	156,109
Salaries and Wages - HHA/LNA/CNA	97,061
Salaries and Wages - Homemaker	97,479
Salaries and Wages - PCSP	96,297
Transportation - LC	46,624
Program Supplies	3,787
Total Lifecare	**497,357**
Community Palliative Care - Direct Expenses	
Salaries and Wages - CPC	345,336
Transportation - CPC	10,141
Total Community Palliative	**355,477**
Community Health - Direct Expenses	
Salaries and Wages	35,007
Contractors	0
Program Supplies	18,044
Transportation	2,769
Total Community Health	**55,819**
Administration Expenses	
Salaries and Wages - Admin	1,674,044
Payroll Taxes - FICA	1,049,261
Benefits	1,364,655
Transportation	6,691
Professional Services	93,511
Payroll Service fees	46,317
Professional Services - Legal	12,000
Commercial Insurance	89,523
Depreciation	264,000
Occupancy	93,643
Telephone	127,322

Office Supplies	42,914
IT Expense	486,308
Postage/Shipping	8,063
Printing	3,048
Physicals and annual tests	8,000
Employee Recruiting	122,430
Education	52,000
Dues & Subscriptions	69,323
Public Relations	23,000
Advertising	21,342
Covid 19 Expenses	0
Covid 19 Grant Income	0
Miscellaneous	5,000
Total Administration	**5,662,394**
Total Operating Expenses	**19,219,980**
Net Income (Loss) from Operations	**(0)**
Non-Operating Gain (Loss)	
Mortgage Interest Expense	(31,827)
Donations & Fund Drive Events	65,500
Fundraising Expense	0
Investment Income - Operations	20,000
Other non-operating	0
Unrealized Gains/losses -Vanguard	0
Net Non-Operating Gain (Loss)	**53,673**
Net Operating Position	**53,672**
Board Designated Income	
Investment Income - Andrews	0
Unrealized Gain/Loss-Charter	0
Unrealized Investment - Jones	0
Realized Gains	0
Investment Fees	0
Total Board Designated Income (Loss)	**0**
Excess Revenue Over (Under) Expenditures	**53,672**
Note: Total Wages	*13,115,759*

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization Cross Roads House	
Name of Program or Project Cross Roads House emergency and transitional shelter programs	
Name of Executive Director Willdolfo Arvelo	
Mailing Address 600 Lafayette Road, Portsmouth, NH 03801 **Physical Address** 600 Lafayette Road, Portsmouth, NH 03801	
Contact Person Alissa Gumprecht, Development & Communications Director	**Phone** 603-436-2218
E-Mail a.gumprecht@crossroadshouse.org	**Website** crossroadshouse.org
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* ☒ 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 22-2549963	
SAM UEI # QJRJLRNRMAC4	**SAM Expiration Date** 06/19/2024

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 15,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) To provide emergency and transitional shelter and supportive services for families and individuals from Dover who are experiencing homelessness.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 600 Lafayette Road, Portsmouth, NH 03801

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.)

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 60

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 56

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024) Yes

If so, how much? $9,750.00

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ____X__ Yes _____ No

If yes, are the criteria/protocols in writing?: ___X___ Yes _____ No

All services are provided on a space-available basis. Emergency shelter is available to anyone without a safe alternative place to stay, and without the means to rent suitable shelter. Individuals with felony convictions for arson and or sex offenses are Not eligible for services. All adult individuals must be able to independently manage their activities of daily living, including eating, dressing, getting out of bed or chair, showering, using the toilet and any other personal hygiene requirements. Staff may limit the stay of person(s) from outside New Hampshire and southern York County, Maine. For anyone that does not meet eligibility requirements, Staff will assist with referrals to both public and community resources to make arrangements to secure other shelter or appropriate services as deemed necessary.

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

Cross Roads House is seeking funding to support the delivery of our emergency and transitional shelter programs. This is accomplished in part by the Direct Care Staff who work 24/7/365 at our shelter in conjunction with our Social Work Team. Cross Roads House is funded by a patchwork of public and private sources, and other funds come from a variety of fundraising activities. Roughly 15% of our revenue is from federal funding, that is received from HUD, EFSP, USDA and CDBG. The State of NH provides funding through the State-Grant-in-Aid, and municipalities in the region make annual grants through town warrant appropriations totaling 15% of our annual revenue. Fundraising events, private grants, and donations from individuals, businesses, foundations, and civic groups cover the remaining 70%of our costs. Given the substantial amount that we need to raise through private

fundraising efforts, CDBG funds from the City of Dover (and other cities) remain a critical source of revenue.
Magnitude of Need: Last year we provided 26,047 bed nights of shelter to 461 people (7% increase from the previous fiscal year), including 28 families with 50 children. Among those, 66 were residents of Dover who stayed for 3,649 bed nights.
Dover's low-moderate income individuals will benefit from CDBG funds granted to Cross Roads House through the availability of the programs described below. If shelter beds were not available to meet the needs of Dover's unhoused residents, the City Welfare office would need to place them in motel rooms. While this can serve as a temporary housing solution, it can be very expensive for the town. Additionally, motels typically do not receive the multitude of supportive services and assistance in finding permanent housing that is offered at Cross Roads House.
The overall goals of our programs are to provide emergency and transitional shelter for the unhoused with case management to move them toward permanent housing. We also strive to have our residents learn to make choices to lessen the likelihood of them becoming homeless in the future. Our Emergency Shelter program is accessible 24 hours per day, seven days a week. Residents are provided with a place to sleep and store their belongings; access a phone, laundry facilities, etc. Each resident has a comprehensive needs assessment performed by a case manager. This assessment focuses on basic survival needs first and then addresses long-range goals. Topics covered in the assessment include:

- Housing and Employment History
- Safety Net Benefits
- Legal History and Outstanding Problems
- Sources of Income
- Educational and Employment Goals
- Personal Support Network
- Children's Health, Education, and Emotional Needs
- Substance Use Disorders, Mental Illness, or Health Problems

Anyone residing in our Emergency Shelter who is actively working with their case manager on their housing goals and is living drug and alcohol free is eligible to apply to our Transitional Shelter Program, or Phase ll. Participants in the Transitional Shelter Program stay in more private quarters, which allows for varied work schedules and personal meal preparation. The staff helps individuals and families to identify the patterns and choices which may have contributed to their becoming unhoused, assists in identifying their strengths, and provides guidance to make choices to enhance their well-being. After completing the Transitional Shelter Program, most who have fully participated feel ready to return to independent living in the community.
Case management is provided for all residents by our Social Work Team. Supervised by our Program Director, this team is made of a Master's Level Social Worker, two shelter Case Managers, three Post Shelter Case Managers, a Permanent Supportive Housing Case Manager, one Housing Liaison, and UNH graduate and undergraduate interns. They work closely with Direct Services and other providers to help our residents move to safe, decent, and permanent housing in the most timely and successful way possible. The approach for each resident is customized. The goals, supportive services, and housing targets are based upon the resident's skills, needs, assets, and preferences. Our team uses clinical expertise and experience to create effective, collaborative, and individualized action plans to meet each individual or family where they are.

Residents in both our Emergency and Transitional Shelter Programs can participate in “Rent Ready”, a day-long workshop that prepares individuals and families to move from the shelter to stable housing by providing financial and legal guidance as well as the life skills training they need. Topics covered include budgeting, credit repair, conflict resolution, and tenant’s rights and are presented by a team of professionals including our Case Managers, representatives from local banks, rental property management partners, former CRH residents, Portsmouth Housing Authority, and NH Legal Assistance. Families and individuals moving from the shelter to permanent housing can receive post-shelter case management from a Housing Stability Case Manager. The HSCM works with former shelter residents, providing intensive and ongoing home-based support, helping them to stabilize, make new connections within the community, advocate for themselves, and maintain the supports that were set up while staying at CRH. The HSCM also serves as a resource to landlords, so that any issues that arise can be dealt with promptly to avoid escalation that could lead to an eviction.

Our Permanent Supportive Housing Case Manager works with individuals in the community who are considered chronically homeless. This innovative HUD-funded program follows the Housing First model, which provides long-term rental assistance and ongoing intensive case management and support to some of the most vulnerable individuals experiencing homelessness. This specialized case manager works with clients and landlords to obtain and maintain permanent housing paid for by a rental subsidy. Once housing is established, the client is connected with a variety of community resources like physical and mental health care, dental care, and transportation.

Other highlights from our last fiscal year (ending 6/30/23), are illustrated in the following outcomes:

• Our average length of stay was 57 days

• Of residents who stayed 90 days or longer realizing the full impact of our programming, 79% overall moved to permanent housing, including 89% of families.

• More than 32,574 meals were served.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.	
Outcome	**Measurement**
Example 1: Decrease in number of "latch-key kids" **Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults**	**Example 1: # of children who participate in afterschool program** **Example 2: Increase in number of low/mod income residents that seek care from health program.**
Cross Roads House will provide Dover families and individuals who are experiencing homelessness with emergency and transitional shelter, meals, case management, and supportive services.	Number of individuals and families from Dover that receive shelter, case management, and supportive services.

DESCRIPTION OF ORGANIZATION
Please provide a description for the organization or agency that is undertaking the activity or project. Since 1982, Cross Roads House has been providing shelter and supportive services to individuals and families in the NH Seacoast area who are unhoused. We are guided by our mission, to meet the immediate needs of the region's unhoused and to provide them with the tools and guidance they need to successfully return to permanent housing. Cross Roads House is open and staffed 24 hours a day, 365 days a year. In our Fiscal Year ending June 30, 2023, we provided shelter to 463 people for 26,058 bed nights, including 28 families with 50 children. **CRH connects people experiencing homelessness and partner agencies before shelter entry. CRH has 24/7 live phone access to emergency overnight shelter, to our waitlist for longer-term shelter, and to information and referral for community resources. CRH staff coordinate entry into shelter with referring outreach partners from SOS and Safe Harbor Recovery Centers, Waypoint (youth), Seacoast Mental Health Center, and Community Action Partnership of Strafford County. CRH participates on three regional Community Care teams to identify those in need of shelter and the appropriate services for them. Several agencies deliver wrap around services either on-site, in their own offices, or via telehealth. CRH also provides life skills assessments and workshops to help residents prepare for and maintain housing and employment.** **CRH provides material needs, safety, and stabilizing support directly and with partner agencies upon entry. Case management is available immediately. Within a week, access is available to on-site services such as Families First Health Center, Safe Harbor recovery support center, visiting nurses, and COAST transit services. School-age children are provided transportation to their most recent so that they experience little disruption to their pre-shelter schedule.** **Beyond the shelter and supportive services provided at the main shelter building, former CRH residents can work with Housing Stability Case Managers for post-shelter case support to maintain their housing. This past fiscal year, this program provided case management for 86 households and 142 individuals; 94% of those households were able to maintain stable housing. CRH also administers a HUD funded Housing First/Permanent Supportive Housing Program for chronically homeless individuals.** **In December of 2022, Cross Roads House became the designated Emergency Overnight Warming Center for Rockingham county, providing shelter during extreme weather to anyone in need of safe shelter. This "shelter within the shelter" service is offered based on a specific set of weather criteria and is posted to all human services agencies across the county when open.** **Cross Roads House provides a vital service to the great NH Seacoast area with access to critical emergency shelter, assistance in finding stable housing, partnerships with local agencies, and post-**

shelter case management support, all with the purpose of getting unhoused individuals and families stabilized and into permanent housing where they can thrive as contributing members of our community.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application. SEE ATTACHED

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. The State of New Hampshire, through the Bureau of Housing Supports (BHS), audits our program for regulatory and financial compliance. The United Way of the Greater Seacoast conducts organizational and financial reviews during each grant cycle. During funding renewal years, the United Way may also conduct site visits. Also, the Planning Departments of the cities of Dover, Rochester, and Portsmouth perform annual reviews for CDBG funds.

BOARD OF DIRECTORS

Name	Residence (city/town)
Mike Adams	Greenland, NH
Mike Ambrogi	North Hampton, NH
Bob Bear	Rye Beach, NH
Chris Bellmare	Rye, NH
Suzanne Bresette	North Hampton, NH
Bob Brown (Treasurer)	North Hampton, NH
Ken Cohen	Kensington, NH
Denis Dillon	Rye, NH
Kathy Drew	Rye, NH
Brian Gibb	Portsmouth, NH
Steven Goddard	Kittery Point, ME
Jason Gregoire (Secretary)	Exeter, NH
Lisa LeBlanc	West Newbury, MA
Shaun Mathews	New Castle, NH
Vanda Moore (Vice President)	Greenland, NH
Teresa Palmer	Portsmouth, NH
Lex Scourby	Portsmouth, NH
Chuck Silva (President)	Portsmouth, NH
Robert Stevens	Portsmouth, NH
Ben St. Jean	Portsmouth, NH
Andrea Williamson	Greenland, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies		20,113	20,113
Utilities		112,102	112,102
Repairs/Maintenance		177,582	177,582
Travel		7,801	7,801
Salaries (List relevant positions)	15,000	1,644,116	1,659,116
**Direct Care Staff			
Other: Resident Services		464,440	464,440
Professional Fees & Event Costs		78,500	78,500
Insurance & Bad Debt		50,590.00	50,590.00
Marketing		11,500	11,500
TOTAL PROPOSED BUDGET:	**15,000**	**2,566,744**	**2,581,744**

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

***** Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested*.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount ($):		Total Amount ($)	Explanation
Federal:	Committed: Pending: Proposed:	**517,142**	**517,142**	
State:	Committed: Pending: Proposed:	**433,900**	**433,900**	
Local:	Committed: Pending: Proposed:	**95,000**	**95,000**	
Private:	Committed: Pending: Proposed:	**1,446,836**	**1,446,836**	
Portsmouth CDBG:	Committed: Pending: Proposed:	**18,500**	**18,500**	
Rochester CDBG:	Committed: Pending: Proposed:		**15,000**	
Other:	Committed: Pending: Proposed:	**34,650**	**34,650**	**United Way**
Total:	Committed: Pending: Proposed:	**2,561,028**	**2,561,028**	

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount ($)		Explanation
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from to	Current Year	Next Year (projected)
REVENUES		
Federal Funds	517,142	542,999
State Funds	433,900	455,595
Foundations/Private Contributions	1,695,303	1,780,068
United Way	33,000	34,650
Fundraising or other income	120,000	126,000
Other - Municipalities	95,000	99,750
Community Dev. Block Grant (include anticipated request)	48,500	48,500
TOTAL REVENUE	2,942,845	3,087,562
EXPENSES		
Salaries	1,941,459	2,038,532
Fringe Benefits	167,292	175,656
Supplies (include printing/copying)	22,500	23,625
Travel	10,800	11,340
Training	8000	8400
Communications		
Audit	28,000	29,400
Property Maintenance	87,378	91,747
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL EXPENSES	1,189,549	1,249,026
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures

U.S. Dept. of	Permanent Supportive Housing			$349,909	$349,909
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	USDA			$	$
Direct Program	USDA Kids Meals				$3,620
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	EFPS			$52,534	$52,534
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$406,063***	***$406,063***
NH Dept. of	State Grant in Aid			$311,987	$311,987
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	Town Municipalities			$94,950	$94,950
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$406,937***	***$406,937***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$813,000**	**$813,000**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



SIGNATURE **DATE 11/17/23**

WILDOLFO ARVELO

PRINTED NAME **TITEE EXECUTIVE DIRECTOR**

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds.
☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC.
**Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____

Signature of Authorized Person **Date**

_____

Cross Roads House
Profit & Loss
July 2022 through June 2023

	Jul '22 - Jun 23
Ordinary Income/Expense	
Income	
CDBG Capital Funds for Projects	16,636.79
Contributions and Donations	2,173,085.52
Fundraising Events	84,995.07
Greenleaf Income	74,584.25
Municipalities	132,728.48
NH Charitable Distribution	-5,443.10
State & Federal Grants	718,050.28
United Way & Other Grants	21,202.31
Total Income	3,215,839.60
Gross Profit	3,215,839.60
Expense	
Administrative	119,014.15
Bad Debts	8,054.14
Bank Service Charges	-420.00
Insurance	50,590.02
Marketing	141,357.87
Occupancy Costs	355,784.05
Professional Fees	27,901.51
Resident Services	347,006.05
Staffing/Payroll Expense	1,749,264.59
Utilities	123,149.41
Total Expense	2,921,701.79
Net Ordinary Income	294,137.81
Other Income/Expense	
Other Income	
Capital Campaign Income	205,000.00
Court Mandated Payment to CRH	85.47
Covid Income	378,384.15
Dividends & Interest	83,074.86
Emergency Shelter Income	268,413.24
NH Statewide Community Housing	6,280.00
Poker Income	110,457.99
Realized Gain/Loss	-32,288.02
Unrealized Gain/Loss	377,208.54
Venture Grant	1,300.00
Total Other Income	1,397,916.23
Other Expense	
Covid Expense	57,456.85
Depreciation Expense	201,724.23
Total Other Expense	259,181.08
Net Other Income	1,138,735.15
Net Income	**1,432,872.96**

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization Dover Public Welfare	**Tax ID** 02-6000230
Name of Program or Project Security Deposit Program	
Name of Executive Director David Balian	
Mailing Address 61 Locust Street, Suite 334, Dover NH 03820 **Physical Address**	
Contact Person David Balian	**603-516-6500**
E-Mail d.balian@dover.nh.gov	**Website** www.dover.nh.gov
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* ☐ 501(c)(3) ☐ For-profit authorized under 570.201(o) **x**☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 02-6000230	
SAM UEI # CJFYYJTK9TE5	**SAM Expiration Date** 2/22/2023

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 5000.00
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) To assist people of Dover to move into an apartment when they cannot afford Security Deposits.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. City of Dover Welfare Department

BENEFICIARIES

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 4 Households

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 3

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): Yes

If so, how much? $

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) **Homeless individuals and families, low income households and families.**

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ___x___ Yes _____ No

If yes, are the criteria/protocols in writing?: ___x___ Yes _____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. To shelter those who are currently homeless and assist those individuals and families who are unstably housed to procure stable and permanent housing. Being able to provide Security Deposits will allow families and individuals without the financial resources to move into secure permanent housing rather than stay in a shelter or be in unsafe or doubled up housing situations. This service was provided by a local CAP agency in the past year via NHRAP funds but is no longer available.

Please indicate who prepared the overall cost estimate for the activity. David Balian

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : .

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.	
Outcome	**Measurement**
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	**Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.**
Decrease number of people in temporary shelter and doubled up situations because they cannot afford both first months rent and security deposit.	Number of shelter spaces that open up and shorter shelter wait list times.
Decrease the number of people living in cars and other unsafe locations.	People move into permanent housing.

DESCRIPTION OF ORGANIZATION
Please provide a description for the organization or agency that is undertaking the activity or project. Dover Public Welfare

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? Yes
If yes, please submit most recent audit or financial statements as an attachment to this application.
Is your organization evaluated by outside agencies or programs? Yes
If yes, please note the agency/program and how often the evaluation occurs. Yearly

BOARD OF DIRECTORS	
Name	**Residence (city/town)**

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies	0	City of Dover	
Utilities	0	City of Dover	
Repairs/Maintenance	0	City of Dover	
Travel	0	City of Dover	
Salaries (List relevant positions)	0	City of Dover	
Other:			
Security Deposit Program	$5000		$5000
TOTAL PROPOSED BUDGET:	**$5000**		**$5000**

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			

Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

***** Use the following table (*Activity or Project Funding Sources*) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project, if any. *Do not include Dover CDBG amount requested*.

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:			
State:	Committed: Pending: Proposed:			
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:			
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:			

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount ($)		Explanation
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from 7/1/2022 to 6/30/2023	Current Year	Next Year (projected)
REVENUES		
Federal Funds		
State Funds		
Foundations/Private Contributions		
United Way		
Fundraising or other income		
Other (describe)		
Community Dev. Block Grant (include anticipated request)	$5000	$10,000
TOTAL REVENUE	$5000	
EXPENSES		
Salaries		
Fringe Benefits		
Supplies (include printing/copying)		
Travel		
Training		
Communications		
Audit		
Property Maintenance		
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL EXPENSES	$5000	$10,000

NET (Income - Expenses)	**$4500**	**$10000**

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$***	***$***
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				

Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$***	***$***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$**	**$**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

12/12/2023

_____	_____
SIGNATURE	**DATE**
DAVID BALIAN	**DIRECTOR OF PUBLIC WELFARE**
_____	_____
PRINTED NAME	**TITLE**

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization HAVEN Violence Prevention & Support Services	
Name of Program or Project Domestic Violence & Housing Program	
Name of Executive Director Kathy Beebe	
Mailing Address 20 International Drive, Ste 300, Portsmouth NH 03801 **Physical Address** same and Confidential Shelter Location	
Contact Person Kathy Beebe	**Phone** 603-766-4362
E-Mail kbeebe@havennh.org	**Website** www.havennh.org

Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)*

XX 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government

☐ Faith-based Organization ☐ Institution of Higher Education

☐ Other (Explain):

Tax ID # 02-0337620	
SAM UEI # QBL1NLSB4U51	**SAM Expiration Date** 9/24

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 7500
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) HAVEN is the only agency that provides emergency shelter to domestic violence victims in Strafford County who are in imminent danger and fleeing abuse. Funds requested will pay a portion (approximately 5%) of the rental costs of our Strafford County 6-unit Domestic Violence shelter.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. HAVEN will provide services to victims in our new leased 6 unit confidential shelter in Strafford County.

BENEFICIARIES

Beneficiary type:	Those receiving shelter are low income, homeless victims of domestic violence fleeing imminent danger. Housing clients are low-income who are seeking safe, permanent housing. shelter, some are in unsafe homes but all are low income.

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year):

10 Dover beneficiaries will access shelter and housing assistance or have an estimated 150 shelter bed nights.

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population:

Last year we served 66 Dover domestic violence victims.These figures are based on total Dover clients and not just those assisted in our shelter and housing programs, so we havereduced the estimated number in the previous question for this application.

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): yes

If so, how much? $ 7500.00

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: X Yes _____ No

If yes, are the criteria/protocols in writing?: __X____ Yes _____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

During the pandemic, HAVEN saw an increased need in victims of domestic violence seeking shelter and had to you area hotels to increase our shelter capacity. This model was not effective, so in 2022 HAVEN has leased a six-unit apartment building to increase our capacity from four-bedrooms to 11 bedrooms.

The goal at HAVEN is to help transition every domestic violence victim/survivor into safe, affordable, permanent housing. For individuals staying in the shelter and those fleeing abuse that do not end up staying in shelter, HAVEN utilizes community resources and creates a comprehensive support system with peer counseling, support groups, financial empowerment and advocacy tailored to each survivor's individual and long-term needs. HAVEN also maintains relationships with area housing organizations, community action programs and other homeless shelter agencies to assist survivors in locating permanent housing.

HAVEN does not place any restrictions on how long a survivor can stay in shelter but work with each survivor on understanding the need to be actively searching for permanent housing and focus on their individual needs to insure progress toward their goals of safety and self-sufficiency. HAVEN utilizes the empowerment model and works with each survivor to determine their individual or family long-term needs. By utilizing this framework, where survivors are considered experts in their own lives, HAVEN strives to reduce the length of stay in our shelter as well as move more survivors into permanent housing.

The funds requested will allow HAVEN to partially fund (5%) our rental costs of the new 6-unit emergency shelter where staff will provide support and services to Dover domestic violence victims through the following methods:

- Assisting with establishment of financial goals and financial planning toward the goal of obtaining self-sufficiency through financial literacy and other supports;
- Assisting families with collateral needs related to locating safe and permanent housing, including job readiness, life skills development and securing child care;
- Prioritizing requests and providing flexible funding assistance for families enrolled in HAVEN's Housing First program

Please indicate who prepared the overall cost estimate for the activity. Kathy Beebe, Executive Director

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.	
Outcome	**Measurement**
Example 1: Decrease in number of "latch-key kids" **Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults**	**Example 1: # of children who participate in afterschool program** **Example 2: Increase in number of low/mod income residents that seek care from health program.**
• Increase access to safety planning and services for domestic violence victims in imminent danger and trying to overcome barriers to fleeing abuse.	• Number of Dover domestic violence victims that seek assistance from HAVEN 24-hour services or stay in our emergency shelter.
• • Increase number of Dover domestic violence victims who are safe and free from abuse.	• Number of individuals who are safe and on the road to self-sufficiency in the aftermath of domestic violence.
• Increase number of Dover domestic violence victims to obtain housing.	▪ Number of Individuals either leaving the shelter or go directly from their homes into safe and permanent housing.

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project.

HAVEN, the largest violence prevention and support services agency in NH, is dedicated to addressing public health through violence prevention and improving the well-being of children and families. Preventing abuse and providing support for those impacted by domestic and sexual violence can lead to healthier and more secure children and adults. Our mission is to prevent sexual assault, domestic violence and stalking and to support and empower women, men, youth and families to heal from abuse and rebuild their lives.

HAVEN accomplishes this mission through Prevention Education, Client Services, and Shelter and Housing. Education has a longstanding reputation working with local schools and thousands of kids each year to provide evidence-based programming to increase resiliency. HAVEN's 24/7 client services program that includes information and referral services; a 24-hour confidential crisis and support hotline; accompaniment and support at police stations, hospital emergency rooms, courts and local Child Advocacy Centers; and support groups. The goal of the client services program is to ensure that individuals and their non-offending family members have access to the support they need and deserve in the aftermath of domestic or sexual violence.

HAVEN also provides emergency shelter for victims of domestic violence who are in imminent danger and fleeing abuse. The shelter program provides temporary shelter until a domestic violence victim is ready to transition into safe permanent housing. In 2017, HAVEN implemented our Housing First initiative that engages landlords and finds housing for victims who are not in imminent danger but still need safe housing. Survivors work with HAVEN staff in identifying additional support systems, basic needs, and potential barriers related to the survivor's health and well-being, including transportation and permanent housing.
The goal at HAVEN is to prevent family homelessness and keep domestic violence victims in their homes or help transition them into safe and permanent housing. HAVEN utilizes the empowerment model and works with each survivor to determine their individual or family long-term needs. HAVEN has a 45-year proven track record of helping individuals and families impacted by domestic violence to rebuild their lives.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. NH Coalition Against Domestic and Sexual Violence (NHCADSV) monitors HAVEN, as well as other federal agencies, such as the Department of Justice, as their audit schedules require, typically biannually

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Valerie Berezin, Chair	Stratham NH
Deb Iwanicki, Vice Chair	Wolfeboro, NH
Mary Clark, Secretary	Kittery, Maine
Marc Ouellette, Treasurer	Kennebunk, Maine
Kim Gibson, Immediate Past Chair	Barrington, NH
Jesse Antosiewicz	Barrington, NH
Jayne Begala	Portsmouth, NH
Catherine Bonneau	Milton, NH
Bobby Eckstein	South Berwick, Maine
Kristina Goumas	Portsmouth, NH
Maxx Graves	Greenland, NH
Stephanie Johnson	Lee NH
Cait Massey	Dover, NH
Steve Pappajohn	Madbury, NH
Devan Quinn	Portsmouth, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies		23,000	23,000
Utilities		48,648	48,648
Repairs/Maintenance		57,107	57,107
Travel		33,000	33,000

Salaries (List relevant positions)		791,536	791,536
Shelter and Housing Manager		57,500	57,500
Client Services, Housing and Shelter Staff		778,949	778,949
Staff Fringe		368,283	368,283
Other: Office Rent		93,686	93,686
Shelter Lease/Maintenance	7500	198,735	206,235
HR Insurance Org Expenses		221,960	221,960
Program Expenses		356,617	356,617
TOTAL PROPOSED BUDGET:		$3,306,521	$3,306,521

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

* Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested*.

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($): FY23**	**Total Amount ($)**	**Explanation**

Federal:	Committed: Pending: Proposed:	1,392,042	1,457,528	Additional funding was granted to HAVEN at year end for 3 federal grants
State:	Committed: Pending: Proposed:	495,586	522,392.78	Additional funding was granted to HAVEN at year end for DVPP and BDAS
Local:	Committed: Pending: Proposed:	115,000	139,366	Some Municipalities did not commit, but we did receive funding from them within the FY23 year.
Private:	Committed: Pending: Proposed:	535,000 and $15,500	716,298.54 and $26,672.36	$716,298.54 raised in private dollars and $26,672.36 was received in Honorarium dollars for the efforts and time spent in schools for the Education teams.
Portsmouth CDBG:	Committed: Pending: Proposed:	14,500	6810.87	
Dover CDBG:	Committed: Pending: Proposed:	5570.00	5570.00	
Other:	Committed: Pending: Proposed:	8900.00	18,484.	
Total:	Committed: Pending: Proposed:		2,893,122	

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from July 1 to June 30	Current Year	Next Year (projected)
REVENUES	FY24	FY25
Federal Funds	1,563,786.50	1,400,000
State Funds	488,490.00	485,000
Foundations/Private Contributions	501,744.50	750,000
United Way	15,000.00	15,000
Fundraising or other income	310,000.00	250,000
Other (describe) Municipalities, honorarium, in-kind	147,500.00	150,000
Community Dev. Block Grant (include anticipated request) Rochester and Dover	10,000.00	10,000

TOTAL REVENUE	3,036,521.00	$3,060,000
EXPENSES		
Salaries	1,627,985.00	1,750,000
Fringe Benefits	368,283.00	485,000
Supplies (include printing/copying)	74,978.00	65,000
Travel	33,000.00	35,000
Training	15,000.00	10,000
Communications	39,648.00	20,000
Audit	21,000.00	23,000
Property Maintenance/Office & Shelter rents	299,921.00	315,000
Service Contracts	75,500.00	65,000
Construction Supplies/Materials		
Other (describe) Direct Client Support and rental assistance, organizational, and fundraising expenses	481,206.00	292,000
TOTAL EXPENSES	3,036,521.00	$3,060,000
NET (Income - Expenses)	**0**	

See attachment B

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$

U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$***	***$***
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$***	***$***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$**	**$**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Kathy Beebe
SIGNATURE

11/21/23
DATE

Kathy Beebe
PRINTED NAME

Executive Director
TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☑

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

Kathy Beebe
Signature of Authorized Person

11/21/23
Date

Executive Director
Title

HAVEN Attachment B

HAVEN Shelter Housing and Client Services Funding

FY23-24

Federal Grants	CDFA #	
4052 CDBG Dover	HUD CDBG 14.218	$7,500.00
4053 CDBG Portsmouth	HUD CDBG 14.218	2,500.00
4054 CDBG Rochester	HUD CDBG 14.218	2,500.00
4055 EFSP	Emergency Food and Shelter Program 97.024	16,000.00
4056 SASP	Department of Justice 16.575	114,004.00
4058 OVW - Transitional Housing	Office of Violence Against Woment 16.588	325,000.00
4059 SPIRDV	DHHS 93.592	69,893.00
4060 SPIRDV DVS	DHHS 93.592	157,808.00
4061 VOCA	Department of Justice 16.575	455,174.00
4062 NH DOJ	Department of Justice 21.027	0.00
4064 VOCA HF Flexible Funds	Department of Justice 16.575	26,300.00
4069 HUD RRH	HUD 14,231	80,000.00
4071 FVPSA	DHHS 93.671	286,908.00

Total Federal Grants **$ 1,543,587.00**

All federal funds except OVW,EFSP and CDBG are passed through to HAVEN by the NH Coalition Against Domestic and Sexual Violence

State Grants

4077 SGIA	$72,595.00	
4078 Joshua's Law	$3,605.00	
Total State Grants	**$76,200.00**	
Total State & Federal Grants		**$ 1,619,787.00**

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization My Friend's Place	**Tax ID** 02-0407497
Name of Program or Project Emergency Shelter and transitional Housing	
Name of Executive Director Susan Ford	
Mailing Address 368 Washington Street, Dover, NH 03820 **Physical Address** Emergency Shelter is SSA, Transitional Housing: 21/23 Hough Street and 25 East Concord Street, Dover, NH	
Contact Person Susan Ford	**Phone** 603-749-3017
E-Mail sford@myfriendsplacenh.org	**Website** www.myfriendsplacenh.org
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* ☒ 501(c)(3) For-profit authorized under 570.201(o) Unit of Government Faith-based Organization Institution of Higher Education Other (Explain):	
Tax ID # 02-0407497	
***UEI # (DUNS REPLACEMENT)** **NHTBK7J56F76**	***SAM Expiration Date** 2/28/24

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 30,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Emergency Shelter/Transitional housing and Case Management for single men, women and families.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Emergency Shelter is located at 368 Washington Street, Dover, NH 03820. Two Transitional housing units located at 21/23 Hough Street and 25 East Concord Street, Dover NH

BENEFICIARIES
Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) **Homeless Men, Women and Families**
Beneficiaries: **For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year):** 25 **For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population:** 17 *Due to a sprinkler issue the shelter had to close in May of 23 and we were not able to achieve our projected number served. **Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024):** Yes **If so, how much?** $19,100

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: __XX__ **Yes** _____ **No**

If yes, are the criteria/protocols in writing?: __XX__ **Yes** _____ **No**

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. Funds will be applied to general operating cost to run both the Emergency Shelter and the Transitional Housing programs. Historically My Friend's Place sees a good number of Dover residents, the funding off sets monies that would typically be charged to the City Welfare office. Last year alone we served 7 single females, 10 single males who were Dover residents. We did not see any Dover Families as the NHERAP program was funded to keep these families in their homes and out of shelter. This program is now ended and we anticipate seeing more families again. It is important to note that although we did not meet the projected number of Dover residents, we have served this past year we can attribute this to our closure due to the sprinkler system needing replacement.

My Friend's Place offers a safe, warm place for a family or individual to stay, as well as basic necessities such as access to our pantry, bath/showers, etc. We also provide case management for every admitted client. Clients through case management will set out goals and steps to obtain those goals. Depending on the individual this plan may be to job search or housing search but it may also include being connected to DHHS for food stamps or Medicaid, or setting up medical appointments for either physical or mental health issues that have not been addressed or treatment has lapsed or just obtaining a medical home. Access to a telephone and online computer to assist them with connecting to a multitude of services, job searching, housing searching, making necessary appointments, etc.

Client's that City Welfare has to put up in a motel, not only costs the city more money than that of the shelter, the city is now burdened with attempting to case manage the client from off site. This is very difficult to do even under the best of circumstances.

Every individual who enters My Friend's Place emergency shelter is below the low-income threshold, some have no income at all and most have significant barriers to obtaining permanent affordable housing. My Friend's Place not only takes a monetary burden off the City Welfare Department for these individuals it also provides the necessary on-site case management services that your City Welfare Department would then have to provide to ensure that clients are doing the things they need to do to progress towards permanent housing. Our transitional housing program offers this same service as well, giving the client more time to work on larger barriers. In some cases, it may just be the wait time for pubic assisted housing; currently this is 18 months to 2 years.

Please indicate who prepared the overall cost estimate for the activity. Susan M. Ford

PERFORMANCE OUTCOME MEASURES

Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	**Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.**
Decrease the amount of families/individuals Dover City Welfare would have to put up in a motel.	# of Dover Families/Individuals admitted to shelter

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. My Friend's Place provides short term emergency shelter for homeless individuals and families. The average stay for a single

person is 90 days while family's stays are 120 to 180 days. The transitional housing program provides longer term stays for families who have serious obstacles to obtaining permanent housing. Families may stay in this program for up to 2 years

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? Yes
If yes, please submit most recent audit or financial statements as an attachment to this application.
Is your organization evaluated by outside agencies or programs? No
If yes, please note the agency/program and how often the evaluation occurs.

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
FX Bruton, Esq., President	Dover, NH
Stan Robbins, Vice President	Dover, NH
Robert Fuller, CPA, Treasurer	Dover, NH
Janet Insolia, Secretary	Dover, NH
Phyllis LaPointe, Member	Barrington, NH
John Lewis, Esq., Member	Durham, NH
Vicki Roundy, Esq., Member	Barrington, NH
Jacqueline Williams, Member	Dover, NH
Brad Gould, Member	Dover, NH
Debra Hackett, Member	Dover, NH
Erica Johnson, Member	Dover, NH
John Doane, Member	Barrington, NH
Mark Bowen	Greenland, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies	$0	$2,600	$2,600
Utilities	$30,000	$8,000	$38,000
Repairs/Maintenance	$0	$29,500	$29,500
Travel	$	$500	$500
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:			

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested.*

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:	**$10,000**	**$10,000**	**FEMA/EFSP funding**
State:	Committed: Pending: Proposed:	**$72,000** **$38,000**	**$110,00**	**State Grant in Aid**
Donations (Corporate, Individual and Private):	Committed: Pending: Proposed:	**$50,000** **$30,000**	**$80,000**	**We saw $77k last year and budged for this year, we anticipate an increase**
Fundraising/Grants:	Committed: Pending: Proposed:	**$220,000** **$35,000**	**$255,000**	**220K in Fundraising, 35K in Grants**
Portsmouth CDBG:	Committed: Pending: Proposed:		**$0**	
Rochester CDBG:	Committed: Pending: Proposed:	**$10,000** **$30,000**	**$10,000**	**We have requested 30K but cannot guarantee anything over 10K**
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:	$352,000 $113,000	$465,000	

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	**Committed, Pending or Proposed Amount ($)**		**Explanation**
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from to	Current Year	Next Year (projected)
REVENUES		
Federal Funds	$14,000	$10,000
State Funds	$112,100	$110,000
Foundations/Private Contributions	$77,205	$80,000
United Way	$19,000	$10,000
Fundraising or other income	$195,200	$220,000
Other (describe) Direct Public Grants	$20,500	$25,000
Community Dev. Block Grant (include anticipated request)	$37,000	$40,000
TOTAL REVENUE	475,005	$495,000
EXPENSES		
Salaries	$286,612	$293,000
Fringe Benefits	$21,287	$23,000
Supplies (include printing/copying)	$15,300	$16,500
Travel	$1,050	$1,300
Training & Audit	$0	$0
Communications	$6,000	$6,500
Utilities (Heat, Elec, Water, Alarm Monitoring, Dumpster etc.)	$42,660	$45,000
Property Repairs & Maintenance	$29,500	$33,000
Contract Services	$9,420	$10,000
Resident Support Services and Volunteer Expenses	$1,300	$1,400
Insurance (Liability, Workers Comp, D & O	$29,619	$35,000
Misc Expenses (Bank Service Fees, Association dues, permits, Resident Support Services, Volunteer Expenses, Fundraising expenses, Advertisement)	$5,050	$6,500
TOTAL EXPENSES	$447,798	$471,200
NET (Income - Expenses)	**27,207**	**23,800**

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	FEMA			$14,000	$14,000
Direct Program	EFSP				
Passed Through	United Way			$	$
Total Expenditure of Federal Awards				***$14,000***	***$14,000***
NH Dept. of	DHHS			$112,100	$112,100
	SGIA				
Total State and Local Awards				***$112,100***	***$112,100***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$126,100**	**$126,000**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

SIGNATURE

11/14/23
DATE

SUSAN M. FORD
PRINTED NAME

EXECUTIVE DIRECTOR
TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	My Friend's Place
Address of the entity including:	368 Washington Street, Dover, NH 03820
Place of performance including:	SAA
Congressional district	First
Total compensation and names of top five executives*	**1.** Susan Ford, 60,800 Salary ($71,624 with Fringe)
	2.
	3.
	4.
	5.
DUNS number	Sams Number **NHTBK7J56F76 expires 2/28/24**
Central Contractors Registration (CCR) number**	Cage Code 37NQ5

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

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CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

Signature of Authorized Person

Date 11/14/23

Executive Director
Title

HODGDON, WILSON & GRIFFIN, CPAS
600 State St Ste B
Portsmouth, NH 03801-4385

May 31, 2023

CONFIDENTIAL

MY FRIEND'S PLACE
368 WASHINGTON STREET
DOVER, NH 03820

Dear Susan:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

HODGDON, WILSON & GRIFFIN, CPAS

4785 05/31/2023 9:40 AM

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/21 , and ending 06/30/22

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: MY FRIEND'S PLACE

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 368 WASHINGTON STREET

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: DOVER NH 03820

D Employer identification number: 02-0407497

E Telephone number: 603-749-3017

G Gross receipts $: 2,264,842

F Name and address of principal officer:
FX BRUTON
601 CENTRAL AVENUE
DOVER NH 03820

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MYFRIENDSPLACENH.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1987

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PRIMARY PURPOSE IS TO PROVIDE SAFE AND SUPPORTIVE EMERGENCY AND TRANSITIONAL SHELTER TO INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS IN STRAFFORD COUNTY, NH.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	425,517	370,824
	9 Program service revenue (Part VIII, line 2g)	37,929	57,135
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	142	58
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,907	105,674
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	569,495	533,691
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	314,304	325,032
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,145		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	141,249	140,126
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	455,553	465,158
	19 Revenue less expenses. Subtract line 18 from line 12	113,942	68,533

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	909,709	1,018,215
	21 Total liabilities (Part X, line 26)	38,743	62,743
	22 Net assets or fund balances. Subtract line 21 from line 20	870,966	955,472

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

ROBERT FULLER TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID D. HAMILTON		05/31/23		P00237436

Firm's name ▶ HODGDON, WILSON & GRIFFIN, CPAS — Firm's EIN ▶ 02-0400922

Firm's address ▶ 600 STATE ST STE B PORTSMOUTH, NH 03801-4385 — Phone no. 603-436-9101

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

PRIMARY PURPOSE IS TO PROVIDE SAFE AND SUPPORTIVE EMERGENCY AND TRANSITIONAL SHELTER TO INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS IN STRAFFORD COUNTY, NH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 390,802 including grants of $) (Revenue $)

TO PROVIDE SAFE AND SUPPORTIVE EMERGENCY AND TRANSITIONAL SHELTER.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 390,802

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	10		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NH

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

EXECUTIVE DIRECTOR 368 WASHINGTON STREET

DOVER NH 03820 603-749-3017

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK BOWEN	2.00									
DIRECTOR	0.00	X						0	0	0
(2) FX BRUTON	4.00									
PRESIDENT	0.00	X		X				0	0	0
(3) ROBERT FULLER	4.00									
TREASURER	0.00	X		X				0	0	0
(4) BRAD GOULD	2.00									
DIRECTOR	0.00	X						0	0	0
(5) DEBRA HACKETT	2.00									
DIRECTOR	0.00	X						0	0	0
(6) JANET INSOLIA	3.00									
SECRETARY	0.00	X		X				0	0	0
(7) BRITNIE LAI	2.00									
DIRECTOR	0.00	X						0	0	0
(8) PHYLLIS LAPOINTE	2.00									
DIRECTOR	0.00	X						0	0	0
(9) ESTELLE LEWIS	2.00									
DIRECTOR	0.00	X						0	0	0
(10) JOHN LEWIS	2.00									
DIRECTOR	0.00	X						0	0	0
(11) ALICA MCLAUGHLIN	2.00									
DIRECTOR	0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) STAN ROBBINS	2.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(13) VICKI ROUNDY	2.00									
DIRECTOR	0.00	X						0	0	0
(14) JENNIFER STEVENS	2.00									
DIRECTOR	0.00	X						0	0	0
(15) JACKIE WILLIAMS	2.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	162,502				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	208,322				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h Total. Add lines 1a–1f			370,824			
Program Service Revenue		Business Code					
	2a RESIDENT RENT/SERVICE			53,657	53,657		
	b MISCELLANEOUS REVENUE			3,478	3,478		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a–2f			57,135			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			58			58
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a	1,836,825				
	b Less: direct expenses	9b	1,731,151				
	c Net income or (loss) from gaming activities			105,674			105,674
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d						
	12 Total revenue. See instructions			533,691	57,135	0	105,732

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	269,466	235,335	27,305	6,826
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,104	1,552	1,242	310
9 Other employee benefits	30,292	23,704	5,262	1,326
10 Payroll taxes	22,170	19,355	2,239	576
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,000		6,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	6,909	814	3,376	2,719
14 Information technology				
15 Royalties				
16 Occupancy	54,902	52,649	2,253	
17 Travel	810	810		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	130	130		
20 Interest	1	1		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,692	28,606	1,086	
23 Insurance	10,036	4,014	6,022	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	9,087	9,087		
b TELEPHONE	6,040	5,738	302	
c FOOD & CLOTHING	4,259	4,259		
d JOB POSITION ADVERTISE	2,745		2,745	
e All other expenses	9,515	4,748	4,379	388
25 Total functional expenses. Add lines 1 through 24e	465,158	390,802	62,211	12,145
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		50,823	1	28,973
	2	Savings and temporary cash investments		324,601	2	480,513
	3	Pledges and grants receivable, net		28,836	3	28,439
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		10,242	8	6,550
	9	Prepaid expenses and deferred charges		3,335	9	4,664
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,047,489			
	b	Less: accumulated depreciation	10b 590,129	478,629	10c	457,360
	11	Investments—publicly traded securities		13,243	11	11,716
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		909,709	16	1,018,215
Liabilities	17	Accounts payable and accrued expenses		25,917	17	45,920
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		12,826	25	16,823
	26	**Total liabilities.** Add lines 17 through 25		38,743	26	62,743
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		859,049	27	927,426
	28	Net assets with donor restrictions		11,917	28	28,046
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		870,966	32	955,472
	33	Total liabilities and net assets/fund balances		909,709	33	1,018,215

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ... [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	533,691
2	Total expenses (must equal Part IX, column (A), line 25)	2	465,158
3	Revenue less expenses. Subtract line 2 from line 1	3	68,533
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	870,966
5	Net unrealized gains (losses) on investments	5	-156
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	16,129
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	955,472

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ... [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 - Federal General Footnote

Description

PART 1, LINE 9B, DIRECT EXPENSES
DIRECT EXPENSES OF BINGO GAMES CONSIST OF PRIZES AND AWARDS, HALL RENTAL, TAXES AND LICENSES, SUPPLIES AND OTHER RELATED COSTS.

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
MY FRIEND'S PLACE	02-0407497

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	232,629	266,980	304,679	425,517	370,824	1,600,629
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	232,629	266,980	304,679	425,517	370,824	1,600,629
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						1,600,629

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	232,629	266,980	304,679	425,517	370,824	1,600,629
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	142	87	108	142	58	537
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,344	77,761	57,610	105,907	93,105	386,727
11 **Total support.** Add lines 7 through 10						1,987,893

12	Gross receipts from related activities, etc. (see instructions)	12	172,991

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	80.52%
15	Public support percentage from 2020 Schedule A, Part II, line 14	15	79.56%

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	
6	Other distributions (*describe in* ***Part VI***). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	
9	Distributable amount for 2021 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

BINGO/PULL TAB RECEIPTS	$ 5,499,189
LESS EXPENSES	$ -5,112,462

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Name of the organization

MY FRIEND'S PLACE

Employer identification number

02-0407497

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ▶ $

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
MY FRIEND'S PLACE

Employer identification number
02-0407497

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NH EMERGENCY SHELTER/MCKINNEY GRANTS STATE OF NEW HAMPSHIRE CONCORD NH 03301	$ 127,395	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	CITY OF DOVER 288 CENTRAL AVENUE DOVER NH 03820	$ 11,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	CITY OF ROCHESTER 31 WAKEFIELD STREET ROCHESTER NH 03867	$ 17,907	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	LEND A HELPING CAN 815 LAFAYETTE ROAD PORTSMOUTH NH 03801	$ 23,934	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	UNITED WAY OF MASS BAY 51 SLEEPER STREET BOSTON MA 02210	$ 13,988	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	DOBLES FOUNDATION BANK OF NEW HAMPSHIRE 3 EAGLE SQUARE CONCORD NH 03301	$ 17,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
MY FRIEND'S PLACE

Employer identification number
02-0407497

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HANNAFORD BAGS4 FOR MY CAUSE PROGRAM PO BOX 4630 PORTSMOUTH NH 03802-4630	$ 8,825	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	LONG TERM CARE PARTNERS LLC 100 ARBORETUM DR SUITE 306 PORTSMOUTH NH 03801	$ 8,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	NH EMERGENCY RENTAL ASSIST PROGRAM 577 CENTARL AVBE, STE 10 DOVER NH 03820	$ 26,520	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MY FRIEND'S PLACE

Employer identification number

02-0407497

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		87,150		87,150
b Buildings		828,094	520,280	307,814
c Leasehold improvements				
d Equipment		12,226	10,845	1,381
e Other		120,019	59,004	61,015
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				457,360

Part VII Investments – Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments – Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL ITEMS	8,493
(3) ACCRUED EARNED TIME	4,630
(4) SECURITY DEPOSITS	3,700
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	16,823

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	533,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-156		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	-156
3	Subtract line **2e** from line **1**			3	533,691
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 12.)*			5	533,691

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	465,158
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	465,158
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18.)*			5	465,158

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MY FRIEND'S PLACE

Employer identification number

02-0407497

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	179,693	1,643,563	13,569	1,836,825
Direct Expenses	2 Cash prizes	144,072	1,398,552		1,542,624
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	50,306	137,221	1,000	188,527
	6 Volunteer labor	☐ Yes % ☒ No	☐ Yes % ☒ No	☐ Yes % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				1,731,151
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				105,674

9 Enter the state(s) in which the organization conducts gaming activities: NH

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ EXECUTIVE DIRECTOR

Address ▶ 368 WASHINGTON STREET DOVER NH 03820

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ SUSAN MONAGHAN

Gaming manager compensation ▶ $

Description of services provided ▶ BOOKKEEPING/VOLUNTEER

☐ Director/officer ☐ Employee ☒ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MY FRIEND'S PLACE

Employer identification number

02-0407497

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

REVIEWED BY EXECUTIVE DIRECTOR AND BOARD MEMBER SIGNING RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

INCOMING BOARD MEMBERS ARE INFORMED OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY UPON JOINING THE BOARD. ANY POTENTIAL CONFLICTS ARE DISCUSSED IF A SITUATION ARISES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

EXECUTIVE DIRECTOR'S COMPENSATION IS DISCUSSED AT THE BOARD LEVEL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE AVAILABLE BY MAIL, FAX, OR PICK-UP.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

REST FLOORING/ PLAYGROUND	$	17,500
DECREASE NHCF RESTRICTED	$	-1,371
TOTAL	$	16,129

4785 05/31/2023 9:40 AM

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return: MY FRIEND'S PLACE

Identifying number: 02-0407497

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	29,692

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	29,692
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

MY FRIEND'S PLACE
368 WASHINGTON STREET

DOVER, NH 03820

[X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year ending June 30, 2022 is being filed electronically with the IRS by the services of HODGDON, WILSON & GRIFFIN, CPAS.

[X] Your extension was accepted by the IRS on 11/03/22 and the Submission Identification Number assigned to your extension is 02083920223070003168.

Since you are filing your extension electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR EXTENSION TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE EXTENSION.

Acknowledgement Process

The IRS will notify your electronic return originator when they accept your extension, usually within 48 hours. If your extension was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization Strafford Nutrition Meals on Wheels	
Name of Program or Project Homedelivered Meal Program	
Name of Executive Director Jaymie Chagnon	
Mailing Address 25 Bartlett Avenue – Suite A, Somersworth, NH 03878 **Physical Address** 25 Bartlett Avenue – Suite A, Somersworth, NH 03878	
Contact Person Jaymie Chagnon	**Phone** (603) 692-4211
E-Mail ExecutiveDirector@SNMOW.org	**Website** http://straffordmealsonwheels.org
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* ☒ 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 26-4545462	
SAM UEI # FNENMHYEZJ65	**SAM Expiration Date** 09/26/2024

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 5,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Funding will be used to help provide meals to homebound elderly & low-income-disabled adult Dover residents. Estimated serving 5,000 meals.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Meals will be delivered to eligible participants throughout the Dover community.

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Homebound elderly (most low-income) & homebound low-Income disabled adults

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): We serve about 325 Dover residents a year. This funding would help feed and equivalent of 57 people.

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 402

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): Yes, Cares funding

If so, how much? 3,000

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: __X__ Yes _____ No

If yes, are the criteria/protocols in writing?: X, OAA & State Regs Yes _____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. The activity we will be providing to qualified Dover's homebound elderly and low-income disabled adults is meals and safety monitoring. Our Federal/State grants only cover about 65% of the cost of a contracted number and they require we raise the match from local sources. Any units served beyond the contracted amounts we must raise 100% of the cost. Requested funds will be combined with other funding sources to pay for the cost of each home delivered meal provided to a Dover resident. It also allows us to meet the actual needs of Rochester residents, since we are serving more meals than allotted in our state contracts.

Although our clientele must meet certain eligibility requirements, they are not charged a fee for the service, based on Older American Act regulations. We do ask for regular donations, but eligibility is not contingent on their ability to donate. This gives the seniors the freedom to use their limited resources on other areas such as rents and medical expenses. Potentially lessening the need for other welfare services that may be offered by the city.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	**Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.**
Seniors who need meals to maintain health and independence will receive them.	No one qualified for the meals will be waitlisted for meals.

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. Strafford Nutrition & Meals on Wheels has been providing meals and support services to the elderly and low-income disabled adults in Dover since 1973. Our mission is to help these populations remain independent and safely in their homes by providing them a healthy meal and monitoring for potential issues on a regular, ongoing basis.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit the most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. We are annually reviewed by the state, county, several towns, grantors, etc. These evaluations vary in form from reports to in person reviews depending on the source and sometimes the year.

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Steve Goff	Somersworth
Chris Maxwell	Somersworth
Lindsey Gagnon	Somersworth
Robert Lussier	Concord
Michelle Robbins	Somersworth
Harry Tagen	Rochester

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other: Meals	5,000	52,500	57,500

TOTAL PROPOSED BUDGET:			

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

***** Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested*.

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:	**49,000**	**49,000**	**Federal & State are combined under on contract**
State:	Committed: Pending: Proposed:			
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending:			

	Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:			
Other:	Committed: Pending: Proposed:	**3,500**		**Combination of client donations, outside donations, and fundraising efforts.**
Total:	Committed: Pending: Proposed:			

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	**Committed, Pending or Proposed Amount ($)**		**Explanation**
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from July 1 to June 30	**Current Year**	**Next Year (projected)**
REVENUES		
Federal Funds	1,008,722	1,008,722
State Funds	Combined above	Combined above
Foundations/Private Contributions	79,782	80,000
United Way		
Fundraising or other income	36,362	39,000
Other (describe) Grants	78,750	60,000
Community Dev. Block Grant (include anticipated request)	3,000	5,000

TOTAL REVENUE	1,206,616	1,192,722
EXPENSES		
Salaries	398,726	411,222
Fringe Benefits	43,365	43,000
Supplies (include printing/copying)	51,230	52,000
Travel	54,535	55,000
Training	3,146	0
Communications	9,941	9,000
Audit	10,995	10,000
Property Maintenance	10,555	10,000
Service Contracts	2,418	2,500
Construction Supplies/Materials (equipment)	15,919	
Other (describe) Meals	584,178	600,000
TOTAL EXPENSES	1,186,008	1,192,722
NET (Income - Expenses)	**21,608**	**0**

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
	This section doesn't not appear applicable to any of our funding sources				
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$***	***$***
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				

Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$***	***$***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$**	**$**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Jaymie Chagnon

NOVEMBER 1, 2023

SIGNATURE **DATE**

JAYMIE CHAGNON EXECUTIVE DIRECTOR

PRINTED NAME **TITLE**

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

STRAFFORD NUTRITION & MEALS ON WHEELS

FINANCIAL STATEMENTS

June 30, 2022

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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

46 NORTH STATE STREET
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Strafford Nutrition & Meals on Wheels
Somersworth, New Hampshire

Opinion

We have audited the accompanying financial statements of Strafford Nutrition & Meals on Wheels (a nonprofit organization), which comprise the statements of financial position as of June 30, 2022 and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Strafford Nutrition & Meals on Wheels as of June 30, 2022 and the statements of activities and changes in its net assets, cash flows and functional expenses for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Strafford Nutrition & Meals on Wheels and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and

therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

Exercise professional judgement and maintain professional skepticism throughout the audit.

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Strafford Nutrition & Meals on Wheels' internal control. Accordingly, no such opinion is expressed.

Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Strafford Nutrition & Meals on Wheels' ability to continue as a going concern for a reasonable period of time.

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

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
September 8, 2022

STRAFFORD NUTRITION & MEALS ON WHEELS
STATEMENT OF FINANCIAL POSITION
June 30, 2022
See Independent Auditors' Report

ASSETS	
CURRENT ASSETS	
Cash and cash equivalents	
Operating funds, without donor restriction	$ 983,046
Operating funds, with donor restriction	-
Funds held for others	7,116
Total cash and cash equivalents	990,162
Grants receivable	47,363
Prepaid expenses	2,321
	1,039,846
FIXED ASSETS	
Equipment	26,234
Less accumulated depreciation	(9,285)
	16,949
TOTAL ASSETS	1,056,795
LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES	
Accounts payable	60,069
Accrued expenses	10,397
Funds held for others	7,116
	77,582
NET ASSETS	
Without donor restriction	
Operating	379,213
Board designated	600,000
	979,213
With donor restriction	-
Total Net Assets	979,213
TOTAL LIABILITIES AND NET ASSETS	$ 1,056,795

STRAFFORD NUTRITION & MEALS ON WHEELS
STATEMENT OF ACTIVITIES CHANGES IN NET ASSETS
For The Year Ended June 30, 2022
See Independent Auditors' Report

	Net Assets Without Donor Restriction	Net Assets With Donor Restriction	TOTAL
REVENUES & GAINS:			
Contributions, cash	$ 191,176	$ -	$ 191,176
Contributions, in-kind	13,542	-	13,542
Federal grants	570,682	-	570,682
Other grants	325,564	1,000	326,564
Covid-19 grants	50,340	-	50,340
Interest income	545	-	545
TOTAL SUPPORT AND REVENUE	1,151,849	1,000	1,152,849
Net assets released from donor imposed restriction	2,500	(2,500)	-
EXPENSES			
Program expenses:			
Home delivered	87,641	-	87,641
Congregate	752,236	-	752,236
Total program expenses	839,877	-	839,877
Supporting expenses:			
Administrative	95,544	-	95,544
Fundraising	6,662	-	6,662
TOTAL EXPENSES	942,083	-	942,083
Increase (Decrease) in Net Assets	212,266	(1,500)	210,766
NET ASSETS, BEGINNING OF PERIOD	766,947	1,500	768,447
NET ASSETS , END OF PERIOD	$ 979,213	$ -	$ 979,213

STRAFFORD NUTRITION & MEALS ON WHEELS
STATEMENT OF FUNCTIONAL EXPENSES
For The Year Ended June 30, 2022
See Independent Auditors' Report

	Nutrition		Total			
	Congregate	Home Delivered	Program	Administrative	Fundraising	Total
Contract food and paper	$ 50,326	$ 407,185	$ 457,511	$ -	$ -	$ 457,511
Salary and wages	28,375	229,577	257,952	62,553	1,935	322,440
Payroll taxes	2,446	19,794	22,240	5,560	-	27,800
Workers compensation	498	4,027	4,525	1,131	-	5,656
Travel	-	43,112	43,112	435	-	43,547
Office supplies	850	6,881	7,731	2,577	-	10,308
Operational supplies	432	3,499	3,931	-	-	3,931
Telephone and internet	568	4,599	5,167	1,723	-	6,890
Postage and shipping	89	719	808	-	-	808
Printing and publications	336	2,721	3,057	-	-	3,057
Dues and donations	-	-	-	1,800	-	1,800
Rent and utilities	2,025	16,383	18,408	4,866	-	23,274
Training and Conferences	32	31	63			63
Fundraising expense	-	-	-	-	4,727	4,727
Licenses	66	537	603	-		603
Professional fees	242	1,957	2,199	8,796	-	10,995
Payroll service fees	436	3,530	3,966	-	-	3,966
Insurance expense	576	4,664	5,240	5,241	-	10,481
Depreciation expense	92	744	836	836	-	1,672
Interest expense	3	23	26	26	-	52
Covid-19 food and supply costs	-	242	242	-	-	242
Miscellaneous	249	2,011	2,260	-	-	2,260
Total Expenses	$ 87,641	$ 752,236	$ 839,877	$ 95,544	$ 6,662	$ 942,083

STRAFFORD NUTRITION & MEALS ON WHEELS
STATEMENT OF CASH FLOWS
For The Year Ended June 30, 2022
See Independent Auditors' Report

CASH FLOWS FROM OPERATING ACTIVITIES	
Change in Net Assets	$ 210,766
Adjustments to reconcile increase in net assets to net cash provided by operating activities:	
Depreciation	1,672
(Increase) decrease in operating assets	
Accounts receivable	2,759
Prepaid expenses	1,725
Other current assets	-
Increase (decrease) in operating liabilities	
Accounts payable	29,539
Accrued expenses	(1,921)
Funds held by others	1,352
Net cash provided by operating activities	245,892
CASH FLOWS FROM INVESTING ACTIVITES	
Purchase of property and equipment	(17,534)
Net cash (used) by Investing Activities	(17,534)
CASH FLOWS FROM FINANCING ACTIVITES	
Principal paid on long-term debt	(1,352)
Net cash (used) by investing activities	(1,352)
NET INCREASE IN CASH AND CASH EQUIVALENTS	227,007
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	763,155
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 990,162

SUPPLEMENTAL SCHEDULE OF CASH FLOW INFORMATION

Cash paid for interest	$ 53
Contributions, in-kind	$ 13,542

NOTE 1. NATURE OF ACTIVITIES & SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Strafford Nutrition & Meals on Wheels (a not-for-profit, IRC 501(c)(3) corporation) is an organization that exists to provide daily noontime meals to people over 60 years of age in a congregate setting in the communities of Strafford County, New Hampshire. The program also provides meals on wheels to elderly and disabled persons in their own homes throughout all of Strafford County. The Organization is supported primarily through government and private grants and contributions.

Significant Accounting Policies

The summary of significant accounting policies of the Organization is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management who is responsible for their integrity and objectivity. These accounting policies conform to U.S. generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

Basis of Presentation

The Organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions - These net assets generally result from revenues generated by receiving contributions that have no donor restrictions, providing services, and receiving interest from operating investments, less expenses incurred in providing program-related services raising contributions, and performing administrative functions.

Net assets with donor restrictions - These net assets result from gifts of cash and other assets that are received with donor stipulations that limit the use of the donated assets, either temporarily or permanently, until the donor restriction expires, that is until the stipulated time restriction ends or the purpose of the restriction is accomplished, the net assets are restricted.

NOTE 1. NATURE OF ACTIVITIES & SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents. For the year ended June 30, 2022 the Organization had no cash equivalents.

Fixed Assets

The Organization follows the policy of charging to expense annual amounts of depreciation that allocate the cost of capital assets over their estimated useful lives. The Organization employs the straight-line method over the various useful lives of the assets ranging from five to forty years. Depreciation expense was $1,672 for the year ended June 30, 2022.

Deferred Revenue

Revenue is recognized when earned, however, funds received that are not earned as of year-end are recorded as a liability under deferred revenue. Deferred revenue arises when resources are received by the Organization before it has a legal claim to them, as when grant funds are received prior to incurrence of qualifying expenses. There were no deferred revenues as of June 30, 2022.

Income Taxes

The Organization has been notified by the Internal Revenue Service that it is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code. The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Organization are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Organization follows guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

Public Support and Revenue

All contributions are considered to be without donor restriction unless specifically restricted by the donor.

NOTE 1. NATURE OF ACTIVITIES & SIGNIFICANT ACCOUNTING POLICIES (continued)

Grants Receivable

Grants receivable consist of amounts to be received by the Organization from Federal and State governments. The amounts to be received include receivables for program services already rendered under contract agreements with the government. No allowance for doubtful accounts has been established for accounts receivable.

Donations of long-lived assets

Donations of services and materials which increase long-lived assets are recorded at their fair values and recognize these revenues as increases in net assets without donor restriction.

Operating Revenue and Expenses

Operating revenue and expenses generally result from providing educational and instructional services in connection with the Organization's principle ongoing operations. The principal operating revenues include federal and state grants. Operating expenses include educational costs, administrative costs, and depreciation on capital assets. All other revenue and expenses not meeting this definition are reported as non-operating revenue and expenses.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities as well as the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Functional and Cost Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on estimates that are based on their relationship to those activities. Those expenses include payroll and payroll related expenses and occupancy costs. Occupancy costs are allocated based on square footage. Payroll and payroll related expenses are based on estimates of time and effort. Other cost allocations are based on the relationship between the expenditure and the activities benefited.

NOTE 1. NATURE OF ACTIVITIES & SIGNIFICANT ACCOUNTING POLICIES (continued)

Concentration of Risk

The Organization maintains cash balances in several accounts at local banks. These accounts are insured by the Federal Deposit Insurance Corporation up to $250,000. At various times throughout the year, the Organization may have cash balances at the financial institution that exceeds the insured amount. Management does not believe this concentration of cash results in a high level of risk for the Organization. At June 30, 2022 the Organization had $732,946 uninsured cash balances.

Financial Instruments

The carrying value of cash and cash equivalents, grants receivable, prepaid expenses, accounts payable and accrued expense are stated at carrying cost at June 30, 2022, which approximates fair value due to the relatively short maturity of these instruments.

Revenue and Revenue Recognition

Revenue is recognized when earned. Program service fees and payments under cost-reimbursable contracts received in advance are deferred to the applicable period in which the related services are performed, or expenditures are incurred, respectively. Contributions are recognized when cash or other assets are received.

Subsequent Events

Management has considered subsequent events through September 8, 2022, the date on which the financial statements were available to be issued, to determine if any are of such significance to require disclosure. It has been determined that no subsequent events matching this criterion occurred during this period.

New Accounting Pronouncement

In February, 2016, the FASB issued ASU 2016-02, Leases (Topic 842). Under the new guidance, a lessee will be required to recognize assets and liabilities for leases with lease terms of more than twelve months. Consistent with current GAAP, the recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee primarily will depend on its classification as a finance or operating lease. However, unlike current GAAP—which requires only capital leases to be recognized on the statement of financial position—the new ASU will require both types of leases to be recognized on the statement of financial position. This standard is effective for annual reporting periods beginning after December 15, 2021.

NOTE 2. IN-KIND AND NON-CASH CONTRIBUTIONS

Contributed Services

The Organization receives donated services from a substantial number of unpaid volunteers who have made significant contributions of their time to the general operations. No amounts have been recognized in the accompanying statement of activities because the criterion for recognition of such volunteer effort is that services must be specialized skills, which would be purchased if not donated. Service contributed for the year ended June 30, 2022 amounted to 2,983 hours.

The Organization received donated rental space during the year ended June 30, 2022. Footnote 7 describes the arrangements.

Contributed Goods

The Organization receives donated goods throughout the year. Contributed goods can include food supplies and equipment. For financial reporting purposes the items contributed have been recorded at their fair market value at the date of the contribution. Any equipment contributed is capitalized and depreciated over its estimated useful life. There were no contributed goods during the year end June 30, 2022.

NOTE 3. FAIR VALUE MEASUREMENTS

Fair values of assets measured on a recurring basis at June 30, 2022 are as follows:

	Fair Value	Significant Other Observable Inputs Level (2)
Grants Receivable	$47,363	$47,363

The fair value of grants receivable is estimated at the present value of expected future cash flows.

NOTE 4. CONTINGENT LIABILITY: ECONOMIC DEPENDENCY

Grants often require the fulfillment of certain conditions as set forth in the instrument of the grant. Failure to fulfill the conditions could result in the return of the funds to the grantors. Although the return of the funds is a possibility, the Board of Directors deems the contingency unlikely, since by accepting the grants and their terms, it has made a commitment to fulfill the provisions of the grant.

Approximately 54% of revenues were received through the Division of Elderly and Adult Services for the year ended June 30, 2022.

NOTE 5. COMPENSATED ABSENCES

Employees of the Organization are entitled to paid vacation depending on job classification, length of services and other factors. The statement of financial position reflects accrued compensation earned, but unpaid as of June 30, 2022 in the amount of $5,265.

NOTE 6. CAPITAL LEASE

The Organization had a four-year lease agreement for office equipment. The assets and liabilities under capital leases were recorded at the lower of the present value of the minimum lease payments or the fair value of the asset. The asset was amortized over its estimated productive life. Amortization of assets under capital leases is included in depreciation expense for the year ended June 30, 2022. This fiscal year marked the fourth year of the lease agreement and the office equipment is now fully depreciated equipment.

Office equipment	$8,700
Accumulated depreciation	(8,700)
	$ 0

NOTE 7. OCCUPANCY AGREEMENTS AND LEASES

The Organization has an occupancy and use agreement with another nonprofit the Somersworth Housing Authority (SHA), which holds the lease on the office space. The agreement was entered in May 2021. The lease unless terminated earlier is coextensive with SHA's occupancy and calls for monthly rental payments of $811. Total rent related to this space was $9,732 during the year ended June 30, 2022.

Future minimum rent payments are: 2023: $9,732.

Donated Leases

There are three facilities where space is donated to the Organization. They are month-to-month verbal agreements. The rent was recorded as in in-kind contribution at fair market value. Total rent expense related to these leases was $13,542 and is included in rent expense in the statement of functional expenses. There are no future minimum rent payments related to these arrangements.

NOTE 8. FUNDS HELD BY OTHERS

The Organization maintains a checking account for the New England Regional Elderly Nutrition Program Conference Committee. The Committee is a group of volunteers that holds an annual conference to support Meals on Wheels programs in New England. The Organization does not own or have control over these assets; but acts as its fiscal agent. The balance in the account at June 30, 2022 was $7,116.

NOTE 9. NET ASSETS WITH DONOR RESTRICTIONS

As of June 30, 2022 the Organization had no net assets that were donor-restricted.

NOTE 10. BOARD DESIGNATED NET ASSETS

The Board of Directors designated an estimate of 6 months operating expenses of the Organization's unrestricted net assets as a working capital reserve to stabilize its cash flow. This amounted to $600,000 as of June 30, 2022. These funds are to be used to mitigate program and cash flow risk associated with providing regular uninterrupted meals to the elderly and handicapped population that is served by the Organization. The Board feels this is necessary because reimbursements from the Organization's primary funding sources are often not received until well after current expenditures have been made. Due to the critical nature of the Organization's mission, which is to provide food to people at risk, the Board believes that any lapse in service is not acceptable.

NOTE 11. LIQUIDITY & AVAILABILITY OF FINANCIAL ASSETS

The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization's primary source of support is grants and contributions. That support is held for the purpose of supporting the Organization's budget. The Organization had the following financial assets that could be readily made available within one year to fund expenses without limitations as of June 30, 2022:

Cash and cash equivalents	$ 990,162
Grants Receivable	47,363
Less amounts:	
Funds held for others	(7,116)
Total	$ 1,030,409

NOTE 12. RISKS & UNCERTAINTIES: COVID-19

As a result of the spread of the Covid-19 coronavirus, economic uncertainties have arisen which may negatively impact future financial performance. The potential impact of these uncertainties is unknown and cannot be estimated at the present time.

APPLICATION: DOVER CDBG FY24

APPLICANT INFORMATION	
Organization Triangle Club	**Tax ID** 22-2533853
Name of Program or Project General Operating Costs-Custodial Payroll	
Name of Executive Director Heather Blumenfeld	
Mailing Address 120 Broadway Dover NH 03820 **Physical Address** 120 Broadway Dover NH 03820	
Contact Person Heather Blumenfeld	**Phone** 603-742-9803
E-Mail Heathertriangleclub@gmail.com	**Website www.triangleclubdovernh.org**
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 22-2533853	
SAM UEI # 064375442	**SAM Expiration Date** 5/5/24

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 18,796.99
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) General operating costs/ custodial payroll

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 120 Broadway Dover NH

BENEFICIARIES

Beneficiaries:

For FY 2024 (7/1/2023 – 6/30/2024) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 520

For FY 2022 (7/1/2021 – 6/30/2022) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 360

Were Dover CDBG funds used to fund this activity or project in FY 2023 (7/1/2022 – 6/30/2023): no

If so, how much?

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) **low and low moderate-income men and women and families in recovery from substance use disorder.**

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: _____ Yes x_____ No

If yes, are the criteria/protocols in writing?: _____ Yes _____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

We are seeking grant funding to cover the cost of our custodial services. Salary for two part-time employees.

Please indicate who prepared the overall cost estimate for the activity. Heather Blumenfeld

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project: operation costs

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : By providing a clean, healthy and welcoming place for individuals to participate in recovery meetings and healthy activities.

Proposed project completion date: 5/2025

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Employee breakdown included

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.	
Outcome	**Measurement**
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	**Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.**
Decrease in illness with a clean, sanitized building	Continual recovery meetings
Clean safe places for children to wait-removing babysitting barrier for parents	Attendance steady/ regular meetings upmost importance
Increase in number of community cookouts/ dinners	Increasing number of people having nourishing food in a safe environment

DESCRIPTION OF ORGANIZATION
Please provide a description for the organization or agency that is undertaking the activity or project. The Triangle Club (TC), a leading center for addiction recovery programs, has been helping people stay sober and maintain various forms of recovery for 38 years. Established in 1984, the Triangle Club's mission is to promote the spiritual, physical, and mental health of people in recovery from addiction to alcohol and drugs, and to provide a safe place for those who acknowledge that staying substance-free is of primary importance. Within this safe, nurturing environment, substance misusers learn acceptance, self-love, coping strategies, and how the support of a community brings them hope for a new way of life.

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? no
If yes, please submit most recent audit or financial statements as an attachment to this application.
Is your organization evaluated by outside agencies or programs? no
If yes, please note the agency/program and how often the evaluation occurs.

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Rebecca Throop	Lee NH
Marybeth Scholfield	Kittery ME
Darren Ramsden	Barrington NH
Ellen Arogonni	Rollinsford NH
Jason Howard	Dover NH
Samai Knight	Rye NH
FX Bruton	Dover NH
Alex Blumenfeld	Eliot ME
Rebecca Balok Searles	Brookfield NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Lead custodian	15,303.94		
Custodian	3269.33		
Other: workman's comp	223.72		
TOTAL PROPOSED BUDGET:	**18,796.99**		

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			

TOTAL PROPOSED BUDGET:			

* Use the following table (*Activity or Project Funding Sources*) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project, if any. *Do not include Dover CDBG amount requested*.

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:			
State:	Committed: Pending: Proposed:			
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:			
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:			

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	**Committed, Pending or Proposed Amount ($)**	**Explanation**

	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from Nov 1 to Oct 31	Current Year	Next Year (projected)
REVENUES		
Federal Funds		
State Funds		
Foundations/Private Contributions	63,200	75,000
United Way		
Fundraising or other income	22,000	25,000
Other (describe) Bingo/ Meeting room rentals	113,000	82,000
Community Dev. Block Grant (include anticipated request)	31,500	18,000
TOTAL REVENUE	229,700	200,000
EXPENSES		
Salaries	111,064	112,543
Fringe Benefits	17,313	17,819
Supplies (include printing/copying)	3900	4900
Travel	500	583
Training	600	400
Communications	2500	2900
Audit	8800	7500
Property Maintenance	20,300	35,300
Service Contracts		
Construction Supplies/Materials		
Other (describe) Utilities 14000/16,100 Bldg security/ alarm 1,000/2500 Insurance 8000/ 8500 Interests/ dues/subscriptions 1600/2000 Misc 1200/1000 Depreciation 17000/17000	42,800	47,100
TOTAL EXPENSES	207177	212,045

NET (Income - Expenses)	**22,523**	**--12,045**

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$***	***$***
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$

	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$***	***$***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$**	**$**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

__HEATHER K BLUMENFELD_____11/13/23_____
_____

SIGNATURE **DATE**

__HEATHER BLUMENFELD **EXECUTIVE DIRECTOR. _____**
PRINTED NAME **TITLE**

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

Janitor wages paid last 12 months
11/18/2022 - 11/3/2023

Mike Dorley	14,216.42	
TC share of FICA	1,087.52	
Sub total		15,303.94
Joe Keraghan	3,037.00	
TC share of FICA	232.33	
Sub total		3,269.33
Wages total		18,573.27
Workers comp		223.72
$1.19 per $100		
TOTAL		18,796.99

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization Community Action Partnership of Strafford County	
Name of Program or Project Weatherization Assistance Program	
Name of Executive Director Betsey Andrews Parker, CEO	
Mailing Address 577 Central Avenue, Suite 10, Dover, NH 03820 **Physical Address** 577 Central Avenue, Suite 10, Dover, NH 03820	
Contact Person Bob Arnold, Housing Development and Revitalization Director	**Phone** 603-435-2500 ext. 2350
E-Mail barnold@straffordcap.org	**Website** www.straffordcap.org
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* X☐ 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 02-0268636	
SAM UEI # Z3KKLWND4993	**SAM Expiration Date** 2/24/24

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 25,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Funds will be used to supplement the Weatherization Assistance Program for Dover residents experiencing economic hardship.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Dover, NH

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Low-Income Households

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 15

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 29

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): Yes, we served 20 Dover residents.

If so, how much? $25,000.00

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ___X___ Yes _____ No

If yes, are the criteria/protocols in writing?: ____X__ Yes _____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

The Weatherization Assistance Program (WAP) reduces energy costs for low-income households by increasing the energy efficiency of their homes while ensuring their health and safety. Through this project, we aim to serve low-income households in the City of Dover. Our target population are individuals and families most at-risk for high energy costs who do not have the means to make cost-effective energy conservation improvements to their homes. WAP collaborates with the electric and natural gas utilities' energy efficiency programs to enhance the weatherization services provided to low-income households.

The weatherization process begins with an energy audit of the home by a certified energy auditor and includes inspecting and testing of the home and its appliances to determine if improvements can be made to save money on electric and fuel expenses. If improvements are found to be cost-effective, an installation crew performs insulation, air sealing and mechanical improvements which will reduce household energy expenditures and increase comfort, safety and health of the home's occupants.

Activities include using tests and procedures developed with or approved by Eversource, Unitil and the U.S. Department of Energy to determine the combination of appropriate measures such as blower door testing, combustion testing, CO testing, gas leak testing, and/or ventilation and moisture testing of the building envelope. Weatherization and life safety measures may include:

- Insulation
- Furnace repair or replacement
- Window and door repair or replacement
- Low-flow faucets and shower heads
- Water heater improvements
- Air sealing
- Weatherstripping

- Pipe insulation
- Refrigerator replacement
- LED lighting conversion
- Mechanical ventilation as required by ASHRAE 62.2 (2016)
- Smoke and CO detectors with 10-year battery life
- Incidental repairs as outlined in the NH Weatherization Field Guide, 2019 Edition
- Other Health and Safety measures as outlined in the NH Weatherization Field Guide, 2019 Edition

CDBG funding for WAP benefits Dover residents with low or very low incomes in several ways, including:

1. Allowing CAPSC to make improvements to building systems and structures (e.g. health and safety issues and incidental repairs) that cannot be performed using other funding sources but must be repaired for the site to be eligible for Weatherization funding.
2. Allowing Dover projects to comply with the leveraging requirements mandated by Weatherization funding.
3. Addressing emergency issues not requiring whole-home Weatherization.
4. Allowing CAPSC to provide assistance during times of the year when other funding sources are not available.
5. Increasing affordable housing stock in Dover by reducing the operational costs of housing for low-income families.
6. Effectively leveraging approximately $2 for each dollar invested by the City of Dover from other funding sources.

Due to funding limitations, there is currently a higher demand for Weatherization services than can be met. CDBG funding helps supplement the federal and state funds for Weatherization, allowing CAPSC to serve more homes.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.	
Outcome	**Measurement**
Example 1: Decrease in number of "latch-key kids" **Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults**	**Example 1: # of children who participate in afterschool program** **Example 2: Increase in number of low/mod income residents that seek care from health program.**
1. Improve the financial position of clients by improving the energy efficiency of their homes.	1. Savings-to-investment ratios based on Department of Energy home energy modeling.
2. Decrease the number of homes with safety concerns.	2. # of homes audited and weatherized
3. Increase affordable housing stock in Dover.	3. # of individuals/families remaining in their homes.

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project.

At Community Action Partnership of Strafford County (CAPSC), we strongly believe no one should go without having their basic needs met. As the leading anti-poverty agency in Strafford County, we strive to empower individuals and families to achieve self-sufficiency by opening the doors to resources and opportunities that offer a hand up, not a handout. When we achieve this goal, we reduce the impact of poverty and build a stronger community.

Our mission at CAPSC is to reduce barriers to help clients improve their economic stability and well-being through education, advocacy, and partnerships. In accordance with its mission, CAPSC offers over 60+ coordinated programs designed to have a measurable impact on poverty and health status among our community's most vulnerable residents, specifically children under the age of six, people with disabilities, seniors and those experiencing low incomes. Programs include nutrition, housing, fuel and electric assistance, weatherization, parent and child education, childcare, and transportation, all of which are locally defined, planned and managed in partnership with other community agencies. All programs are designed to increase self-sufficiency and help clients become socially and financially independent. CAPSC's goal is to interrupt the cycle of poverty and empower children, working families and seniors to live more secure, stable and healthier lives.

CAPSC is governed by a volunteer Board of Directors, one-third of whom are consumers of services. We have nearly 150 employees and a nearly $20 million operating budget which includes federal, state, and local funds in addition to foundation and United Way grants, fees for service, and individual and corporate donations.

CAPSC helps individuals to meet basic needs like housing, heat, food, transportation, childcare, and more. In 2022-2023, CAPSC served over 18,000 households and provided over $33 million in goods and services to Strafford County residents, thereby reducing the burden on other County and community services and changing countless lives for the better. Some of what the programs at CAPSC were able to accomplish includes:

- Paying nearly $20 million in emergency rental assistance to landlords and utility companies to help 5,332 households avoid eviction and utility disconnections.
- Providing 2,265 safe, accessible rides for seniors
- Providing 5,699 households with fuel assistance, valued at over $4.5 million.
- Providing 33,359 free summer meals to children experiencing food insecurity.
- Weatherizing 349 homes.
- Providing 289 children and their families with services through our Early Childhood Education programs.

Together, these programs provide a holistic approach to self-sufficiency, and offer clients the resources needed to move out of poverty.

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? Yes **If yes, please submit most recent audit or financial statements as an attachment to this application.** *Attached* **Is your organization evaluated by outside agencies or programs?** Yes **If yes, please note the agency/program and how often the evaluation occurs.** CAPSC is evaluated by the Region One Office of Head Start; Department of Health and Human Services; NH Office of Strategic Initiatives (OSI); Eversource; Unitil; and the United Way for program and financial performance. Evaluations occur annually at minimum. The Weatherization Program is evaluated annually to ensure the program is following all federal guidelines. Each Weatherization job is audited to ensure all Weatherization measures are done correctly. The most recent Weatherization audit occurred in June, 2023.

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Terry Jarvis	New Durham, NH
Jean Miccolo	Rochester, NH
Alison Dorow	Barrington, NH
Alan Brown	Rochester, NH
Anthony Carr	Dover, NH
Leah Crouser	Dover, NH
Hope Morrow Flynn	Portsmouth, NH
Maureen Staples	Dover, NH
Captain Andrew Swanberry	Rochester, NH
Mark Toussaint	Rochester, NH
Robert Harrington	Dover, NH
Robert Warach	Dover, NH
Ian Oneail	Raymond, NH
Sarah Kuhl	Dover, NH
Christine McCluskey	Farmington, NH
Katrin Kasper	Lee, NH
James Rathbun	Farmington, NH
Nicki Gearwar	Dover, NH

BUDGET: ACTIVITY or PROJECT -

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies		$2,400	$2,400
Utilities			
Repairs/Maintenance		$3,200	$3,200
Travel		$5,400	$5,400
Salaries (List relevant positions)			
Director		$32,000	$32,000
Auditor 1		$45,000	$45,000
Inspector		$54,000	$54,000
Admin Support		$16,000	$16,000
Other: Direct Client Support	$25,000	$1,519,304	$1,544,304
Office Expense		$18,833	$18,833
Training and Technical Assistance		$36,239	$36,239
Tools and Equipment		$3,500	$3,500
TOTAL PROPOSED BUDGET:	**$25,000**	**$1,735,876**	**$1,760,876**

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

***** Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES -

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested*.

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:	**$560,876.00**	**$160,000 DOE WAP, DOE-BIL and DOE-BWP Total $560,876.00**	**$160,000 DOE $248,876 DOE-BIL $152,000 DOE-BWP**
State:	Committed: Pending: Proposed:	**$250,000** **$850,000**	**$1,100,000.00**	**Sourced from Eversource, Until and NHEC**
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:	**$75,000**	**$75,000**	**$75,000.00**
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:	**$810,876** **$925,000** **$1,735,876**		**Combined Wx Sources**

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	**Committed, Pending or Proposed Amount ($)**		**Explanation**
	Committed: Pending: Proposed:		

Total:			

BUDGET: ORGANIZATION –

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from January 1 to December 31	Current Year	Next Year (projected)
REVENUES		
Federal Funds	$17,601,251.62	$14,076,457.56
State Funds		
Foundations/Private Contributions	Included w/ Fundraising	Included w/ fundraising
United Way	$30,000.00	$30,000.00
Fundraising or other income	$435,785.50	$602,700.43
Other (describe) In-Kind Donations, Fees for Service, Interest Income	$1,512,256.68	$2,314,291.94
Community Dev. Block Grant (include anticipated request)	$25,000	$25,000
TOTAL REVENUE	$19,604,293.80	$17,048,449.93
EXPENSES		
Salaries	$5,156,666.76	$6,700,568.50
Payroll Taxes	$398,090.94	$278,786.24
Employee benefits	$472,712.70	$557,254.33
Retirement	$49,344.58	$43,272.66
Direct Client Assistance	$9,048,739.76	$5,340,627.09
In-Kind	$1,337,886.68	$1,600,761.33
Professional Fees	$500,549.13	$254,186.76
Supplies	$426,647.77	$838,078.22
Occupancy	$824,035.08	$365,250.08
Repairs and Maintenance	$23,945.69	$99,689.75
Insurance	$84,324.80	$104,002.72
Training and Conferences	$114,122.01	$215,315.40
Depreciation	$180,000.00	$244,140.00
Travel and Transportation	$74,400.42	$66,388.25
Printing and Postage	$16,265.00	$20,166.00
Equipment	$51,379.00	$29,711.00
Interest Expense	$23,318.59	$18,835.90
Other Program Support	$816,931.88	$261,441.89
TOTAL EXPENSES	**$19,599,360.79**	$17,038,476.11
NET (Income - Expenses)	$4,933.01	$9,973.82

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS – Please see next page

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$***	***$***
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$***	***$***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$**	**$**

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2022

FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/PROGRAM TITLE	ASSISTANCE LISTING NUMBER	PASS-THROUGH GRANTOR'S NAME	GRANTOR'S NUMBER	FEDERAL EXPENDITURES	
U.S. Department of Agriculture					
Child and Adult Care Food Program	10.558	State of New Hampshire Department of Education	4300-ZZZ		$ 88,020
Child Nutrition Cluster					
Summer Food Service Program for Children	10.559	State of New Hampshire Department of Education	4300-ZZZ	$ 130,720	
National School Lunch Program	10.555	State of New Hampshire Department of Education	At-Risk After School Care Centers	71,833	202,553
Food Distribution Cluster					
Emergency Food Assistance Program	10.569	Belknap-Merrimack Community Action Partnership	None	4,500	
Emergency Food Assistance Program (Food Commodities)	10.569	Belknap-Merrimack Community Action Partnership	None	968,268	972,768
Total U.S. Department of Agriculture					$ 1,263,341
U.S. Department of Housing and Urban Development					
Supportive Housing for the Elderly	14.157	Dover Housing Authority	Dover Housing Authority		$ 29,936
Community Development Block Grants / Entitlement Grants	14.228	Strafford County, NH CDFA	20-409-CDPS-CV		259,235
CDBG Entitlement Grants Cluster					
Community Development Block Grants / Entitlement Grants	14.218	City of Dover, New Hampshire	City of Dover	23,067	
Community Development Block Grants / Entitlement Grants	14.218	City of Rochester, New Hampshire	City of Rochester	71,048	94,115
CV-Emergency Solutions Grant Program	14.231	State of New Hampshire Department of Health and Human Services	05-95-42-423010-7927		91,134
Continuum of Care	14.267	State of New Hampshire Department of Health and Human Services		107,230	
Continuum of Care	14.267	State of New Hampshire Department of Health and Human Services		174,283	281,513
Supportive Housing Program	14.235	State of New Hampshire Department of Health and Human Services	010-092-7176-102-0415		20,670
Total U.S. Department of Housing and Urban Development					$ 776,603
U.S Department of Homeland Security			593800-035		$ 6,559
Emergency Food and Shelter National Program	97.024	United Way			
Total U.S. Department of Homeland Security					$ 6,559
U.S. Department of Energy					
Weatherization Assistance for Low-Income Persons	81.042	State of New Hampshire Governor's Office of Energy & Community Services	01-02-02-024010-7706-074-500587		$ 234,713
Total U.S. Department of Energy					$ 234,713
U.S. Department of the Treasury					
Emergency Rental Assistance Program	21.023	State of New Hampshire, NHHFA		30,468,126	
Emergency Rental Assistance Program	21.023	State of New Hampshire, NHHFA	Administration	223,074	$ 30,691,200
Total U.S. Department of the Treasury					$ 30,691,200

See Notes to Schedule of Expenditures of Federal Awards

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2022

FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/PROGRAM TITLE	ASSISTANCE LISTING NUMBER	PASS-THROUGH GRANTOR'S NAME	GRANTOR'S NUMBER	FEDERAL EXPENDITURES	
U.S. Department of Health & Human Services					
Aging Cluster					
Special Programs for the Aging - Title III, Part B	93.044	State of New Hampshire Division of Elderly and Adult Services	010-048-7872-512-0352	2,433	
Special Programs for the Aging - Title III, Part B	93.044	State of New Hampshire Department of Health and Human Services, NTS	05-95-48-48010-78720000-512-500352	37,350	$ 39,783
Maternal, Infant, Early Childhood Homevisiting Program	93.870	State of New Hampshire Department of Health and Human Services, DPH, BPHCS, Maternal & Health Section	05-95-90-902010-5896		253,955
Promoting Safe and Stable Families	93.556	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29730000-102-500734-42107306		50,233
Temporary Assistance for Needy Families	93.558	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-045-450010-61460000-502-500891-42106603		88,610
Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	1,218,388	
ARPA-Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	2,812,510	
Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	396,103	4,427,001
Community Services Block Grant	93.569	State of New Hampshire, DHHS, DFA	010-045-7148-093-0415	408,788	
CV-Community Services Block Grant	93.569	State of New Hampshire, DHHS, DFA	G-19B1NHCOSR	120,513	529,301
CCDF Cluster					
ARPA - Child Care and Development Block Grant	93.575	State of New Hampshire, DHHS	177200		99,483
Head Start Cluster					
Head Start	93.600	Direct Funding	01CH01149601 & 602, 01HP00025002	1,968,681	
Early Head Start	93.600	Direct Funding	01CH01149601C3, 01HE00051501C6	1,574,807	3,543,488
Maternal and Child Health Services Block Grant to States	93.994	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-090-51900000-102-500731-90004009		13,398
Stephanie Tubbs Jones Child Welfare Program	93.645	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29680000-102-500734-42106802		1,987
Social Services Block Grant	93.667	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29660000-102-500734-42106603		186,424
Total U.S. Department of Health & Human Services					$ 9,235,663
TOTAL					**$ 42,208,079**

See Notes to Schedule of Expenditures of Federal Awards

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

SIGNATURE	11/17/23 DATE
BETSEY ANDREWS PARKER	CHIEF EXECUTIVE OFFICER
PRINTED NAME	TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED
DECEMBER 31, 2022 AND 2021
AND
INDEPENDENT AUDITORS' REPORTS AND REPORTS ON COMPLIANCE AND INTERNAL CONTROL

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

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Leone, McDonnell & Roberts
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
DOVER • WOLFEBORO
NORTH CONWAY

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Community Action Partnership of Strafford County and Affiliate

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Community Action Partnership of Strafford County (a New Hampshire nonprofit organization) and Affiliate, which comprise the consolidated statements of financial position as of December 31, 2022 and 2021, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of Community Action Partnership of Strafford County and Affiliate as of December 31, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Community Action Partnership of Strafford County and Affiliate and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Action Partnership of Strafford County and Affiliate's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Community Action Partnership of Strafford County and Affiliate's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Action Partnership of Strafford County and Affiliate's ability to continue as a going concern for a reasonable period of time.

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

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated June 15, 2023, on our consideration of Community Action Partnership of Strafford County's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Community Action Partnership of Strafford County's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Community Action Partnership of Strafford County's internal control over financial reporting and compliance.

Leone, McDonnell & Roberts
Professional Association

Dover, New Hampshire
June 15, 2023

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2022 AND 2021

ASSETS

	2022	2021
CURRENT ASSETS		
Cash and cash equivalents	$ 1,355,108	$ 1,550,537
Accounts receivable	2,556,852	2,130,211
Contributions receivable	50,000	12,600
Inventory	501,752	511,532
Prepaid expenses	52,046	36,666
Other current assets	-	1,334
Current portion of right of use asset	65,513	-
Total current assets	4,581,271	4,242,880
NONCURRENT ASSETS		
Restricted cash	29,455	18,991
Security deposits	8,427	8,469
Property, net of accumulated depreciation	5,804,619	6,110,022
Other noncurrent assets	25,503	25,503
Right of use asset, less current portion shown above	81,312	-
Total noncurrent assets	5,949,316	6,162,985
TOTAL ASSETS	$ 10,530,587	$ 10,405,865

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Current portion of long term debt	$ 95,690	$ 134,868
Accounts payable	445,958	921,039
Accrued payroll and related taxes	129,018	136,247
Accrued compensated absences	205,528	145,234
Refundable advances	1,581,774	950,865
Other current liabilities	73,462	-
Current portion of right of use liability	65,513	-
Total current liabilities	2,596,943	2,288,253
NONCURRENT LIABILITIES		
Long term debt, less current portion shown above	2,908,484	3,221,845
Security deposits	3,201	3,201
Right of use liability, less current portion shown above	81,312	-
Total noncurrent liabilities	2,992,997	3,225,046
Total liabilities	5,589,940	5,513,299
NET ASSETS		
Without donor restrictions	4,634,862	4,533,937
With donor restrictions	305,785	358,629
Total net assets	4,940,647	4,892,566
TOTAL LIABILITIES AND NET ASSETS	$ 10,530,587	$ 10,405,865

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2022

	Without Donor Restrictions	With Donor Restrictions	Total
CHANGE IN NET ASSETS			
REVENUES AND OTHER SUPPORT			
Grant revenue	$ 42,329,510	$ -	$ 42,329,510
Fees for service	1,976,344	-	1,976,344
Rent revenue	58,600	-	58,600
Public support	514,628	113,717	628,345
In-kind donations	988,080	-	988,080
Interest	402	-	402
Fundraising	167,764	-	167,764
Other revenue	1,216	-	1,216
Gain on disposal of property	27,491	-	27,491
Total revenues and other support	46,064,035	113,717	46,177,752
NET ASSETS RELEASED FROM RESTRICTIONS	166,561	(166,561)	-
Total revenues, other support, and net assets released from restrictions	46,230,596	(52,844)	46,177,752
EXPENSES			
Program services			
Child services	5,120,775	-	5,120,775
Community services	2,123,402	-	2,123,402
Energy assistance	4,158,324	-	4,158,324
Housing	31,536,296	-	31,536,296
Weatherization	1,791,979	-	1,791,979
Total program services	44,730,776	-	44,730,776
Supporting activities			
Management and general	1,179,649	-	1,179,649
Fundraising	219,246	-	219,246
Total expenses	46,129,671	-	46,129,671
CHANGE IN NET ASSETS	100,925	(52,844)	48,081
NET ASSETS, BEGINNING OF YEAR	4,533,937	358,629	4,892,566
NET ASSETS, END OF YEAR	$ 4,634,862	$ 305,785	$ 4,940,647

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2021

	Without Donor Restrictions	With Donor Restrictions	Total
CHANGES IN UNRESTRICTED NET ASSETS			
REVENUES AND OTHER SUPPORT			
Grant revenue	$ 19,989,740	$ -	$ 19,989,740
Fees for service	2,576,520	-	2,576,520
Rent revenue	51,351	-	51,351
Public support	352,142	358,629	710,771
In-kind donations	898,056	-	898,056
Interest	635	-	635
Fundraising	20,050	-	20,050
Other revenue	725,966	-	725,966
Loss on disposal of property	(51,681)	-	(51,681)
Total revenues and other support	24,562,779	358,629	24,921,408
NET ASSETS RELEASED FROM RESTRICTIONS	301,566	(301,566)	-
Total revenues, other support, and net assets released from restrictions	24,864,345	57,063	24,921,408
EXPENSES			
Program services			
Child services	5,251,539	-	5,251,539
Community services	2,036,906	-	2,036,906
Energy assistance	2,459,441	-	2,459,441
Housing	10,714,923	-	10,714,923
Weatherization	2,483,701	-	2,483,701
Workforce development	3,793	-	3,793
Total program services	22,950,303	-	22,950,303
Supporting activities			
Management and general	905,781	-	905,781
Fundraising	68,241	-	68,241
Total expenses	23,924,325	-	23,924,325
CHANGE IN NET ASSETS	940,020	57,063	997,083
NET ASSETS, BEGINNING OF YEAR	3,593,917	301,566	3,895,483
NET ASSETS, END OF YEAR	$ 4,533,937	$ 358,629	$ 4,892,566

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2022

	Child Services	Community Services	Energy Assistance	Housing	Weatherization	Total Program Services	Intermediate (Allocation) Pools	Management and General	Fundraising	Total
Payroll	$ 2,951,365	$ 644,816	$ 388,986	$ 920,193	$ 164,650	$ 5,070,010	$ 73,067	$ 681,722	$ 121,545	$ 5,946,344
Payroll taxes	247,208	57,069	32,974	75,584	12,672	425,507	6,311	63,162	9,833	504,813
Fringe benefits	205,921	34,528	30,366	72,552	19,799	363,166	82	37,953	5,220	406,421
Retirement	14,995	2,162	1,569	6,445	761	25,932	752	5,767	75	32,526
Weatherization material, fuel and client assistance	119,381	20,588	3,606,402	29,909,257	1,514,988	35,170,616	-	-	-	35,170,616
In-kind expenses	14,772	968,268	-	-	-	983,040	-	-	5,040	988,080
Consultants and contract labor	166,829	14,565	2,692	212,431	1,597	398,114	99,599	139,998	12,755	650,466
Consumable supplies	206,399	205,366	9,582	35,892	8,549	465,788	42,120	18,091	3,958	529,957
Occupancy	704,886	70,467	41,243	141,580	18,043	976,219	(670,668)	69,769	6,201	381,521
Repairs and maintenance	39,766	23,938	7,541	10,406	2,763	84,414	440,423	660	2,194	527,691
Insurance	71,667	11,150	1,610	22,841	2,431	109,699	25,811	52,785	259	188,554
Training and conferences	80,246	5,551	2,526	7,834	17,205	113,362	119	26,440	41,454	181,375
Depreciation	80,133	34,099	391	34,641	4,328	153,592	-	85,443	-	239,035
Travel and transportation	42,327	4,808	89	11,836	6,722	65,782	(12,356)	4,699	769	58,894
Printing and postage	3,723	55	10,850	348	96	15,072	-	11,043	5,576	31,691
Equipment and computer	-	-	6,588	24,285	10,544	41,417	29,326	-	1,310	72,053
Interest expense	-	10,658	10,141	12,037	3,070	35,906	5,982	81,815	1,438	125,141
Indirect	105,441	-	-	-	-	105,441	-	(105,441)	-	-
Other program support	65,716	15,314	4,774	38,134	3,761	127,699	(40,568)	5,743	1,619	94,493
Total expenses	$ 5,120,775	$ 2,123,402	$ 4,158,324	$ 31,536,296	$ 1,791,979	$ 44,730,776	$ -	$ 1,179,649	$ 219,246	$ 46,129,671

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2021

	Child Services	Community Services	Energy Assistance	Housing	Weatherization	Workforce Development	Total Program Services	Intermediate (Allocation) Pools	Management and General	Fundraising	Total
Payroll	$ 2,611,252	$ 768,110	$ 282,483	$ 463,574	$ 123,279	$ 2,317	$ 4,251,015	$ 89,319	$ 577,712	$ 14,794	$ 4,932,840
Payroll taxes	230,588	66,376	24,924	40,252	8,988	228	371,356	7,893	46,473	1,406	427,128
Fringe benefits	190,915	38,183	17,619	31,419	15,094	269	293,499	3,398	55,482	1,224	353,603
Retirement	13,216	3,001	1,223	3,377	332	12	21,161	274	(3,843)	104	17,696
Weatherization material, fuel and client assistance	63,377	140,408	2,052,544	9,909,048	2,218,930	-	14,384,307	-	-	-	14,384,307
In-kind expenses	573,046	324,950	-	60	-	-	898,056	-	-	-	898,056
Consultants and contract labor	239,299	52,738	4,627	19,672	860	79	317,275	16,516	164,175	15,574	513,540
Consumable supplies	213,448	229,104	430	7,742	23,112	-	473,836	23,939	9,941	922	508,638
Occupancy	612,028	175,280	31,758	87,818	17,134	884	924,902	(450,603)	42,136	1,729	518,164
Repairs and maintenance	48,939	4,881	12,782	48,073	945	-	115,620	296,872	12,260	2,476	427,228
Insurance	83,971	9,598	1,312	24,905	6,157	4	125,947	12,208	43,416	107	181,678
Meetings, events and training	80,601	9,164	394	762	10,774	-	101,695	1,404	13,052	20,573	136,724
Depreciation	79,670	18,502	391	23,390	4,328	-	126,281	-	70,500	-	196,781
Travel	19,408	1,677	-	989	1,689	-	23,763	(5,501)	587	30	18,879
Printing and postage	3,380	265	7,202	403	254	-	11,504	1,275	4,813	4,638	22,230
Equipment and computer	27,793	95,608	7,677	39,490	46,908	-	217,476	4,223	(82,364)	550	139,885
Interest expense	76,249	8,070	13,621	8,314	4,917	-	111,171	6,377	18,489	899	136,936
Other program support	38,823	50,206	454	5,635	-	-	95,118	(7,594)	19,273	3,215	110,012
Indirect costs	45,536	40,785	-	-	-	-	86,321	-	(86,321)	-	-
Total expenses	$ 5,251,539	$ 2,036,906	$ 2,459,441	$ 10,714,923	$ 2,483,701	$ 3,793	$ 22,950,303	$ -	$ 905,781	$ 68,241	$ 23,924,325

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 48,081	$ 997,083
Adjustment to reconcile change in net assets to net cash provided by operating activities:		
Contribution of building improvements	-	(170,288)
Depreciation	239,035	196,781
Loss (gain) on disposal of property	(27,491)	51,681
Forgiveness of debt - Paycheck Protection Program	-	(97,500)
Decrease (increase) in assets:		
Accounts receivable	(426,641)	138,692
Contributions receivable	(37,400)	25,800
Inventory	9,780	(285,299)
Prepaid expenses	(15,380)	(348)
Other current assets	1,334	(1,334)
Security deposits	42	(3,143)
Other noncurrent assets	-	1,997
Increase (decrease) in liabilities:		
Accounts payable	(475,081)	(576,646)
Accrued payroll and related taxes	(7,229)	47,565
Accrued compensated absences	60,294	14,126
Deferred revenue	-	(107,606)
Refundable advances	630,909	477,574
Other current liabilities	73,462	(1,318)
Security deposits	-	3,201
NET CASH PROVIDED BY OPERATING ACTIVITIES	73,715	711,018
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(506,141)	(323,975)
Proceeds on sale of property	600,000	-
Acquisition of property from Dover Daycare Learning Center	-	(590,900)
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	93,859	(914,875)
CASH FLOWS FROM FINANCING ACTIVITIES		
Borrowings of long-term debt	-	326,463
Payments made on long-term debt	(352,539)	(48,188)
Net repayments on demand note payable	-	(105,377)
Assumption of debt of Dover Daycare Learning Center	-	284,176
NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES	(352,539)	457,074
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(184,965)	253,217
CASH AND RESTRICTED CASH, BEGINNING OF YEAR	1,569,528	1,316,311
CASH AND RESTRICTED CASH, END OF YEAR	$ 1,384,563	$ 1,569,528
CASH AND RESTRICTED CASH		
Cash	$ 1,355,108	$ 1,550,537
Restricted cash:		
Insurance escrow	9,193	5,493
Tax escrow	5,952	1,125
Replacement reserves	4,363	2,501
Operating reserve	9,947	9,872
Total cash and restricted cash	$ 1,384,563	$ 1,569,528
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid during the year for interest	$ 121,765	$ 133,966

See Notes to Financial Statements

CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Organization and Principles of Consolidation

Community Action Partnership of Strafford County (the Agency) is a 501(c)(3) private New Hampshire non-profit organization established under the provisions of the Equal Opportunity Act of 1964. Without services provided by the Agency, many local residents would be without a means to provide for their basic needs, including food, education, child care, utilities assistance, transportation, housing, emergency shelter and access to other services. The mission of the Agency is to educate, advocate and assist people in Strafford County to help meet their basic needs and promote self-sufficiency. The vision of the Agency is to eliminate poverty in Strafford County through compassion, education, self-sufficiency, transparency, accountability, team work, client focus and professionalism.

Academy Street Family Housing, LLC (Academy Street) is a limited liability company which is consolidated because the Agency controls 100% of the voting power of Academy Street. Academy Street leases property from the Agency under a lease agreement for an annual rent amount of $1. The lease expires during April 2045. Unless either party serves the other with a 180 day written notice prior to the expiration of the initial term, at the end of the initial term, the lease shall be automatically extended for an additional 25 year term. All significant intercompany items and transactions have been eliminated from the consolidated financial statements.

In addition to the Agency's administrative office located in Dover, the Agency maintains its outreach capacity by operating program offices in Farmington, Milton, Rochester, Dover and Somersworth. The Agency is funded by Federal, state, county and local funds, as well as United Way grants, public utilities, foundation and charitable grant funds, fees for service, private business donations, and donations from individuals. The Agency is governed by a tripartite board of directors made up of elected officials, community leaders from for-profit and non-profit organizations and residents who are low income. The board is responsible for assuring that the Agency continues to assess and respond to the causes and conditions of poverty in its community, achieve anticipated family and community outcomes, and remain administratively and fiscally sound. The Agency administers a wide range of coordinated programs to more than 15,000 people annually, and the programs are designed to have a measurable impact on poverty and health status among the most vulnerable residents: those under the age of 6, the elderly and those living in poverty. This coordinated approach is accomplished by providing a broad array of services that are locally defined, planned and managed with community agencies.

CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

Basis of Accounting

The consolidated financial statements have been prepared using the accrual basis of accounting in accordance with Generally Accepted Accounting Principles (GAAP) of the United States.

Financial Statement Presentation

The consolidated financial statements have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Agency to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Agency. These net assets may be used at the discretion of the Agency's management and board of directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Agency or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities.

At December 31, 2022 and 2021, the Agency had net assets without donor and with donor restrictions.

Refundable Advances

Grants received in advance are recorded as refundable advances and recognized as revenue in the period in which the related services are performed or expenditures are incurred.

Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted by the donor for future periods or for specific purposes are reported as temporarily restricted or permanently restricted support, depending on the nature of the restriction. However, if a restriction is fulfilled in the same period in which the contribution is received, the Agency reports the support as unrestricted.

Contributed Services

Donated services are recognized as contributions in accordance with FASB ASC No. 958, *Accounting for Contributions Received and Contributions Made,* if the services (a) create or enhance non-financial assets or (b) require specialized skills and would otherwise be purchased by the Agency.

Volunteers provided various services throughout the year that are not recognized as contributions in the financial statements since the recognition criteria under FASB ASC No. 958 were not met.

Fair Value of Financial Instruments

Unless otherwise indicated, fair values of all reported assets and liabilities that are financial instruments approximate the carrying values of such amounts.

Inventory

Inventory materials are fixtures for installation and recorded at cost or contributed value, using the first-in, first-out method.

Property and Depreciation

Property and equipment, which have a cost greater than $5,000, are capitalized at cost or, if donated, at the approximate fair value at the date of donation. Specific grants and awards may have a threshold lower than this amount and that program will abide by those guidelines. Assets are depreciated over their estimated useful lives using the straight-line method as follows:

Buildings and improvements	15 - 40 years
Furniture, equipment and machinery	3 - 10 years
Vehicles	5 - 7 years

Depreciation expense aggregated $239,035 and $196,781 for the years ended December 31, 2022 and 2021, respectively.

Accrued Earned Time

The Agency has accrued a liability of $205,528 and $145,234 at December 31, 2022 and 2021, respectively, for future compensated leave time that its employees have earned and which is vested with the employee.

Income Taxes

The Agency is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Internal Revenue Service has determined the Agency to be other than a private foundation. The Agency is also exempt from the New Hampshire Business Enterprise Tax.

Accounting Standard Codification No. 740, "Accounting for Income Taxes", establishes the minimum threshold for recognizing, and a system for measuring, the benefits of tax return positions in financial statements. Management has analyzed the Agency's tax position taken on its information returns for the previous three tax years and has concluded that no additional provision for income taxes is necessary in the Agency's financial statements.

Cash and Cash Equivalents

The Agency considers all highly liquid financial instruments with original maturities of three months or less to be cash equivalents.

Revenue Recognition Policy

The Agency derives revenue from grants, fees for services, donations, public support, and fundraising. Revenues are recognized when control of these services are transferred to customers, in an amount that reflects the consideration the Agency expects to be entitled to in exchange for those services. Cost incurred to obtain a contract will be expensed as incurred when the amortization period is less than a year.

Academy Street derives revenue from the rental of apartment units. Revenues are recognized as income, monthly, when rents become due and control of the apartment units is transferred to the lessees. Control of the leased units is transferred to the lessee in an exchange for the leased units. The cost incurred to obtain a lease will be expensed as incurred.

Use of Estimates

The presentation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Advertising Expenses

The Agency expenses advertising costs as they are incurred. Total advertising costs for the years ended December 31, 2022 and 2021 amounted to $72,759 and $32,082, respectively.

Debt Issuance Costs

As required under FASB Accounting Standards Update No. 2015-03, amortization expense for the years ended December 31, 2022 and 2021 amounted to $3,376 and $2,970 and has been included with interest expense in the consolidated statement of activities for each year. The unamortized deferred financing costs have been included as a reduction of the long term debt (see **Note 9**).

In-kind Contributions

The Agency pays below-market rent for the use of certain facilities. In accordance with generally accepted accounting principles, the difference between amounts paid for the use of the facilities and the fair value of the rental space has been recorded as an in-kind donation and as an in-kind expense in the accompanying financial statements. The estimated fair value of the donation was determined to be $14,772 and $185,979 for the years ended December 31, 2022 and 2021, respectively.

The Agency also receives contributed food commodities and other goods that are required to be recorded in accordance with FASB ASC No. 958. The estimated fair value of these food commodities and goods was determined to be $968,268 and $5,040, respectively, for the year ended December 31, 2022. For the year ended December 31, 2021, the estimated fair value of these food commodities and goods was determined to be $594,404 and $3,895, respectively.

The Agency also receives contributed professional services that are required to be recorded in accordance with FASB ASC No. 958. The estimated fair value of these services was determined to be $113,778 for the year ended December 31, 2021. There were no contributed professional services for the year ended December 31, 2022.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, costs have been allocated among the program services and supporting activities benefited. Occupancy costs have been grouped and allocated to the programs as a line item. Such allocations have been determined by management on an equitable basis.

The expenses that are allocated include the following:

Expense	Method of allocation
Salaries and benefits	Time and effort
Occupancy	Square footage/revenues
Depreciation	Square footage
All other expenses	Approved indirect rate

New Accounting Pronouncements

In February 2016, the FASB issued ASU 2016-02, Leases, to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the statement of financial position and disclosing key information about leasing arrangements. In consideration of the most recent deferral of the ASU effective date as of the date of these financial statements, the ASU is effective for financial statements issued for fiscal years beginning after December 15, 2021 with early adoption permitted, using a modified retrospective approach. The Agency adopted the provisions of ASU 2016-02 during 2022.

In September 2020, the FASB issued Accounting Standards Update (ASU) No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, intended to improve transparency in the reporting of contributed nonfinancial assets, also known as gifts-in-kind, for not-for-profit organizations. Examples of contributed nonfinancial assets include fixed assets such as land, buildings, and equipment; the use of fixed assets or utilities; materials and supplies, such as food or clothing; intangible assets; and recognized contributed services. The ASU requires a not-for-profit organization to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash or other financial assets. It also requires certain disclosures for each category of contributed nonfinancial assets recognized. The Agency adopted the provisions of ASU 2020-07 during 2022.

NOTE 2. PROPERTY

As of December 31, 2022 and 2021, property consisted of the following:

	2022	2021
Land, buildings and improvements	$ 6,181,672	$ 6,324,193
Furniture, equipment and machinery	398,645	340,883
Vehicles	350,136	350,136
Total	6,930,453	7,015,212
Less accumulated depreciation	1,125,834	905,190
Net property	$ 5,804,619	$ 6,110,022

NOTE 3. RESTRICTED CASH BALANCES

Certain cash accounts have been established and are being funded in accordance with a regulatory agreement entered into between Academy Street and New Hampshire Housing as discussed below. All reserves are required to be held in qualified New Hampshire financial institutions that are insured by the FDIC.

Operating Reserve

Under the regulatory agreement, Academy Street is required to establish an operating reserve. The operating reserve was established during the year ended December 31, 2021 and funded during the year ended December 31, 2022.

Replacement Reserve

Under the regulatory agreement, Academy Street is required to set aside amounts for the replacement of property and other expenditures approved by New Hampshire Housing. Additionally, Academy Street is required to make monthly payments to the reserve. The reserve was properly funded during 2022 and 2021.

Insurance and Real Estate Tax Escrows

Academy Street is required to establish a reserve to fund tax and insurance payments in the project. Amounts are to be deposited on a monthly basis to accrue a sufficient balance to pay future tax and insurance bills of the project. As of December 31, 2022 and 2021, the balance in the reserves for tax and insurance escrows was properly funded.

NOTE 4. LIQUIDITY AND AVAILABILITY

The following represents the Agency's financial assets as of December 31, 2022 and 2021:

	2022	2021
Financial assets at year end:		
Cash and cash equivalents	$ 1,355,108	$ 1,550,537
Accounts receivable	2,556,852	2,130,211
Contributions receivable	50,000	12,600
Restricted cash	29,455	18,991
Total financial assets	3,991,415	3,712,339
Less amounts not available to be used within one year:		
Restricted cash	29,455	18,991
Board designated funds	307,315	307,315
Financial assets available to meet general expenditures over the next twelve months	$ 3,654,645	$ 3,386,033

The Agency's goal is generally to maintain financial assets to meet 30 days of operating expenses. As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts.

NOTE 5. ACCOUNTS RECEIVABLE

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year end. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The allowance for uncollectible accounts was estimated to be zero at December 31, 2022 and 2021. The Agency has no policy for charging interest on overdue accounts.

NOTE 6. CONTRIBUTIONS RECEIVABLE

Contributions receivable represent promises to give, which have been made by donors but have not yet been received by the Agency. The Agency considers contributions receivable to be fully collectible; accordingly, no allowance for contributions receivable has been recorded.

Total unconditional promises to give were as follows at December 31, 2022 and 2021:

	2022	2021
Within one year	$ 30,000	$ 8,500
In two to five years	20,000	4,100
	$ 50,000	$ 12,600

NOTE 7. PLEDGED ASSETS

As described in **Note 8**, all assets of the Agency are pledged as collateral under the Agency's demand note payable agreement. As described in **Note 9**, the building of the Agency is pledged as collateral under the Agency's mortgage note payable agreement.

NOTE 8. DEMAND NOTE PAYABLE

The Agency has available a revolving line of credit with a bank in the amount of $250,000. The note is payable upon demand. Interest is stated at the prime rate plus 1% which resulted in an interest rate of 8.50% at December 31, 2022 and 4.25% at December 31, 2021. The note is collateralized by all the assets of the Agency. There was no outstanding balance on the demand note payable as of December 31, 2022 and 2021.

NOTE 9. LONG TERM DEBT

The long term debt at December 31, 2022 and 2021 consisted of the following:

	2022	2021
Mortgage payable to Kennebunk Savings Bank which had interest only payments for 36 months followed by principal and interest payments for 264 months. During the year ended December 31, 2022 the note was refinanced to a fixed interest rate of 4.25% for the first ten years resulting in monthly principal and interest payments of $11,170. On April 26, 2032, and on that date every year thereafter, principal and interest payments will adjust to 1.50% above the highest U.S Prime Rate as published in the Wall Street Journal on the applicable change date, with a floor rate of 4%. The note matures in 2043. The mortgage payable is secured by real estate.	$ 1,846,509	$ 1,909,874
5.00% notes payable to the New Hampshire Community Loan Fund with monthly principal and interest payments of $3,251, maturing October 2037. The notes are secured by real estate.	406,854	668,143
5.75% note payable to First Seacoast Bank with monthly principal and interest payments of $493. The note was secured by real estate and was paid off during 2022.	-	31,261
Non-interest bearing note payable to New Hampshire Housing deferred until April 21, 2060 or until the project is sold, refinanced or surplus cash is available. The note is secured by real estate.	785,889	785,889

	2022	2021
Non-interest bearing note payable to New Hampshire Housing deferred until July 1, 2051 or until the project is sold, refinanced or surplus cash is available. The note is secured by real estate.	25,755	25,755
Total long term debt before current portion of long term debt and unamortized debt issuance costs	3,065,007	3,420,922
Current portion of long term debt	(95,690)	(134,868)
Unamortized debt issuance costs	(60,833)	(64,209)
Total long term debt	$ 2,908,484	$ 3,221,845

The schedule of maturities of long term debt at December 31, 2022 is as follows:

Year Ended December 31	Amount
2023	$ 95,690
2024	79,218
2025	82,809
2026	86,562
2027	90,488
Thereafter	2,630,240
Total	$ 3,065,007

NOTE 10. NET ASSETS

At December 31, 2022 and 2021, net assets with donor restrictions consisted of the following:

	2022	2021
Building campaign	$ -	$ 59,447
Whole family	42,755	67,355
COVID related	120,546	124,546
Homeless outreach	-	8,317
Fuel assistance	142,484	80,164
Weatherization	-	18,800
Total	$ 305,785	$ 358,629

At December 31, 2022 and 2021, net assets without donor restrictions consisted of the following:

	2022	2021
Undesignated	$ 4,327,547	$ 4,226,622
Board designated	307,315	307,315
Total net assets without donor restrictions	$ 4,634,862	$ 4,533,937

NOTE 11. OPERATING LEASES

Facilities occupied by the Agency for its community service programs are rented under the terms of various leases. For the years ended December 31, 2022 and 2021, the annual lease/rent expense for the leased facilities was $90,501 and $250,736, respectively.

The Agency accounts for its operating leases under FASB ASC 842. As such, a right of use ("ROU") asset and corresponding lease liability are recorded in the statement of financial position. ROU assets represent the Agency's right to use an underlying asset for the lease term and the lease liabilities represent their obligation to make the lease payments arising from the lease.

Operating lease ROU assets and liabilities are recognized at commencement date based on the present value of lease payments over the lease term. The discount rate related to the Agency's lease liability as of December 31, 2022 was 3.75%, which is based upon the risk free borrowing rates commensurate with the lease term. At December 31, 2022, the right of use asset and liability is $146,825.

Common expenses, classified as occupancy costs in the accompanying consolidated financial statements, are considered a non-lease component under FASB ASC 842 and are recognized as costs as incurred.

Lease liability maturities as of December 31, 2022 is as follows:

Year Ending December 31	Amount
2023	$ 69,901
2024	38,401
2025	6,901
2026	6,901
2027	6,901
Thereafter	31,044
Total undiscounted lease liability	160,049
Less imputed interest	(13,224)
Total lease liability	$ 146,825

NOTE 12. RETIREMENT PLAN

The Agency maintains a 403(b) Plan and Trust (the Plan) covering substantially all employees. Employee contributions to the Plan are made at predetermined rates elected by employees. Additionally, the Agency provides a matching contribution equal to 25% of the employee's contribution up to 5% of the employee's compensation. Effective April 1, 2016, the Agency instituted an auto enrollment feature mandating a minimum 1% employee contribution; however, employees reserve the right to decline the auto enrollment. Employer matching contributions for the years ended December 31, 2022 and 2021 totaled $32,526 and $17,696, respectively.

NOTE 13. CONCENTRATION OF RISK

The Agency receives a majority of its support from federal and state governments. For the years ended December 31, 2022 and 2021, approximately 96% and 91%, respectively, of the Agency's total revenue was received from federal and state governments. If a significant reduction in the level of support were to occur, it would have a significant effect on the Agency's programs and activities.

NOTE 14. CONCENTRATION OF CREDIT RISK

The Agency maintains its cash balances at several financial institutions in New Hampshire. The balances are insured by the Federal Deposit Insurance Corporation up to $250,000. The Agency maintains an agreement with its primary financial institution to collateralize the balances in excess of $250,000.

NOTE 15. CONTINGENCIES

The Agency receives grant funding from various sources. Under the terms of these agreements, the Agency is required to use the funds within a certain period and for purposes specified by the governing laws and regulations. If expenditures were found not to have been made in compliance with the laws and regulations, the Agency might be required to repay the funds. No provisions have been made for this contingency because specific amounts, if any, have not been determined or assessed as of December 31, 2022 and 2021.

NOTE 16. RENTAL INCOME RECEIVABLE

During the year ended December 31, 2022, and subsequent to year end, Academy Street entered into four separate rental agreements for use of their four apartments. The rental agreements have differing expirations ranging from April 2023 through April 2024. Monthly payments for the agreements ranged from $1,168 to $1,394 and are due the first day of each month.

The approximate future rental payments owed on the above leases are as follows:

Year Ended December 31	Amount
2023	$ 36,678
2024	11,152
Total	$ 47,830

NOTE 17. PAYCHECK PROTECTION PROGRAM

During 2020, the Agency received funds under the Payroll Protection Program (PPP). The PPP was established as part of the Coronavirus Aid, Relief and Economic Security Act (CARES ACT). The PPP provided loans for qualifying businesses for amounts up to 2.5 times the average monthly payroll expenses of the qualifying business. The loans and accrued interest are forgivable after twenty-four weeks as long as the borrower used the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities, and maintained its payroll levels. The amount of the loan forgiveness may be reduced if the borrower terminates employees or reduces salaries during the twenty-four-week period.

During the year ended December 31, 2021, the Agency applied for and received full forgiveness and therefore, recognized $97,500 as grant revenue in the accompanying consolidated statement of activities for the year ended December 31, 2021.

NOTE 18. DOVER DAYCARE LEARNING CENTER

During the year ended December 31, 2021, the Agency acquired all of the assets and liabilities of Dover Daycare Learning Center (the Center). Total assets and liabilities acquired were approximately $591,000 and $284,000, respectively. The Agency received $391,856 in revenue as a result of the acquisition, which is included in other revenue in the accompanying consolidated statement of activities for the year ended December 31, 2021.

NOTE 19. BUILDING IMPROVEMENT CONTRIBUTION

During the year ended December 31, 2021, Academy Street received a contribution in the form of building improvements to the property from a weatherization program managed by the Agency. The improvements totaled $170,288 and are recorded as property and other revenue in the December 31, 2021 financial statements.

NOTE 20. RECLASSIFCATIONS

Certain reclassifications have been made to the prior year's financial statements, which was taken from the December 31, 2021 financial statements, to conform to the current year presentation.

NOTE 21. SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Nonrecognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date but arose after that date. Management has evaluated subsequent events through June 15, 2023, the date the consolidated financial statements were available for issuance.

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATING STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2022

	CAPSC	Academy Street Family Housing, LLC	Total	Consolidating Adjustments	Consolidated
ASSETS					
CURRENT ASSETS					
Cash and cash equivalents	$ 1,281,098	$ 74,010	$ 1,355,108	$ -	$ 1,355,108
Accounts receivable	2,555,440	1,412	2,556,852	-	2,556,852
Contributions receivable	50,000	-	50,000	-	50,000
Due from affiliate	9,123	-	9,123	(9,123)	-
Inventory	501,752	-	501,752	-	501,752
Prepaid expenses	52,046	-	52,046	-	52,046
Current portion of right of use asset	65,513	-	65,513	-	65,513
Total current assets	4,514,972	75,422	4,590,394	(9,123)	4,581,271
NONCURRENT ASSETS					
Restricted cash	-	29,455	29,455	-	29,455
Security deposits	5,226	3,201	8,427	-	8,427
Property, net of accumulated depreciation	4,932,628	871,991	5,804,619	-	5,804,619
Other noncurrent assets	25,503	-	25,503	-	25,503
Right of use asset, less current portion shown above	81,312	-	81,312	-	81,312
Total noncurrent assets	5,044,669	904,647	5,949,316	-	5,949,316
TOTAL ASSETS	$ 9,559,641	$ 980,069	$ 10,539,710	$ (9,123)	$ 10,530,587
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Current portion of long term debt	$ 75,785	$ 19,905	$ 95,690	$ -	$ 95,690
Accounts payable	425,562	20,396	445,958	-	445,958
Accrued payroll and related taxes	129,018	-	129,018	-	129,018
Accrued compensated absences	205,528	-	205,528	-	205,528
Due to affiliate	-	9,123	9,123	(9,123)	-
Refundable advances	1,581,774	-	1,581,774	-	1,581,774
Other current liabilities	72,704	758	73,462	-	73,462
Current portion of right of use liability	65,513	-	65,513	-	65,513
Total current liabilities	2,555,884	50,182	2,606,066	(9,123)	2,596,943
NONCURRENT LIABILITIES					
Long term debt, less current portion shown above	2,133,018	775,466	2,908,484	-	2,908,484
Security deposits	-	3,201	3,201	-	3,201
Right of use liability, less current portion shown above	81,312	-	81,312	-	81,312
Total noncurrent liabilities	2,214,330	778,667	2,992,997	-	2,992,997
Total liabilities	4,770,214	828,849	5,599,063	(9,123)	5,589,940
NET ASSETS					
Without donor restrictions	4,483,642	151,220	4,634,862	-	4,634,862
With donor restrictions	305,785	-	305,785	-	305,785
Total net assets	4,789,427	151,220	4,940,647	-	4,940,647
TOTAL LIABILITIES AND NET ASSETS	$ 9,559,641	$ 980,069	$ 10,539,710	$ (9,123)	$ 10,530,587

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATING STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2022

	CAPSC	Academy Street Family Housing, LLC	Consolidated
CHANGE IN NET ASSETS			
REVENUES AND OTHER SUPPORT			
Grant revenue	$ 42,329,510	$ -	$ 42,329,510
Fees for service	1,976,344	-	1,976,344
Rent revenue	-	58,600	58,600
Public support	628,345	-	628,345
In-kind donations	988,080	-	988,080
Interest	199	203	402
Fundraising	167,764	-	167,764
Other revenue	1,216	-	1,216
Gain on disposal of property	27,491	-	27,491
Total revenues and other support	46,118,949	58,803	46,177,752
EXPENSES			
Program services			
Child services	5,120,775	-	5,120,775
Community services	2,123,402	-	2,123,402
Energy assistance	4,158,324	-	4,158,324
Housing	31,455,192	81,104	31,536,296
Weatherization	1,791,979	-	1,791,979
Total program services	44,649,672	81,104	44,730,776
Supporting activities			
Management and general	1,179,649	-	1,179,649
Fundraising	219,246	-	219,246
Total expenses	46,048,567	81,104	46,129,671
CHANGE IN NET ASSETS	70,382	(22,301)	48,081
NET ASSETS, BEGINNING OF YEAR	4,719,045	173,521	4,892,566
NET ASSETS, END OF YEAR	$ 4,789,427	$ 151,220	$ 4,940,647

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2022

FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/PROGRAM TITLE	ASSISTANCE LISTING NUMBER	PASS-THROUGH GRANTOR'S NAME	GRANTOR'S NUMBER	FEDERAL EXPENDITURES	
U.S. Department of Agriculture					
Child and Adult Care Food Program	10.558	State of New Hampshire Department of Education	4300-ZZZ		$ 88,020
Child Nutrition Cluster					
Summer Food Service Program for Children	10.559	State of New Hampshire Department of Education	4300-ZZZ	$ 130,720	
National School Lunch Program	10.555	State of New Hampshire Department of Education	At-Risk After School Care Centers	71,833	202,553
Food Distribution Cluster					
Emergency Food Assistance Program	10.569	Belknap-Merrimack Community Action Partnership	None	4,500	
Emergency Food Assistance Program (Food Commodities)	10.569	Belknap-Merrimack Community Action Partnership	None	968,268	972,768
Total U.S. Department of Agriculture					$ 1,263,341
U.S. Department of Housing and Urban Development					
Supportive Housing for the Elderly	14.157	Dover Housing Authority	Dover Housing Authority		$ 29,936
Community Development Block Grants / Entitlement Grants	14.228	Strafford County, NH CDFA	20-409-CDPS-CV		259,235
CDBG Entitlement Grants Cluster					
Community Development Block Grants / Entitlement Grants	14.218	City of Dover, New Hampshire	City of Dover	23,067	
Community Development Block Grants / Entitlement Grants	14.218	City of Rochester, New Hampshire	City of Rochester	71,048	94,115
CV-Emergency Solutions Grant Program	14.231	State of New Hampshire Department of Health and Human Services	05-95-42-423010-7927		91,134
Continuum of Care	14.267	State of New Hampshire Department of Health and Human Services		107,230	
Continuum of Care	14.267	State of New Hampshire Department of Health and Human Services		174,283	281,513
Supportive Housing Program	14.235	State of New Hampshire Department of Health and Human Services	010-092-7176-102-0415		20,670
Total U.S. Department of Housing and Urban Development					$ 776,603
U.S Department of Homeland Security			593800-035		$ 6,559
Emergency Food and Shelter National Program	97.024	United Way			
Total U.S. Department of Homeland Security					$ 6,559
U.S. Department of Energy					
Weatherization Assistance for Low-Income Persons	81.042	State of New Hampshire Governor's Office of Energy & Community Services	01-02-02-024010-7706-074-500587		$ 234,713
Total U.S. Department of Energy					$ 234,713
U.S. Department of the Treasury					
Emergency Rental Assistance Program	21.023	State of New Hampshire, NHHFA		30,468,126	
Emergency Rental Assistance Program	21.023	State of New Hampshire, NHHFA	Administration	223,074	$ 30,691,200
Total U.S. Department of the Treasury					$ 30,691,200

See Notes to Schedule of Expenditures of Federal Awards

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2022

FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/PROGRAM TITLE	ASSISTANCE LISTING NUMBER	PASS-THROUGH GRANTOR'S NAME	GRANTOR'S NUMBER	FEDERAL EXPENDITURES	
U.S. Department of Health & Human Services					
Aging Cluster					
Special Programs for the Aging - Title III, Part B	93.044	State of New Hampshire Division of Elderly and Adult Services	010-048-7872-512-0352	2,433	
Special Programs for the Aging - Title III, Part B	93.044	State of New Hampshire Department of Health and Human Services, NTS	05-95-48-48010-78720000-512-500352	37,350	$ 39,783
Maternal, Infant, Early Childhood Homevisiting Program	93.870	State of New Hampshire Department of Health and Human Services, DPH, BPHCS, Maternal & Health Section	05-95-90-902010-5896		253,955
Promoting Safe and Stable Families	93.556	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29730000-102-500734-42107306		50,233
Temporary Assistance for Needy Families	93.558	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-045-450010-61460000-502-500891-42106603		88,610
Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	1,218,388	
ARPA-Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	2,812,510	
Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	396,103	4,427,001
Community Services Block Grant	93.569	State of New Hampshire, DHHS, DFA	010-045-7148-093-0415	408,788	
CV-Community Services Block Grant	93.569	State of New Hampshire, DHHS, DFA	G-19B1NHCOSR	120,513	529,301
CCDF Cluster					
ARPA - Child Care and Development Block Grant	93.575	State of New Hampshire, DHHS	177200		99,483
Head Start Cluster					
Head Start	93.600	Direct Funding	01CH01149601 & 602, 01HP00025002	1,968,681	
Early Head Start	93.600	Direct Funding	01CH01149601C3, 01HE00051501C6	1,574,807	3,543,488
Maternal and Child Health Services Block Grant to States	93.994	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-090-51900000-102-500731-90004009		13,398
Stephanie Tubbs Jones Child Welfare Program	93.645	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29680000-102-500734-42106802		1,987
Social Services Block Grant	93.667	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29660000-102-500734-42106603		188,424
Total U.S. Department of Health & Human Services					$ 9,235,663
TOTAL					**$ 42,208,079**

See Notes to Schedule of Expenditures of Federal Awards

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 1. BASIS OF PRESENTATION

The accompanying schedule of expenditures of Federal Awards (the Schedule) includes the federal award activity of Community Action Partnership of Strafford County under programs of the federal government for the year ended December 31, 2022. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Community Action Partnership of Strafford County, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Agency.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

NOTE 3. INDIRECT COST RATE

Community Action Partnership of Strafford County has elected not to use the ten percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 4. FOOD DONATION

Nonmonetary assistance is reported in the Schedule at the fair value of the commodities received and disbursed.

NOTE 5. SUBRECIPIENTS

Community Action Partnership of Strafford County had no subrecipients for the year ended December 31, 2022.

Leone, McDonnell & Roberts
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
DOVER • WOLFEBORO
NORTH CONWAY

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors of
Community Action Partnership of Strafford County

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Community Action Partnership of Strafford County (a New Hampshire nonprofit organization), which comprise the statements of financial position as of December 31, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows, and the related notes to the financial statements, and have issued our report thereon dated June 15, 2023.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Community Action Partnership of Strafford County's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Community Action Partnership of Strafford County's internal control. Accordingly, we do not express an opinion on the effectiveness of Community Action Partnership of Strafford County's internal control.

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

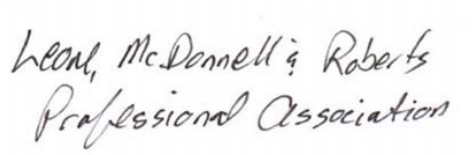
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies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

Compliance and Other Matters

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

Purpose of this Report

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



Dover, New Hampshire
June 15, 2023

Leone, McDonnell & Roberts
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
DOVER • WOLFEBORO
NORTH CONWAY

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

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

To the Board of Directors of
Community Action Partnership of Strafford County

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Community Action Partnership of Strafford County's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Community Action Partnership of Strafford County's major federal programs for the year ended December 31, 2022. Community Action Partnership of Strafford County's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Community Action Partnership of Strafford County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2022.

Basis for Opinion on Each Major Federal Program

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

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

Responsibilities of Management for Compliance

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

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Community Action Partnership of Strafford County's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Community Action Partnership of Strafford County's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

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

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

Report on Internal Control over Compliance

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

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

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

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

Leone, McDonnell & Roberts
Professional Association

Dover, New Hampshire
June 15, 2023

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2022

A. SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unmodified opinion on whether the financial statements of Community Action Partnership of Strafford County were prepared in accordance with GAAP.

2. No significant deficiencies relating to the audit of the financial statements are reported in the *Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*. No material weaknesses are reported.

3. No instances of noncompliance material to the financial statements of Community Action Partnership of Strafford County, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.

4. No significant deficiencies in internal control over major federal award programs are reported in the *Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance.* No material weaknesses are reported.

5. The auditors' report on compliance for the major federal award programs for Community Action Partnership of Strafford County expresses an unmodified opinion on all major federal programs.

6. There were no audit findings that would be required to be reported in accordance with 2 CFR section 200.516(a).

7. The programs tested as major were: U.S. Department of Agriculture, Emergency Food Assistance Program (Food Commodities), ALN 10.569 and U.S. Department of the Treasury, Emergency Rental Assistance Program, ALN 21.023.

8. The threshold used for distinguishing between Type A and B programs was $750,000.

9. Community Action Partnership of Strafford County was determined to not be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENTS AUDIT

None

C. FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAMS AUDIT

None

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization My Friend's Place	**Tax ID** 02-0407497
Name of Program or Project Emergency Shelter and transitional Housing	
Name of Executive Director Susan Ford	
Mailing Address 368 Washington Street, Dover, NH 03820 **Physical Address** SAA	
Contact Person Susan Ford	**Phone** 603-749-3017
E-Mail sford@myfriendsplacenh.org	**Website** www.myfriendsplacenh.org
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* ☒ 501(c)(3) For-profit authorized under 570.201(o) Unit of Government Faith-based Organization Institution of Higher Education Other (Explain):	
Tax ID # 02-0407497	
***UEI # (DUNS REPLACEMENT)** NHTBK7J56F76	***SAM Expiration Date** 2/28/24

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 30,625 **Total amount Required to fund activity/project: $ 60,625**
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) New roof and siding of the existing barn storage building

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 368 Washington Street, Dover, NH 03820

BENEFICIARIES
Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) **Homeless Men, Women and Families**
Beneficiaries: **For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year):** 25 **For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population:** 17 * the shelters numbers are low due to closure in May to replace our sprinkler system

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): No

If so, how much?

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: __XX__ **Yes** _____ **No**

If yes, are the criteria/protocols in writing?: __XX__ **Yes** _____ **No**

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Rochester low-moderate income individuals.

The barn storage building is critical to how we serve our clients. We use the barn to store 3 things. 1. Donations of furniture, mattresses, bed frame, small and large kitchen appliances, washer and dryers, dishes, pots, pans, lamps, etc. We use these items for clients that are moving out of the shelter and into permanent housing as well as to restock the shelter when needs arise as well as our 4 transitional housing units. The second thing we use the barn to store is resident belongings that are either not allowed in the shelter, are over the number of items they are allowed or will not fit. For example, we will often get people that have a storage shed but not that much in it and we want them to save their funds so we will bring that over to the barn to store until they move on at no charge, or when they come with a car full of things like coolers, storage bins small appliances, game stations or the like that are not allowed in the shelter. The third thing we need the barn for is to store all our maintenance equipment such as large tools, lawn mower, compressor, paint sprayer, paint, lawn equipment, rakes, shovels, salt and sand, etc. We are in despite need this year for this rehab to be done as our insurance company will no longer ensure the barn until we replace the roof and fix the rotten facia boards and missing side shingles. See picture of barn included in the estimate. You will see moss growing on a large portion of the roof and the amount of wood rot.

Please indicate who prepared the overall cost estimate for the activity.
Paragon Roofing for both roof and siding.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project: Rehab of the outside of the barn. This includes removal of all shingles on the roof and sides of the barn, replacing the plywood on the roof and shingles. Removal of any rotten wood from the sides of the barn and window frames and then siding all 4 walls of the barn including wrapping the window and door frames.

Describe how the project will ultimately benefit Rochester low/moderate income individuals or Rochester presumed benefit populations : Most residents who come to us need us to store some amount of their belongings in the barn, we will not be able to do this without rehabbing the barn. Most clients that come to us also need assistance with items when they move to housing, again we will not be able to do this without rehabbing the barn.

Describe how the project addresses natural hazards such as the prevention of flooding, mitigation of winter storms, potential soil erosion, etc. (if applicable) N/A

Proposed project starting date: As soon as funds are available, the project goes out to bid and schedules of contractors allow.

Proposed project completion date: Spring 2025 (This is because of the CDBG process of environment review etc., bid process and funds availability.

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

We were only able to acquire one estimate in time for this grant. Most companies are not interested in writing an estimate when they know the funding will not be available for an additional year.

PERFORMANCE OUTCOME MEASURES

Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	**Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.**
We will be able to store items from residents in the barn and save them the cost of storage fees	**How much funds the residents waste on storage fees**
We will be able to keep the insurance on the barn structure	**If anything is damaged in the barn it will not be covered by insurance**

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. My Friend's Place Emergency Shelter and Transitional Housing program. MFP has been serving single men, woman and families experiencing homelessness for over 30 years.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? No

If yes, please note the agency/program and how often the evaluation occurs.

BOARD OF DIRECTORS

Name	Residence (city/town)
FX Bruton, Esq., President	Dover, NH
Stan Robbins, Vice President	Dover, NH
Robert Fuller, CPA, Treasurer	Dover, NH
Janet Insolia, Secretary	Dover, NH
Phyllis LaPointe, Member	Barrington, NH
John Lewis, Esq., Member	Durham, NH
Vicki Roundy, Esq., Member	Barrington, NH
Jacqueline Williams, Member	Dover, NH
Brad Gould, Member	Dover, NH
Debra Hackett, Member	Dover, NH
Erica Johnson, Member	Dover, NH
John Doane, Member	Barrington, NH

Mark Bowen, Member	Greenland, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

2. Public Facilities			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list) Barn roof	$10,825	$7,000	$17,825
Barn siding	$19,800	$22,000	$42,800
Total Hard Costs	***$30,625***	***$30,000***	***$60,625***
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

* Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***. *Do not include Dover CDBG amount requested.*

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:		**$0**	
State:	Committed: Pending: Proposed:		**$0**	
Local:	Committed: Pending: Proposed:		**$0**	
Private:	Committed: Pending: Proposed:		**$0**	
Portsmouth CDBG:	Committed: Pending: Proposed:		**$0**	

Rochester CDBG:	Committed: Pending: Proposed:	 **$30,300**	**$30,000**	**We propose that Dover share the cost with Rochester for the total of this project**
Other:	Committed: Pending: Proposed:		**$0**	
Total:	Committed: Pending: Proposed:		**$30,000**	

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	**Committed, Pending or Proposed Amount ($)**		**Explanation**
	Committed: Pending: Proposed:	**$0** **$0** **$0**	**MFP unfortunately does not have the wiggle room in our budget to afford this type of project.**
Total:		$0	

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from July 1, 23 to June 30, 23	**Current Year**	**Next Year (projected)**
REVENUES		
Federal Funds	$14,000	$10,000
State Funds	$112,100	$110,000
Foundations/Private Contributions	$77,205	$80,000
United Way	$19,000	$10,000
Fundraising or other income	$195,200	$220,000
Other (describe) Direct Public Grants	$20,500	$25,000
Community Dev. Block Grant (include anticipated request)	$37,000	$40,000
TOTAL REVENUE	475,005	$495,000
EXPENSES		
Salaries	$286,612	$293,000
Fringe Benefits	$21,287	$23,000
Supplies (include printing/copying)	$15,300	$16,500
Travel	$1,050	$1,300
Training & Audit	$0	$0
Communications	$6,000	$6,500
Utilities (Heat, Elec, Water, Alarm Monitoring, Dumpster etc.)	$42,660	$45,000
Property Repairs & Maintenance	$29,500	$33,000
Contract Services	$9,420	$10,000
Resident Support Services and Volunteer Expenses	$1,300	$1,400

Insurance (Liability, Workers Comp, D & O	$29,619	$35,000
Misc Expenses (Bank Service Fees, Association dues, permits, Resident Support Services, Volunteer Expenses, Fundraising expenses, Advertisement)	$5,050	$6,500
TOTAL EXPENSES	$447,798	$471,200
NET (Income - Expenses)	**27,207**	**23,800**

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	FEMA			$14,000	$14,000
Direct Program	EFSP				
Passed Through	United Way			$	$
Total Expenditure of Federal Awards				***$14,000***	***$14,000***
NH Dept. of	DHHS			$112,100	$112,100
	SGIA				
Total State and Local Awards				***$112,100***	***$112,100***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$126,100**	**$126,000**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



SIGNATURE

11/14/23

DATE

Susan Ford

PRINTED NAME

Executive Director

TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	My Friend's Place
Address of the entity including:	368 Washington Street, Dover, NH 03820
Place of performance including:	SAA
Congressional district	First
Total compensation and names of top five executives*	**1.** Susan Ford, 60,800 Salary ($71,624 with Fringe)
	2.
	3.
	4.
	5.
DUNS number	Sams Number **NHTBK7J56F76 expires 2/28/24**
Central Contractors Registration (CCR) number**	Cage Code 37NQ5

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions. The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

Signature of Authorized Person

11/14/23
Date

Executive Director
Title

Shingles and Sheathing

11/14/2023

Paragon Roofing Co.
128 Frank C Gilman Highway ,
Alton, NH
Phone: 603-581-4334

Company Representative
Megan Stanley
Phone: (603) 581-4334
paragonroofingnh@gmail.com

Susan Ford
368 Washington Street
Dover, NH 03820
(603) 534-7528

Job: Susan Ford

Roofing Section

- Remove existing shingles down to roof decking.
- Replace all new 5/8 sheathing roof deck at a price of $135 per sheet.
- Install 6' of GAF Weatherwatch or equivalent ice and water shield at all roof eaves, valleys and roof penetrations.
- Install GAF FeltBuster or equivalent Synthetic underlayment to keep roof dry.
- Install GAF ProStart Starter Shingles along all leading edges and rake edges.
- Install GAF Timberline HD Lifetime Dimensional Shingles per specifications using 1 ¼" roofing nails.
- Install GAF Seal-A-Ridge Hip & Ridge Shingles.
- Install new ridge vent.
- Install all new aluminum drip edge.
- Install new pipe and chimney flashings as needed.
- Install all materials per manufactures specifications.
- Clean up all job related debris.

- Shingle Color: TBD
- Drip edge color: TBD

- Our Crews are fully insured.
- Crews will maintain safety requirement at all times during the construction process
- Satellite removal and re-installation are the responsibility of the homeowner.

$17,825.00

Siding Section

- Remove existing siding down to wall sheathing.
- Re-Fasten any loose wood, If bad or rotten wood is discovered it will be replaced at a price of $105 per sheet
- Install new synthetic House Wrap.
- Install all new Certainteed- (Mainstreet) / Alside Coventry Double 4" Vinyl siding
- Install all new vented soffit in eves and new solid soffit at rake edges.
- Install all new bent aluminum coil trim on all facia, rake, and perimeter trim board.
- Install 4 new exterior composite doors to match existing.
- Replace all exterior light fixtures a list of approved light fixtures will be provided for you to choose from.
- Price does not include any type of Rot repair. Any additional work will be charged on a time and material basis which is as follows $75.00 per man Hr. and material cost plus %10.
- Install all materials per manufactures specifications
- Clean up all job-related debris.
- Install all new PVC trim on all fascia at a price of $30 a lineal foot.

siding color: White

- Our Crews are fully insured.
- Crews will maintain safety requirement at all times during the construction process
- Paragon Roofing will NOT be responsible for reinstallation of any satellite dishes.
- This is an estimated cost and prices are subject to change.
- This quote is good for a period of 30 days if you wish to proceed with this project after the 30-day time period the quote may need to be adjusted due to fluctuation in material costs.

	$42,800.00

TOTAL	$60,625.00

Starting at **$606/month** with Acorn FINANCE • APPLY

Included in this contract: Please read thoroughly and understand all aspects of this contract.

I, _____, understand that this start/completion date is an estimate and weather, material delays and other unforeseen circumstances may delay or escalate the project start and completion date. Initials_____.

I,_____, understand that the total roof cost is a professional estimate to the best of our companies ability at the time of written estimate. If unforeseen issues arise additional charges may apply to complete the job. No additional charges will be assessed without notice and approval of the property owner. Initials_____.

Signs will be left on the property for the duration of the project and be removed no later than 2 weeks after project completion. If signs are removed by property owner they are to be stored for pick up by an authorized representative of Paragon Roofing.

A 50% non-refundable deposit is due at the signing of this contract to secure materials and start date.

1. Shall any leaks occur after completion of the roofing system, inspections or repairs performed by the contractor shall be treated as warranty matters, as applicable, and such circumstances shall not be grounds for withholding payment of the contract price; Provided, however, if the roof membrane is installed over an existing system, contractor shall have no responsibility for water penetration or mold growth which may occur as a result of moisture contained from the previous roofing system.
2. Paragon Roofing Co. does herby certify that the roofing work to be performed, according to this contract, will be installed in strict accordance with all requirements of the plans and specifications and in accordance with approved manufactures specifications and recommendations in the best interest of the customer.
3. Paragon Roofing Co. agrees to provide all materials, labor, tools, and supervision required to perform the work described above. Work will be performed between the hours of 7:30am and 7:00pm Monday through Saturday or in accordance with town ordinances unless other agreements have been made.
4. All notices, requests, demands or other communications required or permitted by the terms of this agreement will be given in writing and delivered to the parties by the email (Paragonroofingnh@gmail.com) or; Paragon Roofing Co. - 128 Frank C. Gilman Hwy. Alton NH 03809 and to the client at the address listed above or to such other address deemed to be properly delivered within a timely manner.
5. Any amendment or modification to this agreement or additional obligations assumed by either party in connection with this agreement will be binding if evidenced in writing and signed by both parties or an authorized representative of both parties.
6. Interest paid on any overdue balances under this agreement is charged at a rate of 5% per year or $25.00 per month or at the maximum rate enforceable under applicable legislation, whichever is lower.
7. Both parties agree that this document is legally binding and will be governed by and construed in accordance with the laws of the state of New Hampshire.

*Please NOTE: It is the responsibility of the CUSTOMER to notify all occupants of the building prior to project start date. In addition please leave space for equipment by moving vehicles, trailers, boats, etc. away from the building and belongings from under roof eaves.

Company Authorized Signature _____ Date _____

Customer Signature _____ Date _____

Customer Signature _____ Date _____

HOVER **Roof Measurements**

368 Washington Street
DOVER, NH 03820



APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION			
Organization	DOVER HOUSING AUTHORITY		
Name of Program or Project	JACK BUCKLEY COMMONS ELEVATOR MODERNIZATION		
Name of Executive Director	RYAN M. CROSBY		
Mailing Address	62 WHITTIER STREET, DOVER, NH 03820		
Physical Address	62 WHITTIER STREET, DOVER, NH 03820		
Contact Person	RYAN M. CROSBY	**Phone**	603-742-5804
E-Mail	RYAN@DOVERHOUSINGAUTHORITY.ORG	**Website**	www.doverhousingauthority.org

Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)*

- ☒ 501(c)(3)
- ☐ For-profit authorized under 570.201(o)
- ☒ Unit of Government
- ☐ Faith-based Organization
- ☐ Institution of Higher Education
- ☐ Other (Explain):

Tax ID #	02-6001129		
SAM UEI #	P55LVAMB3DJ5	**SAM Expiration Date**	FEBRUARY 15, 2024

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*)
Modernization of elevator in elderly/disabled low-income residential building

PROJECT LOCATION
Location(s) where services will be provided, or physical improvements will be made.
Jack Buckley Commons – 18 Chapel Street, Dover, NH 03820

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.)

Low-income elderly, disabled individuals

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): *32*

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: *N/A*

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): *No*

If so, how much? *N/A*

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: __X___ Yes _____ No

If yes, are the criteria/protocols in writing?: __X___ Yes _____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project *(not the organization)*:

Describe the nature of the project:

The building at 18 Chapel Street was built by St. John's Methodist Episcopal Church in 1875. In 1981, Dover Housing Authority purchased the Chapel Street church building and converted it into housing for the elderly and the disabled, at which time the current elevator was installed (1982). In 2021, Dover Housing Authority renamed St. John's Apartments to Jack Buckley Commons. DHA seeks CDBG funds to complete modernization of the one (1) passenger elevator located in Jack Buckley Commons, 18 Chapel St., Dover, NH.

CDBG funds are being sought for this project due to the chronic underfunding of the Federal Public Housing program over many years and decades, resulting in deferred capital needs and old, outdated equipment. Over the years the capital fund program has been chronically underfunded each year. Nationwide, the backlog of unfunded capital projects has ballooned to an estimated $80 billion. These types of projects include repairing damaged roofs, replacing broken heating and air conditioning systems and replacing antiquated, broken

elevators — projects that directly affect the health and safety of the 1.2 million families living in public housing units across the country. DHA is not eligible to apply for CDBG funds through the CDFA because the City of Dover is a federally designated entitlement community that receives CDBG funds directly from the U.S. Department of Housing and Urban Development. However, we are an eligible recipient of these funds, and will utilize these funds to benefit residents living in Federally-subsidized housing.

During the modernization, a detailed list of parts to be replaced includes but is not limited to:

- *Remove existing and install new Solid State Soft Start*
- *Install new hoistway tape steel selector.*
- *Remove existing and install new conduit, hoistway & machine room.*
- *Install all new wiring.*
- *Replace gib assemblies with new two (2) Per Panel*
- *Install new handicap raised character adhesive backed braille plates.*
- *Remove existing and install new GAL MOVFR II Closed Loop Solid State Door Operator*
- *Remove existing and install new Solid State Detector Screen System*
- *Remove existing and install new formed steel car hangers and tracks.*
- *Remove existing and install new door clutch assembly.*

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations:

Access to an elevator is an important intervention for elderly, disabled people to remain in their homes longer. A safe, reliable elevator results in increased quality of life and financial savings (including, but not limited to home nursing care, primary healthcare services, specialized healthcare services and institutions). Increased accessibility can result in continued/longer living in own home, increased independence, safety, social participation, a decrease in falls (in stairs) and decreased social isolation and physical isolation caused by the characteristics of the building in which they live.

This project directly addresses multiple Goals and Objectives of the FY21-FY25 Consolidated Plan:

1. *Access to Services: the modernization of the elevator at JBC will provide increased opportunities to residents of JBC by providing accessible means to safely exit their residential units for educational, health, recreational, transportation and related human services.*
2. *Renter and Homeowner Assistance: the modernization of the elevator at JBC is building rehabilitation that will allow the residents to remain in safe, secure, affordable and accessible housing.*
3. *Public Improvements: the modernization of the elevator at JBC is an emergent need and accessibility requirement of the low-income elderly and disabled population that resides in the building.*
4. *Accessibility and Transportation: the modernization of the elevator at JBC removes the architectural barrier the current 41-year-old elevator creates, allowing access to social services and employment.*

Proposed project starting date: *September 2024*

Proposed project completion date: *28 weeks from start date; based on recent supply chain delivery and timing issues, all lead times are subject to review and change upon contract award.*

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): $200,740

Elevator Modernization: $111,240

- Booking Process: 2 Week(s)
- Survey Job Site: 2 Week(s)
- Release Orders: 1 Week(s)
- Submittal Preparation: 4 Week(s)
- Approval Process: 2 Week(s)
- Material Fabrication: 12 Week(s)
- Installation (Phase 1): 4 Week(s)
- Final System Test/Punch List: 1 Week(s)

Install New Wall Panels and Aluminum Frame Ceiling with LED Light Strips: $29,500

Additional Communication/Monitoring required by State of NH: $10,000

Work By Other Trades: $50,000

- Electrical
- Alarm
- HVAC
- General Builders Work

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.	
Outcome	**Measurement**
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	**Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.**
Decrease in service calls by residents	*Number of calls received by residents*
Decrease in costs for elevator maintenance/service calls	*Total amount spent on service calls in fiscal year after elevator modernization*

DESCRIPTION OF ORGANIZATION
Please provide a description for the organization or agency that is undertaking the activity or project.

Dover Housing Authority provides low to moderate income families, including the elderly, disabled and handicapped, the opportunity to live in decent, safe and sanitary housing within the community. DHA strives to create strong, sustainable, accessible, and inclusive communities and quality affordable homes.

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? *Yes*
If yes, please submit most recent audit or financial statements as an attachment to this application. *Attached*
Is your organization evaluated by outside agencies or programs? *Yes*
If yes, please note the agency/program and how often the evaluation occurs. *Fee Accountant - At least annually*

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
TIMOTHY GRANFIELD	Dover, NH
MARK S. MOELLER	Dover, NH
NOREEN BIEHL	Dover, NH
PATRICIA SILBERBLATT	Dover, NH
LAURIE SMITH-YOUNG	Dover, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:			

2. Public Facilities			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction	$200,740	$0	$200,740
Other (list)			
Total Hard Costs	$200,740	$0	$200,740
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:	$200,740	$0	$200,740

* Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***. *Do not include Dover CDBG amount requested.*

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount ($):		Total Amount ($)	Explanation
Federal:	Committed: Pending: Proposed:		$0.00	
State:	Committed: Pending: Proposed:		$0.00	
Local:	Committed: Pending: Proposed:		$0.00	
Private:	Committed: Pending: Proposed:		$0.00	
Portsmouth CDBG:	Committed: Pending: Proposed:		$0.00	
Rochester CDBG:	Committed:		$0.00	

	Pending: Proposed:			
Other:	Committed: Pending: Proposed:		$0.00	
Total:	Committed: Pending: Proposed:		$0.00	

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount ($)		Explanation
Dover Housing Authority	Committed: Pending: Proposed:	$50,000	Capital Funds received from HUD are divided up between three properties (AMP 3) at a $2,570 per unit funding calculation. DHA is proposing to obligate $50,000 from Capital Funds to cover unforeseen costs that will be encountered during this modernization as special considerations may have to be made due to the building's historic status.
Total:		$50,000	

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from Jul 1 to June 30	Current Year	Next Year (projected)
REVENUES		
Federal Funds	$1,036,387	$1,005,851
State Funds	$0	$0
Foundations/Private Contributions	$0	$0
United Way	$0	$0
Fundraising or other income	$0	$0
Other (describe) Dwelling Rent, Interest, Misc Charges, Reserves	$1,577,732	$1,700,027
Community Dev. Block Grant (include anticipated request)	$0	$200,740
TOTAL REVENUE	$2,614,119	$2,906,618
EXPENSES		
Salaries	$212,713	$229,143

Fringe Benefits	$105,295	$111,472
Supplies (include printing/copying)	$25,574	$29,301
Travel	$6,148	$4,006
Training	$9,222	$6181
Communications	$27,292	$31,500
Audit	$5,901	$5,952
Property Maintenance	$852,782	$1,037,023
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL OPERATING EXPENSE – SEE ATTACHED BUDGET FOR LINE ITEMS **TOTAL EXPENSES**	$2,260,313	$2,506,321
NET (Income - Expenses)	**$78,506**	**$233,297**

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	HUD			$472,790	$472,790
Direct Program	Capital Funds	NH01P00350123			
Passed Through				$	$
Total U.S. Dept. of	HUD			$472,790	$472,790
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				$472,790	$472,790
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$

Total State and Local Awards				$	$
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				$	$

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Ryan M. Crosby

SIGNATURE

11/17/2023

DATE

RYAN CROSBY

PRINTED NAME

EXECUTIVE DIRECTOR

TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	Dover Housing Authority
Address of the entity including:	62 Whittier Street, Dover, NH 03820
Place of performance including:	62 Whittier Street, Dover, NH 03820
Congressional district	New Hampshire 01
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	035939487
Central Contractors Registration (CCR) number**	39PC8

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions. The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

Ryan M Cox

Signature of Authorized Person

11/17/2023
Date

EXECUTIVE DIRECTOR
Title

HYDRAULIC PASSENGER ELEVATOR MODERNIZATION PROPOSAL

Dover Housing Authority

Jack Buckley Commons

18 Chapel Street
Dover, NH

Proposal Number: 10061

Date: 7/24/2023

Prepared For:

Dover Housing Authority
62 Whittier Street
Dover, NH 03820-2994

Prepared By:

Kelly Ray
Cell: (603) 204-8900
Stanley Elevator Company, Inc.
9 Henry Clay Drive, Merrimack, NH 03054
Email: kray@stanleyelevator.com
FOR SERVICE DIAL: 1-800-258-1016

Stanley Elevator Company, Inc. is pleased to offer you our proposal to furnish all labor and material required to complete the modernization of one (1) passenger elevator located in Jack Buckley Commons, 18 Chapel St., Dover, NH. The modernization work will be based on the following detail of work:

SCHEDULE OF EXISTING EQUIPMENT:

	EXISTING	**PROPOSED**
A. ELEVATOR I.D #:	ID: NHE 1737 CAR# 1	Retain Existing
B. ELEVATOR TYPE:	Hydraulic	Retain Existing
C. CLASSIFICATION:	Passenger	Retain Existing
D. OPERATION:	Simplex	Retain Existing
E. FUNCTION:	General Public Use	Retain Existing
F. SPEED:	140 FPM	Retain Existing
G. CAPACITY:	2500 LBS.	Retain Existing
H. STOPS:	4	Retain Existing
I. OPENINGS:	Front 4 / Rear 0	Retain Existing
J. LANDINGS SERVED:	1,2,3,4	Retain Existing
K. ENTRANCE TYPE:	Single Speed / Center Opening / Power	Retain Existing
L. ENTRANCE SIZE:	42" X 84"	Retain Existing
M. MAIN LINE Voltage:	208 Volts – 3 Phase – 60 cycle	Retain Existing
N. OEM:	ESCO	
O. YEAR INSTALLED:	1982	

MAJOR HYDRAULIC PASSENGER ELEVATOR COMPONENTS

MACHINE ROOM EQUIPMENT:

1. Elevator Control: Remove Existing and Install New Non-proprietary, Microprocessor Controls Manufactured by: Virginia Controls Inc. (VCI), Model: MH-3000 Series
2. Operation Mode: Simplex Selective Collective
3. Key Features:
   - Fire Service Operation
   - Emergency Battery Lowering Operation
   - Inspection Service
   - Independent Service
   - Nudging Feature
   - Card Reader Provisions
   - Car and Hall Serial Pre-Wire
4. Motor Control: Remove Existing and Install New Solid State Soft Start
5. Selector: Install New Hoistway Tape Steel Selector
6. Electrical Conduit: Remove Existing and Install New Conduit, Hoistway & Machine Room
7. Electrical Wiring: Install All New Wiring
8. Pump / Tank: Retain Existing Pump / Tank Unit
9. Pump Motor: Retain 3 Phase AC Pump Motor
10. Valve Assembly: Retain Existing Valve Unit
11. Muffler: Retain Existing Noise Isolation Muffler
12. Oil Line / Fittings: Retain Existing

HOISTWAY EQUIPMENT:

13. Manual Shut-Off: Retain Existing Shut-Off Ball Valve
14. Rupture Valve: Not Required
15. Jack/Packing: Retain Existing Jack Assembly and Packing
16. Hydraulic Fluid: Filter and Reuse Existing Hydraulic Oil
17. Car Sling: Retain Existing

18. Platform:	Retain Existing Platform Assembly
19. Sub Floor:	Retain Existing Wood Sub Floor
20. Toe Guard:	Retain Existing Toe Guard
21. Car Guide Shoes:	Retain Existing Guide Shoes
22. Main Guide Rails:	Retain Existing Guide Rails
23. Rail Brackets:	Retain Existing Rail Brackets, Tighten Mounting Hardware
24. Buffers:	Retain Existing Spring Type Buffers
25. Buffer Supports:	Retain Existing Buffer Support Steel
26. Limit Switches:	Remove Existing-Install New Top/Bottom Limit Switches
27. Limit Cams:	Retain Existing Limit Cam Assembly
28. Stop Switch:	Remove Existing and Install New Pit Stop Switch
29. Pit Ladder:	Retain Existing Pit Ladder

LANDING ENTRANCES:

30. Frames:	Retain Existing Entrance Frames
31. Door Panels:	Retain Existing Door Panels
32. Header & Struts:	Retain Existing Headers and Struts
33. Sills:	Retain Existing Sills and Clean
34. Gibs:	Replace Gib Assemblies With New, Two (2) Per Panel
35. Fascia:	Retain Existing Fascia and Mounting Hardware
36. Dust Covers:	Retain Existing Dust Covers
37. Handicap Plates:	Install New Raised Character Adhesive Backed Braille Plates

CAR DOOR EQUIPMENT:

38. Door Operator:	Remove Existing and Install New GAL MOVFR II Closed Loop Solid State Door Operator
39. Door Protection:	Remove Existing and Install New Solid State Detector Screen System
40. Car Hangers/Track:	Remove Existing and Install New Formed Steel Car Hangers and Tracks
41. Clutch:	Remove Existing and Install New Door Clutch Assembly

LANDING DOOR EQUIPMENT:

42. Hangers/Track:	Remove Existing and Install New Formed Steel Landing Hangers and Tracks
43. Interlocks:	Remove Existing and Install New Electromechanical Hoistway Door Interlocks
44. Door Closers:	Remove Existing Closers and Install New Landing Door Closers

CAB ENCLOSURE EQUIPMENT:THE EXISTING CAB WILL BE Retained As Is

45. Shell:	Retain Existing Cab Shell
46. Car Doors:	Remove Existing and Install New #4 Satin Stainless Steel, Car Door Panels - Reinforced, Drilled & Tapped
47. Car Front:	Reskin Existing Car Front, Modify for New Fixtures.
48. Car Sill:	Retain Existing Car Sill
49. Wall Panels:	ALTERNATE NO. 1 – Install New SnapCab® Plastic Laminate Interlock Panel System on Two Side and One Rear Wall
50. Cab Base:	ALTERNATE NO. 1 - Install New Satin Stainless Steel Toe Kicks
51. Ceiling:	ALTERNATE NO. 1 – Install New .Aluminum Frame with Translucent Diffusers
52. Car Lighting:	ALTERNATE NO. 1 – Install New LED Lights Strips
53. Handrails:	ALTERNATE NO. 1 – Install New 2” Flat Satin Stainless Steel Handrail with Returned Ends on New Rear Wall Panel
54. Ventilation:	New Two (2) Speed Exhaust Fan

55. Finished Floor: Retain Existing Finished Floor

56. Car Top Safety Rail: None Required

ALTERNATE NO. 1 - RENDERING

CAR OPERATING FIXTURES:

57. Main Car Operating Panel: Replace With New

    a. Cover Plate Material: Stainless Steel
    b. Cover Plate Finish: #4 Satin Finish

58. Fixture Button Style: Vandal Resistant, ADA Compliant

59. Auxiliary Car Operating Panel: None Required

60. Car Position Indicator: New Digital Position Indicator to be included in the New Car Operating Panel

61. Car Direction Indicator: Replace With New

62. Phone: Remove Existing and Install New ADA Compliant Auto Dial Phone

63. Emergency Lighting: Remove Existing and Install New Battery Operated Emergency Lighting in Car Operating Panel

64. Car Top Inspection Controls: Replace With New

LANDING OPERATING FIXTURES:

65. Hall Call Station: Replace With New

    a. Cover Plate Material: Stainless Steel
    b. Cover Plate Finish: #4 Satin Finish

66. Fixture Style: Vandal Resistant, ADA Compliant With Surface Mounted Coverplate Reusing Existing Back Boxes, ADA Compliant

67. Digital Position Indicator: Replace With New @ Floor Level 1 Only

68. Direction Indicator Lanterns: None

69. Hoistway Access Stations: Replace With New

70. Phase I Firefighter's Service Key Switch: Replace With New

MISCELLANEOUS:

71. Barricading: Standard Sectional Barricades at Active Location

72. Hoistway Protection: Not Required

73. Cleaning: Final Clean Down at Project Completion

74. Painting: Machine Room Floor

SCHEDULE:

• Booking Process:	2	Week(s)
• Survey Job Site:	2	Week(s)
• Release Orders:	1	Week(s)
• Submittal Preparation:	4	Week(s)
• Approval Process:	2	Week(s)
• Material Fabrication:	12	Week(s)
• Installation (Phase 1):	4	Week(s)
• Final System Test/Punch List:	1	Week(s)
TOTAL:	28	Week(s)

*Based on recent supply chain delivery and timing issues, all lead times defined above are subject to review and change upon contract award.

QUALIFICATIONS: The following qualifications and clarifications apply to this proposal and the prices quoted herein:

1. Pricing will be held firm for Sixty (60) days from date of proposal.
2. Pricing includes applicable state sales tax.
3. Pricing does not include cost of performance / payments bond.
4. Pricing includes permit fees associated with elevator trades work.
5. Pricing includes required testing with local authorities for certification.
6. All passenger elevator installation work to be performed during normal hours.
7. All safety testing of elevator to be performed during normal hours of the trade.
8. Pricing includes cutting and patching of finished wall surfaces associated with our work.
9. All material associated with this project to be delivered to your loading dock facilities and distributed to storage space within the building during normal hours of the trade.
10. Stanley Elevator to have uninterrupted use of the elevator.
11. Stanley Elevator will not be responsible for removal or disposal of hazardous material.
12. Stanley Elevator will not agree to act in the capacity of a General Contractor.
13. Stanley Elevator will provide a twelve (12) month warranty on parts and workmanship.
14. Stanley Elevator Company, Inc. reserves the right to negotiate contract terms and conditions.
15. Costs for certification of elevator shop drawings by a registered professional engineer shall be by others.

16. Stanley Elevator will furnish and install standard OSHA barricades for hoistway protection. Costs for any full-height barricades, screening, and temporary protection of interior finishes in addition to standard barricades shall be by others.
17. Unless specifically noted above, there are no costs included in this proposal for platform running time or temporary use of the elevator during the modernization. If temporary use is required, Stanley Elevator Company, Inc. can provide additional pricing for an elevator operator, maintenance, cleanup, and testing of the equipment during the temporary use period.
18. Unless specifically identified above, we have not included costs for security features such as CCTV, lockouts, card readers, keypads, etc. If these features are required, additional costs may apply for Stanley Elevator Company, Inc. to provide controller provisions, traveling cable, and any additional labor to assist with final connections. Security equipment is to be provided and installed by others while we are onsite during the modernization. We must be informed of any security requirements before the elevator equipment is released for fabrication.
19. Any other trades work requiring the assistance of a licensed elevator mechanic will be billed on an hourly basis at $258.00 straight time and $478.00 overtime. If Stanley is not actively working onsite there is a 4-hour minimum.

WORK BY OTHER TRADES – NOT INCLUDED IN THE PRICE HEREIN: Hydraulic Elevator(s)

The following represents an outline of work by other trades that may be required, is not included, and must be considered in support of this project:

Electrical:

1. Provide 208 Volts – 3 Phase – 60 cycle AC grounded power supply, through fused, lockable safety switches in the machine room. The service/disconnect switch to be sized based on the characteristics of current elevator pump motor. The disconnect switch must be located within 18” of the strike side of the machine room door. The existing line side feeds may be reused and extended if properly configured, sized and in suitable condition.
2. Provide a dedicated, earth ground for high and low voltage elevator services.
3. Provide a 120vac 1ph 60cy 15amp branch circuit for each elevator with an enclosed externally operable fused, lockable disconnect for car lighting and accessories. Low voltage service switches to be located adjacent to the high voltage service switches.
4. Provide feed wires in pipe from the load side of the high and low voltage service, disconnect switches to the new elevator controls using properly sized copper conductors. Final connection at elevator controllers to be completed by Stanley Elevator, IUEC field employees.
5. Provide 120vac grounded service with means of disconnect for machine room power ventilation equipment as required.
6. Provide feed wires in pipe from the load side of an enclosed externally operable fused, lockable disconnect switch to the ventilation equipment using properly sized copper conductors.
7. Provide a 120vac 1ph 60cy 15amp AC grounded branch circuit with means of disconnect for elevator security cameras if they are being installed. Note: Others are to provide all wire and conduit associated with this feature.
8. Provide sufficient machine room lighting (min. 10’ candles at the floor) with switch located inside on the strike side of the machine room door. Light fixtures to be permanently fastened to the ceiling or support surface with protective guards over bulbs.
9. Remove any temporary or permanent, non-elevator electrical services and associated equipment from the elevator machine rooms.

10. Install GFI type outlets in the elevator machine room and pit. Pit outlet should be mounted at least 24” off the pit floor and properly piped to avoid potential water damage.
11. Provide a telephone line to the elevator machine room for communication to the elevator cab enclosures.
12. When Emergency Battery Lowering is installed: Per the National Electrical Code 620-91C this power source requires an isolated switch in the fused disconnect switch in the machine room that allows the disconnect switch to be placed in the "off" position without having the elevator move unexpectedly. This auxiliary dry contact switch is to be provided by others. The necessary operation of the disconnect switch auxiliary contact is that when the disconnect switch is in the normal power position, the auxiliary contact must be closed. The minimum rating of the auxiliary contact is 1 ampere @ 48 VDC. dry and isolated with a contact configuration of SPST. A sealed contact set or a contact set with generous wiping action is preferred to allow switch operations to clean the contacts. Please note (in States other than Massachusetts) when a shunt trip breaker is required a normally closed auxiliary contact must be installed on the shunt breaker to ensure that the power provided by a battery lowering device is also disconnected per National Elevator Code 2.8.3.3.2.

Alarm:

1. Furnish and install smoke detector units in each lobby and in the elevator machine room as required by ANSI A17.1 2016 code.
2. Furnish and install a signal control module that automatically activates the machine room power vent in case of fire alarm condition if a mechanical vent system is installed.
3. Furnish and install signal feeds from the smoke detector panel or zone modules to the elevator machine room to facilitate fire service recall function.

HVAC:

1. The elevator machine room temperature must be maintained between 50 and 90 degrees F with maximum 80% relative humidity, non-condensing. A passive and / or powered means of climate control may be used for this purpose. Estimated BTU output for elevator equipment will be provided for your use.
2. Provide hoistway and machine room ventilation to allow removal of smoke and hot gases. Hoistway may be vented directly to outside air or indirectly, through the machine room slab. The area of hoistway and machine room vents shall not be less than 3 ½% of the area of the hoistway nor less than 3 sq. ft., whichever is greater. Venting may be either passive or mechanical. If a mechanical system is installed, a normally closed damper actuated by a signal from the alarm panel will be required.

General Builders Work:

1. Provide machine room access door of pre-hung design, steel construction with 1.5 hr. fire rating. Door must be self-closing, self-locking “store room” operation.
2. Provide 2 hour fire rated machine room. Patch voids or cover existing walls, ceiling and exposed wood as necessary to establish the required rating.
3. Identify, remove and dispose of any hazardous material in the machine room and hoistway prior to commencement of our work.
4. If equipment requires the use of a crane to hoist material into or from the machine room, roof/machine room hatches or doors sized adequately to allow proper access are to be furnished and installed by others.
5. Waterproof pit as necessary.

DISCLAIMER: THE STATE OF NH WILL SOON BE FORWARDING A MANDATE TO ALL ELEVATOR COMPANIES ADVISING OF ADDITIONAL COMMUNICATION/MONITORING UPGRADES FOR ALL MODERNIZATIONS. MONITORING SERVICES AND RELATED COSTS WILL BE THE RESPONSIBILITY OF THE OWNER. WE HAVE YET TO RECEIVE THE OFFICIAL DOCUMENTATION TO THAT MANDATE; IF RECEIVED PRIOR TO THE AUTHORIZATION OF THIS QUOTE, TAKE NOTE THIS COULD RESULT IN ADDITIONAL COSTS UP TO $10,000 WHICH ARE NOT INCLUDED IN OUR QUOTED PRICE.

PRICE: Stanley Elevator Co., Inc. will perform the work as detailed above for the sum of

BASE PRICE: <u>One Hundred Eleven Thousand Two Hundred Forty and 00/100 Dollars ($ 111,240.00)</u>

ALTERNATE ONE: Install New SnapCab® Wall Panels and Aluminum Frame Ceiling with LED Light Strips Add $29,500.00 to Base Price

_____
Signature to Accept ALTERNATE ONE

A returned copy of this proposal and/or your purchase order referencing this proposal properly signed and dated accompanied by your down payment will be our authorization to order appropriate materials.

This proposal and acceptance when signed by the Customer and approved by an authorized representative of the Company, including the terms and conditions set forth in detail on the last page hereof, which terms and conditions are incorporated herein and expressly made a part hereof, constitutes the entire agreement between the parties. There are no representations or agreements, written or verbal between the parties other than those contained herein. This Agreement is not binding upon Stanley Elevator Company, Inc. until approved by one of its authorized representatives.

Dover Housing Authority

BY: _____
Authorized Customer Signature

_____
Print Name Title

Date: _____

Stanley Elevator Company, Inc.

BY: _____
Kelly Ray
Account Manager
kray@stanleyelevator.com

APPROVED for Stanley Elevator Company, Inc.:

BY: _____

Date: _____

TERMS AND CONDITIONS

Tax Payments: In addition to the amount set forth herein, the Customer agrees to pay any tax based upon the transfer, use, ownership or possession of the Elevator or accessory equipment, whether such tax is imposed by existing law or take effect during the terms of this proposal and acceptance.

Company Performance and Overtime: The Company will do all work on the Elevator in a good and workmanlike manner and will perform it during its regular working hours of regular working days unless otherwise agreed to in writing; In the absence of such an agreement, all work done at overtime at the Customer's request shall be billed to the Customer at the overtime rate then and there existing.

Exclusive Control: The Company shall not be responsible for any damage, malfunction, or failure of any of the component parts of the Elevator or accessory equipment as a result of the repair work done under this agreement unless such parts or service shall have been supplied exclusively by the Company.

Safe Place: It is understood that the workman of the Company shall be given a safe place in which to work. The Company reserves the right to discontinue all work in the building whenever, in its opinion, this provision is violated. The elevator pit or any area of the elevator work, under normal conditions, does not contain hazards rendering it a permit required confined space. Should the pit be determined to require a permit, all costs involved will be billed in addition to this contract.

Title to Repair Part: The machinery, implements and apparatus furnished under this proposal and acceptance shall remain personal property, and the Company shall retain title thereto until final payment is made. The Company further retains the right to retake possession of the same or any part thereof at the cost of the customer if default is made in any of the payments, without regard to the manner of attachment to the realty, the acceptance of notes or the sale, mortgage or lease of the premises. It shall be the duty of the Customer to inform any party in interest of this provision.

Payments: Progress Payments. Based upon applications for payments submitted by Stanley, the Customer shall make progress payments to Stanley in accordance with Stanley's Standard Schedule of Values. Any deposits required for material by suppliers will be progressed accordingly.

Background Check: Project or site specific security requirements for background checks or drug testing must comply with Stanley Elevator's collective bargaining agreement. Unless specifically noted above, the General Contractor shall compensate Stanley Elevator for any fees or costs related to these requirements.

Salvage: All salvage material becomes the property of the Company on its removal from its existing place.

Testing: The Customer agrees that when Stanley is employed in the performance of required or authorized inspections and tests, such tests may impose substantially greater strains on the equipment than those experienced during normal operation and, therefore, it is agreed that Stanley shall not be liable for loss or damage to persons or property resulting from or arising out of the performance of these tests.

Accident Responsibility: The Company assumes no liability for injuries or damage to persons or property except those caused by its negligent acts or omissions. This proposal and acceptance shall not serve to relieve the Customer of his or its liability for any injuries or damages to persons or property in, on or about the Elevator. The Company shall not be liable for any loss, damage, or delay caused by strikes, lockouts, fire, explosion, theft, floods, riot, civil commotion, war, malicious mischief, act of God, or by any cause beyond its reasonable control, and in any event shall not be liable for consequential damages.

Acceptance: This proposal is submitted for acceptance within thirty days from date noted on page 1 and thereafter subject to change without notice.

Recovery: In the event Stanley retains a third party to enforce, construe or defend any of the terms and conditions of this Agreement or to collect monies due hereunder, either with or without litigation, the Customer agrees to pay all collection costs and/or attorney's fees incurred by Stanley Elevator Company, Inc.

OTIS

HydroAccel™



Otis HydroAccel™ Hydraulic Control System

11/16/2023

CUSTOMER NAME
Jack Buckley Commons

Otis Elevator Company

PROJECT LOCATION
18 Chapel St
Dover, New Hampshire

PROPOSAL NUMBER
F7SC7315/01

We propose to furnish labor and material to provide a microprocessor based HydroAccel control system. It is a digital closed-loop microprocessor-based control system specifically designed to meet the particular needs of modernizing hydraulic elevators.

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Section 1



UNITS

DUTY

The present capacity and speed of the elevators will be retained.

TRAVEL, STOPS & OPENINGS

The present travel, stops and openings of the elevators will be retained.

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Section 2

OPERATION

NEW AUTOMATIC SELF-LEVELING

The elevator shall be provided with automatic self-leveling that shall typically bring the elevator car level with the floor landings + ¼" regardless of direction of travel. The automatic self-leveling shall correct for over travel or under travel and rope stretch.

NEW SPECIAL EMERGENCY SERVICE

Special Emergency Service operation shall be provided in compliance with the latest applicable revision of the ASME/ANSI A17.1 Code.

Special Emergency Service Phase I to return the elevator(s) non-stop to a designated floor shall be initiated by an elevator smoke detector system or a keyswitch provided in a lobby fixture.

The smoke detector system, if required, is to be furnished by others. The elevator contractor shall provide contacts on the elevator controller to receive signals from the smoke detector system.

A keyswitch in the car shall be provided for in-car control of each elevator when on Phase II of Special Emergency Service.

If an elevator is on independent service when the elevators are recalled on Phase I operation, a buzzer shall sound in the car and a jewel shall be illuminated, subject to applicable codes.

NEW INDEPENDENT SERVICE

When the Independent Service switch in the car operating panel is actuated; it shall cancel previously registered car calls, disconnect the elevator from the hall buttons, and allow operation from the car buttons only. Door operation shall occur only after actuation of the "DOOR CLOSE" button.

NEW INSPECTION OPERATION

For inspection purposes, an enabling keyswitch shall be provided in the car operating panel to permit operation of the elevator from on top of the car and to make car and hall buttons inoperative.

HOISTWAY ACCESS SWITCHES

An enabling keyswitch shall be provided in the car operating panel to render all car and hall buttons inoperative and to permit operation of the elevator by means of an access keyswitch adjacent to the hoistway entrance at the access landing.

OTIS ONE PLATFORM CAPABILITY

Otis ONE is an internet of things (IoT) platform that enables advanced monitoring, big data analytics, and predictive maintenance to address potential issues before they occur, increasing elevator uptime and reducing service disruptions. Activation of these features is subject to execution of a separate Otis ONE license and subscription agreement and additional annual subscription fee of the Otis ONE Contract,

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which is not included in this Contract. Further, the Otis One hardware / equipment shall remain the property of Otis.

Optional Otis ONE Subscription

Otis ONE Prime Subscription Features

- IoT connection with continuous elevator data collection
- Monitoring by mechanics and OTISLINE
- Automated performance diagnostics and data analytics
- Over-the-air IoT software updates
- Otis Customer Portal access
- Real-time elevator status
- Performance & usage dashboards
- Service activity detail

Section 3



MACHINE ROOM EQUIPMENT

POWER SUPPLY

The power supply of 208V_60HZ, alternating current will be retained with the new equipment arranged for this power supply.

NEW CONTROLLER

A microprocessor based HydroAccel control system shall be provided to perform all the functions of safe elevator motion and elevator door control. This shall include all the hardware required to connect, transfer and interrupt power, and protect the motor against overloading. The system shall also perform group operational control.

NEW SOFT STARTER

A new solid-state starter will be provided. It will be of the same power requirement and starting configuration as presently exists.

RETAIN PUMP MOTOR

The existing motor shall be retained. It will be thoroughly inspected. Any components requiring replacement will be of the original manufacture or its equivalent.

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RETAIN POWER UNIT
The existing power unit will retained along with the existing pump, motor, valve, oil, packing, and oil line.

RETAIN VALVE
Your existing valve will be retained. It will be inspected and adjusted for proper operation. Existing coil voltage of 120VAC required for retention of existing valve.

RETAIN CYLINDER
The existing cylinder, packing, buffers, and pit steel will be retained.

Section 4



DOOR EQUIPMENT

NEW CLOSED LOOP DOOR OPERATOR
Install a new closed loop door operator. Car and hoist way doors shall be power operated by means of a closed loop door operator mounted on top of the car designed to give consistent door performance with changes in temperature, wind or minor obstruction in the door track. The system continually monitors door speed and position and adjusts it accordingly to match the pre-determined profile.

NEW DOOR-PROTECTION DEVICE
Install a new solid state, infrared passenger protection device on the car door. Elevator doors shall be provided with a reopening device that will stop and reopen the car door(s) and hoistway door(s) automatically should the door(s) become obstructed by an object or person.

RETAIN AND REFURBISH INTERLOCKS
The present interlocks will be retained, refurbished as necessary, and adjusted as necessary. A thorough examination will be made of the interlocks. All replacement components will be the original manufacture replacement parts or equal.

RETAIN AND REFURBISH CAR DOOR TRACKS AND HANGERS
The present car door tracks and hangers shall be retained, refurbished as necessary, and inspected for proper alignment. Any adjustment required will be accomplished.

RETAIN HOISTWAY ENTRANCES
The present hoistway entrances will be retained.

RETAIN AND REFURBISH HOISTWAY DOOR TRACKS AND HANGERS
The present hoistway door tracks and hangers shall be retained refurbished as necessary, and adjusted as necessary.

NEW HOISTWAY DOOR RESTRICTORS
Folding hoistway door restrictors shall be installed as necessary.

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Section 5

HOISTWAY EQUIPMENT

RETAIN HOISTWAY OPERATING DEVICES
The existing hoistway operating devices shall be retained.

RETAIN CAR GUIDES
The existing car guides shall be retained.

RETAIN CAR INTERIOR
The present car interior shall be retained.

RETAIN FLOORING
The present flooring will be retained.

NEW PIT SWITCH
An emergency stop switch shall be located in the pit accessible from the pit access door.

RETAIN SPRING BUFFERS
The existing spring buffers shall be retained.

NEW ACCESS ALERT HOISTWAY SAFETY DEVICE
We will furnish and install all the necessary components, circuitry and wiring for a new Access Alert system, which will operate on the elevator car top and pit.

Access Alert will be installed so the elevator can be controlled in a safe manner when an authorized person accesses the elevator hoistway. The Access Alert system meets all applicable safety codes.

This groundbreaking new product, Access Alert, is specifically designed to:

- Prevent work on top of the elevator without the top of car inspection station engaged properly.
- Prevents moving the elevator on inspection while personnel are in a potentially unsafe position.
- Prevent working in the elevator pit, while the pit stop switch is not engaged properly.
- Meet applicable building and elevator codes.

Similar to the seatbelt alarm in your car, Access Alert provides a constant, noticeable reminder to anyone accessing the hoistway that they need to engage the stop switch before starting work. We believe the simplicity, ease of installation, and cost-effectiveness of this product will be an important way for you to invest in improving safety inside your facility.

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Section 6



CAR FIXTURES

NEW APPLIED CAR OPERATING PANEL

An applied car operating panel shall be furnished. The panel shall contain a bank of mechanical illuminated buttons marked to correspond with the landings served, an emergency call button, emergency stop button, door open and door close buttons and a light switch. All buttons, when applicable, to be long life LED illumination. This panel shall be equipped with a button that shall initiate two-way communication between the car and a location inside the building, switching over to another location if call is unanswered.

NEW EMERGENCY CAR LIGHTING

An emergency power unit employing a 6-volt sealed rechargeable battery and totally static circuit shall be provided. The power unit shall illuminate the elevator car and provide current to the alarm bell in the event of normal power failure. The equipment shall comply with the requirements of the latest applicable revision of the ASME/ANSI A17.1 Code.

NEW CAR POSITION INDICATOR

A car position indicator shall be installed. The position of the car in the hoistway shall be shown by illumination of the indication corresponding to the landing at which the car is stopped or passing.

Section 7



HALL FIXTURES

NEW HALL BUTTONS

New hall buttons shall be installed at each landing. An up button and a down button at each intermediate landing and a single button at each terminal landing shall be installed. All buttons, when applicable, shall be long-life LED illumination.

NEW COMBINATION HALL LANTERN/POSITION INDICATOR

Combination hall lantern/position indicators shall be installed at the main landing.

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Section 8



WORK BY OTHERS – NOT IN CONTRACT

The following items must be performed by others and you agree to provide this work in accordance with the applicable codes and enforcing authorities:

WORK BY OTHERS SCHEDULING

All "Work by Others" must either be completed prior to our manning the job or be properly scheduled as to not obstruct the progress of the project.

AIR CONDITIONING

Provide suitable ventilation and cooling equipment, if required, to maintain the machine-room temperature between 60°F and 100°F. The relative humidity should not exceed 95 percent non-condensing.

BUILDING POWER

Provide electrical power for light, tools, hoists, etc. during installation as well as electric current for starting, testing, and adjusting the elevator. Power of permanent characteristics to be provided to properly operate all the elevators concurrently scheduled to be modernized. Power must be a 3-phase 4 wire system with ground and bonded disconnects. Grounded leg delta systems are not acceptable.

SMOKE AND HEAT SYSTEM

Provide elevator lobby, machine room and hoistway smoke detecting devices located as required and wired from the fire control center to a controller in the machine room. Hoistway devices are required to be made accessible from outside the elevator hoistway. Coordinate signal connections and necessary testing with the Elevator Contractor. Provide the following zones and locate signal circuits in a properly labeled junction box in the machine room:

Main Floor Recall: Provide one set of normally closed contacts that will open when any smoke sensor related to the elevators at the designated main landing senses smoke. This excludes other devices located in the machine room, hoistway or main egress floor.

Alternate Floor Recall: Provide one set of normally closed contacts that will open when the smoke sensor at the main egress floor senses smoke.

Machine Room/Hoistway Recall: Provide one set of normally closed contacts that will open when any smoke sensor located in the machine room or hoistway/pit senses smoke.

SPRINKLERS

Provide code compliant sprinkler system, as required, in the hoistway, pit and machine room. If sprinklers are being installed or altered in the hoistway(s), pit or the machine rooms, a means must be provided to disconnect three-phase power before water is applied. This is usually accomplished with a shunt trip breaker that must be located outside the elevator machine room. The shunt trip breaker may be activated by heat detectors located within 24" of the sprinkler heads and arranged to trip at a lower temperature than the sprinkler heads. A heat detector is not required in the pit if the sprinkler head is within

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24" of the pit floor. Heat and smoke devices in elevator hoistways must be installed with UL rated and lockable panels that are accessible for servicing from outside the hoistway. The panel interiors are to be guarded using a minimum 13 gauge metal with a pattern of maximum ¾ inch holes.

CUTTING AND PATCHING

Do any cutting, (including cutouts to accommodate hall signal fixtures, entrances and/or machine room access) patching and painting of walls, floors or partitions.

MAIN DISCONNECT

Provide a fused lockable disconnect switch or circuit breaker for each elevator per the National Electrical Code with feeder or branch wiring to the transformer. Size to suit elevator contractor. Provide a SHUNT TRIP disconnect, as required, if sprinklers are being provided. Provide suitable connections from the main disconnect to the elevator control equipment.

Electrical Feeder system to limit available short circuit to not more than 10k amps at the load side of the elevator main line disconnect.

GROUND WIRE

Provide a properly sized ground wire from the elevator controller(s) to the primary building ground.

EMERGENCY COMMUNICATIONS – Phone Only

Provide a continuously monitored phone line terminating at Otis controller.

EMERGENCY COMMUNICATIONS – Voice / Video / Text

Provide a dedicated 125 volt, 15 ampere single-phase power supply with a fused SPST disconnect switch or circuit breaker, per group of elevators in the same location as the 3-phase elevator disconnect. This disconnect or breaker shall be capable of being locked in the open position per National Electrical Code or Canadian Electrical Code, as applicable. If Emergency (standby) power system is supplied this disconnect must be arranged to be feed from the same emergency (standby) power transfer switch as the elevator group. Provide a dedicated RJ45 internet network connection in each control room, minimum download speed 5Mbps per elevator, minimum upload speed 1Mbps per elevator.

Number of Elevators	Min. Download Bandwidth (Mbps)	Min. Upload Bandwidth (Mbps)
1 - 3	5	1
4	10	2

EMERGENCY COMMUNICATIONS – Intercom

Provide a 120VAC 15A single phase power supply with fused disconnect switch (or circuit breaker) with GFCI outlet in machine room located as required for communications system.

ELEVATOR MANAGEMENT SYSTEM (EMS)

Provide a 120VAC 15A single phase power supply with two duplex GFCI outlet and fused disconnect switch (or circuit breaker) located in areas containing EMS equipment (typically machine room, fire command center, and/or building security station). Where Web based EMS supplied, provide CAT-5 cable from elevator machine room to EMS terminal locations.

TEMPORARY CROSS DISPATCHING (CDT)

For each group provide a 120VAC 15A single phase power supply with fused disconnect switch (or circuit breaker) with GFCI outlet located in elevator machine room.

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COMPASS
For each group provide a 120 volt AC, 15 amp, single-phase power with GFCI outlet in the machine room with fused disconnect switch (or circuit breaker) capable of being locked in the open (off) position.

GFCI OUTLETS
Provide 120volt GFCI type convenience outlets in the machine room and in each pit. . Provide additional non-GFCI outlet in each pit for use by sump pump. Pits subject to sprinklers shall have NEMA 4 rated fixtures if located below 48" above pit floor.

CAR LIGHT POWER SUPPLY AND DISCONNECT
For each car provide a 120 volt AC, 15 amp, single-phase power supply with fused disconnect switch (or circuit breaker) capable of being locked in the open (off) position with feeder wiring to each controller located in the machine room.

VIDEO DISPLAY POWER SUPPLY AND DISCONNECT
For each car provide a 120 volt AC, 15 amp, single-phase power supply with fused disconnect switch (or circuit breaker) capable of being locked in the open (off) position and with GFCI outlet located in the machine room.

REMOTE PANELS
Provide required conduit, with adequate pull boxes and ells from the elevator hoistway(s) to the location or locations required to facilitate the installation of Lobby Panels, Fire Control Room Panels or Elevator Monitoring Systems. Size and number as specified by Otis. Leave a measured pull tape in the conduit. Otis to furnish and pull required conductors.

EMERGENCY (STANDBY) POWER
If emergency power is available, verify and provide the following:

a. Power that meets the load characteristic requirements of the new control system. Power that is capable of operating and providing sufficient power to non-linear elevator loads and that is capable of absorbing regenerated power resulting from running elevators with overhauling loads.

b. Two conductors to the machine room from a normally closed auxiliary contact on the Owner's EP transfer switch. Contacts to open when power transfers to the emergency source.

c. Two additional conductors to the machine room from an adjustable timed relay on the Owner's EP transfer switch to indicate "request to transfer" from standby to normal power.

d. Power for 115VAC circuits that supply elevator cab lights, cab fan, communication means, EMS, Lobby Panels, and Compass dispatching systems (if applicable).

e. Power for machine room lighting, ventilation and cooling means.

ROOF LIGHTING
Lighting is required to illuminate machine room access paths on the roof.

LIGHTING
Provide sufficient lighting in the buildings common areas to facilitate a safe working environment. Provide new or modify machine room lighting to provide a minimum of 19 ft. candles of illumination and new pit

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lighting to provide a minimum of 10ft. candles of illumination. The machine room light switch shall be located within 18" of the lock-set side of the entry door. Pit light switches shall be adjacent to the pit ladder and a minimum of 24" above the threshold level. Lighting must have code compliant guards of either grounded metal, plastic or comparable. Pits subject to sprinklers shall have NEMA 4 rated fixtures.

PROJECT BEING "DRIED-IN"

Work, as required, to keep the elevator lobbies, hoistway, machine room and storage area "dried-in" for the entire length of the project.

MACHINE ROOM ACCESS

Provide a self-locking and self-closing door for the elevator machine room. Access door to be adequately sized to accept our equipment. Modify machine room access, as required, to comply with code and facilitate safe egress of all equipment.

FIRE EXTINGUISHER

Provide fire extinguisher in elevator machine room.

NON-ELEVATOR MATERIAL IN HOISTWAY

Remove or encapsulate, as required, any non-elevator related pipes or wiring located in the elevator machine room or hoistway.

HOISTWAY VENTILATION

Provide code compliant hoistway ventilation. Code requires a means to prevent the accumulation of hot air and gasses at the top of the hoistway. Pressurizing the hoistways, or providing vents from the top of the hoistway to the outside of the building usually accomplishes this. Vents shall not be less than 3 1/2% of the area of the hoistway nor less than 3 sq. ft. for each elevator car, whichever is greater. You may not vent the hoistway to the machine room. If the hoistway vents must run through the machine room, they must be enclosed in a fire rated structure and not violate clearances around our equipment.

HOISTWAY LEDGES

Provide a 75o angle constructed of a non-combustible material on all ledges that are 2" greater in the hoistway, excluding multi-hatch divider beams.

SUMP HOLE GRATING

Provide a flush grating over the sump hole located in the elevator pit.

STORAGE

Provide dry, protected and secure storage space adjacent to the hoistway(s). Otis shall be compensated for material delivered that is stolen or removed from the jobsite.

DISPOSAL

The disposal of removed elevator components; machines, controllers, ropes, hydraulic fluid, oils, buffers and packing materials from the new equipment and any and all related materials shall be the sole responsibility of the Customer or owner. If a dumpster is provided on site, we will deposit waste materials in the dumpster or at an agreed upon on-site location for removal by the Customer or owner.

PIT LADDERS

Provide a pit ladder, as required, in each pit that does not have walk-in access doors. Ladder shall extend 48" above first landing access door.

OPERATING ELEVATORS FOR OTHER TRADES

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If we are required to operate an elevator to facilitate the work of other trades (e.g., sprinklers, smoke sensors, ledges, etc.) then we shall be compensated for this lost time and the project schedule shall also be modified.

EMERGENCY RETURN UNIT (ERU)

If an ERU battery-operated lowering device is being provided with your hydraulic elevator modernization than others are to provide an auxiliary contact in either the existing lockable disconnect (if currently code compliant) or in a new code compliant lockable disconnect.

ASBESTOS

Should any asbestos be found to be present in the building which is related to any of our work, it shall be the responsibility of others to monitor, abate, contain or prepare the workplace as safe for our employees to work within or about. Otis will not be responsible for working with asbestos which may be disturbed or uncontained. Otis will not be responsible for any costs associated with delay of the job should asbestos be detected or require addressing by others for us to proceed. This includes but is not limited to re-mobilization charges which may be applied.

HAZARDOUS MATERIALS

You agree to notify Otis if you are aware or become aware prior to the completion of the work of the existence of asbestos or other hazardous material in any elevator hoistway, machine room, hallway or other place in the building where Otis' personnel are or may be required to perform their work. In the event it should become necessary to abate, encapsulate or remove asbestos or other hazardous material from the building, you agree to be responsible for such abatement, encapsulation or removal, and any governmental reporting, and in such event Otis shall be entitled to (i) delay its work until it is determined to Otis' satisfaction that no hazard exists and (ii) compensation for delays encountered.

MATERIAL RESPONSIBILITY

Otis maintains no responsibility for material delivered to the jobsite. The Customer is financially responsible for all cost to replace any damaged, stolen or missing material or equipment. Otis will not be responsible for deductibles on "Builder's Risk" insurance policies. Otis will provide a change order, police report and affidavits as needed to substantiate the claim. Otis will not procure replacement equipment until a signed change order is received.

LOCKOUT TAG OUT

In furtherance of OSHA's directive contained in 29 C.F.R. § 1910.147(f)(2)(i), which requires that a service provider (an "outside employer") and its customer (an "on-site employer") must inform each other of their respective lock out/tag out ("LOTO") procedures whenever outside servicing personnel are to be engaged in control of hazardous energy activities on the customer's site, Otis incorporates by reference its mechanical LOTO procedures and its electrical LOTO procedures. These procedures can be obtained at www.otis.com by (1) clicking on "The Americas" tab on the left side of the website; (2) choosing "US/English" to take you to the "USA" web page; (3) clicking on the "Otis Safety" link on the left side of the page; and (4) downloading the "Lockout Tagout Policy Otis 6.0" and "Mechanical Energy Policy Otis 7.0,", or the then most current version, both of which are in .pdf format on the right side of the website page. Customer agrees that it will disseminate these procedures throughout its organization to the appropriate personnel who may interact with Otis personnel while Otis personnel are working on site at Customer's facility.

CONFINED SPACES

The machine room, hoistway, pit and mezzanine ("Elevator Spaces") may be considered Permit- Required Confined Spaces as defined by the Occupational Safety and Health Organization ("OSHA"), 29 C.F.R. § 1910.146(b) and § 1926 Subpart AA. Otis has a documented process to control or eliminate hazards and

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classify such Elevator Spaces as non-permit required confined spaces. In the event that the Customer, others, or unique site conditions or hazards (such as chemical manufacturing sites) require Otis to handle such Elevator Spaces as Permit-Required Confined Spaces, the Customer or owner will be responsible for supplying, at its expense, all resources, including monitoring, permitting, attendants and rescue planning associated with handling such Elevator Spaces as Permit-Required Confined Spaces. The Customer or owner is required to inform Otis of all known or potential hazards related to Elevator Spaces that Otis may be required to access prior to Otis performing any work in such spaces. Further, the Customer or owner is required to communicate any changes in the conditions associated with such Elevator Spaces or activities in or around such spaces that could introduce a hazard into such spaces.

Section 9



GENERAL REQUIREMENTS

EXAMINATION OF EQUIPMENT

Except insofar as your equipment may be covered by an Otis maintenance or service contract, it is agreed that we will make no examination of your equipment other than that necessary to do the work described in this Contract and assume no responsibility for any part of your equipment except that upon which work has been done under this contract.

RE-MOBILIZATION

You agree to pursue and schedule the work by other trades in a timely manner so as to not interrupt our work. Should our crew(s) have to suspend work on the job to await the conclusion of work by others not party to this contract, we shall be entitled to a re-mobilization charge of $2,500.00. We shall also extend the stated durations to the extent that we are delayed.

INSURANCE

OTIS

Otis agrees to maintain General Liability coverage in the amount of $1,000,000 per occurrence and $2,000,000 in the aggregate, Automobile Liability in the amount of $1,000,000 Combined Single Limit for Bodily Injury and Property Damage, Worker's Compensation in statutory limits. Employer's Liability in the amount of $1,000,000 for Each Accident, Each Employee – Disease. We shall maintain worker's compensation and employers' liability insurance covering our liability for injury or death sustained by our employees, and comprehensive general liability insurance.

CUSTOMER

You shall insure that all risk insurance upon the full value of the Work and material delivered to the job site is maintained at no cost to us.

CERTIFICATES

If either party so requires, in writing, the other party shall furnish a copy of the certificates of insurance evidencing the above insurance coverages.

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PRE-EXISTING CONDITIONS HYDRAULIC

We have not included for any additional costs associated with identifying or correcting car weights previously increased or decreased more than the ASME code allowance of 5% of original design.

PAYMENT AND SCHEDULE OF VALUES

You agree to be bound and pay in accordance with the supplied schedule of values. We shall be paid for our material delivery invoice prior to starting installation work. We shall be paid in full for all change orders and the base Contract amount **(no less than 95%)** prior to scheduling an inspection and/or turnover of the elevators to you for use. Otis reserves the right at its absolute discretion to discontinue work or not turn over elevators unless payments are current.

- Our quoted price is based on the "Initial Payment" equaling **fifty percent (50%)** of Contract award. This amount PLUS a fully executed subcontract must be received prior to releasing equipment for manufacturing or scheduling any other work. Refer to the "Schedule of Values" below.
- Otis will mobilize after the "Material Delivery Payment" is received. See "Schedule of Values" below.
- If Otis is directed by you to furnish any labor, service, or material that is outside of the mutually agreed upon scope of work of this Contract("Out of Scope Work"), Otis may agree to perform such Out of Scope Work (1) subject to receipt of a written notice to proceed prior to commencement of any such Out of Scope Work; and (2) contingent upon receipt of a mutually agreed upon and executed change order within thirty (30) calendar days of such written notice to proceed. If the parties are unable to agree to terms that lead to the issuance of a mutually agreed upon and executed change order within such thirty (30) day period, Otis may suspend the Out of Scope Work. Notwithstanding any other provision, language, term or condition to the contrary, Otis shall not be liable for any project delays and/or damages, including but not limited to liquidated damages, associated with a delay in the issuance of a mutually agreed upon and executed change order.

SUBSTANTIAL COMPLETION/"LABOR PROGRESS PAYMENTS"

- This payment is due upon substantial completion of each modernized elevator. The "Labor Progress Payment" amount shown on the SOV is divided by the total number of elevators being modernized as a part of this Contract. Substantial completion is defined as a functional elevator that is acceptable by the authority having jurisdiction as useable for temporary or general use. Any agreed upon punch-list items will be corrected within a mutually agreeable timeframe. This payment, however, is still due upon substantial completion of each elevator.
- Final retention payment shall be due within thirty (30) days after acceptance of each elevator installation. Otherwise, warranties shall be suspended or terminated at Otis' absolute discretion.
- All change orders must be executed and paid prior to scheduling a final inspection and turnover of each elevator to customer.
- Otis will not agree to any language referencing or implying "pay when paid." This Contract is between Otis Elevator and referenced entity. The attached payment schedule ("Schedule of Values") is not contingent upon said entity's ability to be paid by others or any other factor or event not described above.

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- Otis does not accept credit cards as a form of payment.

SCHEDULE OF VALUES:

SCHEDULE OF VALUES			
Base Contract Amount: **$119,478**			
DUE DATE	**DESCRIPTION**	**%**	**VALUE**
Due within 30 days from date of invoice or prior to release of factory orders, whichever occurs first.	Engineering/Drawings/Mobilization "Initial Payment"	**50**	**$59,739**
Due within 30 days from date of invoice or prior to installation, whichever occurs first. Installation will not commence until this material payment is made.	Materials for project "Material Delivery Payment"	**25**	**$29,870**
Due within 30 Days from substantial completion of each elevator.	Installation labor "Labor Progress Payments"	**25**	**$29,869**

Otis may add a surcharge to the Purchase Price to compensate for changes to import tariffs implemented **after the date hereof** by the United States government. The surcharge will be in an amount as determined by Otis that either approximates the increase in cost to the actual products imported hereunder due to such tariff increases, or in an amount that allocates the overall increases in import tariffs across Otis' United States business to this project in proportion to the amount of imported materials allocated to this project.

LEAD TIME AND DURATION

We anticipate approximately four to six weeks engineering and procurement from receipt of approvals and down payment.

We anticipate a twelve-to-fourteen-week lead time for material manufacturing from the time the order is placed to the time material is received. This is subject to adjustment based on alternatives selected and current market conditions.

Thereafter, we expect the modernization to take approximately seven to eight weeks per car. All work will be performed during our regular working hours of our regular working days.

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SCHEDULE

Our proposal is based on a delivery date of December 15, 2023. If the delivery date is delayed 90 calendar days or greater, customer agrees to pay applicable factory material price increases. A fully executed change order and full payment of the price increase, in addition to full payment of the required down payment by Customer is required prior to the factory material being ordered and released. Additionally, if your project schedule changes and extends installation or completion of labor into a future year or year(s), Customer agrees to pay applicable labor escalation price increases. A fully executed change order regarding the labor escalation price increase must be executed prior to mobilization and the start of any work.

Due to current market conditions the availability of elevator installation labor is limited. If this proposal is not accepted within 30 days, prior to acceptance of any award Otis reserves the unilateral right to decline the award based on a review of the project schedule and our labor availability/commitments.

CODE CLARIFICATIONS

ASME A17.1 / CSA B44 (2019): Otis' proposal meets the requirements included in the ASME A17.1 / CSA B44 2019 code, including an emergency communication system that conforms to, Requirement 2.27.1.1 for two-way voice, video & text emergency communication.

Work By Others

Customer or owner will provide a dedicated RJ45 internet network connection to each elevator controller. Additional internet network details and requirements will be provided by Otis later.

OR

ASME A17.1 / CSA B44 (2016 or earlier): It is our understanding the International Building Code (IBC), 2018 Edition is NOT applicable to this project. Otis has included an emergency communication system that conforms to ASME A17.1 / CSA B44 (2016 or earlier), Requirement 2.27.1.1. It should be noted that at the present time there is a potential conflict concerning the emergency communication system requirements between IBC 2018 and ASME A17.1 / CSA B44 (Safety Code for Elevators and Escalators) and you agree to to hold Otis harmless for any claim, loss, cost, or damage in connection with any such conflict.

Work By Others

Customer or owner will provide one (1) dedicated outside telephone line to the elevator machine room as described in the "Work by Others" section.

Clarifications:

- Otis has not priced in any asbestos abatement in this proposal. Any asbestos training or abatement will be billed at the hourly rate stated herein.
- This proposal cost and scope is based on a final survey of the elevator with intention of moving forward with this proposal.
- There will be standby required for other trades to complete required work by other trades to meet code. Otis will work in their best efforts to coordinate with the site the required standby in the machine room, hoistway, and elevator pit. The hourly rates will be $250.00 per mechanic per hour for additional standby and time tickets will be provided upon completion.

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Section 10

ALTERNATES

ALTERNATE # 1 – PRE-PAYMENT DISCOUNT

- Otis will offer the below discount schedule for larger pre-payment amounts:
  - **75% Pre-Payment** 2% discount off base bid
    - **Initial To Accept: X**_____
  - **90% Pre-Payment** 3% discount off base bid
    - **Initial To Accept: X**_____

ALTERNATE # 2 – NEW CAB INTERIOR

Otis shall provide a new cab interior that consists of new cab interior panels, ceiling, cab protection pads and handrail from a preselected option. Options will be provided upon acceptance of this option. If a selection is made outside the base selections presented that fit within this budget, a change order with an updated cost of the cab interior will be provided. Added installation time to modernization: Three (3) days

ADD: Thirty Thousand and 00/100 Dollars ($30,000.00)

Please indicate your intention to choose this option by initialing here: _____

The extent of the work to be performed is either described above or in the attached specification which is incorporated into and made a part of this document.

PRICE	$119,478 Cost w/o Tax
	One Hundred Nineteen Thousand Four Hundred Seventy Eight Dollars

This price is based on a **fifty percent (50%)** downpayment in the amount of $59,739.00

This proposal, including the provisions printed on the pages following, shall be a binding contract between you, or the party identified below for whom you are authorized to contract, and us when accepted by you and our authorized representative through execution of this proposal; or by your authorizing us to perform work for the project and our commencing such work. The purchase price in this proposal is subject to increase in the event commodity, fuel, and/or shipping transportation costs increase. This quotation is valid for thirty (30) days from the date of submission unless changed by us prior to a fully executed contract.

Accepted in Duplicated

Submitted by: _____

Nicole Damboise

CUSTOMER

OTIS ELEVATOR COMPANY

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Approved by Authorized Representative

Date: _____

Signed: X _____

Print Name: _____

Title: _____

Name of Company: _____

Approved by Authorized Representative

Date: _____

Signed: X _____

Print Name: _____

Title: _____

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TERMS AND CONDITIONS

This Contract constitutes the entire understanding between the parties regarding the subject matter hereof and may not be modified by any terms on your order form or any other document and supersedes any prior written or oral communication relating to the same subject. Any amendment or modifications to this Contract shall not be binding upon either party unless agreed to in writing by an authorized representative of each party. Both parties agree that any form issued by you that contains any terms that are inconsistent with those contained herein shall not modify this Contract, nor shall it constitute an acceptance of any additional terms.

The work shall be performed for the agreed price plus any applicable sales, excise or similar taxes as required by law. In addition to the agreed price, you shall pay to us any future applicable tax imposed on us, our suppliers or you in connection with the performance of the work described.

This quotation is subject to change or withdrawal by us prior to written acceptance.

We warrant to you that the work performed by us hereunder shall be free from defects, not inherent in the quality required or permitted, in material and workmanship for one (1) year from the date of substantial completion. Our duty and your remedy under this warranty are limited to our correcting any such defect you report to us within the warranty period by, at our opinion, repair or replacement, provided all payments due under the terms of this Contract have been made in full. All parts used for repair or replacement under this warranty shall be good quality and furnished on an exchange basis. Printed circuit boards used for replacement parts under this warranty may be refurbished boards. Exchanged parts become our property. This warranty excludes any damage due to ordinary wear and tear and any damage due to any reason beyond our reasonable control including but not limited to vandalism, abuse, misuse, neglect, modifications not performed by us, or improper or insufficient maintenance by others. THE EXPRESS WARRANTIES SET FORTH IN THIS CONTRACT ARE THE EXCLUSIVE WARRANTIES GIVEN: WE MAKE NO OTHER WARRANTIES EXPRESS OR IMPLIED, AND SPECIFICALLY MAKE NO WARRANTY OF MERCHANTABILITY OR OF FITNESS FOR ANY PARTICULAR PURPOSE; AND THE EXPRESS WARRANTIES SET FORTH IN THIS CONTRACT ARE IN LIEU OF ANY SUCH WARRANTIES AND ANY OTHER OBLIGATION OR LIABILITY ON OUR PART.

We shall perform the work during our regular working hours of our regular working days unless otherwise agreed in writing. You shall be responsible for providing suitable storage space at the site for our material.

You shall obtain title to the equipment furnished hereunder when final payment for such equipment is received by us. In addition, you shall be granted a license to use software incorporated into such equipment solely for operating such equipment and in accordance with the terms regarding licensing further below. Further, Customer shall not have the right to take title or possession of any of Otis' tools or machinery used by Otis in providing its services or work.

Any drawings, illustrations or descriptive matter furnished with the proposal are submitted only to show the general style, arrangement and dimensions of the equipment.

Payments shall be made pursuant to the payment schedule above and on the following terms: If the work is not completed within a thirty day period, monthly progress payments shall be made based on the value of any equipment ready or delivered, if any, and labor performed through the end of the month less the agreed upon retainage and the aggregate of previous payments. We shall be paid in full for all change orders and no less than the percentage base contract amount stated above prior to scheduling an inspection and/or turnover of the elevators to you for use. The retainage shall be paid when the work is completed. We reserve the right to discontinue our work at any time until payments shall have been made as agreed and we have assurance satisfactory to us that subsequent payments will be made when due. Payments not received within thirty (30) days of the date of invoice shall be subject to interest accrued at the rate of eighteen percent (18%) per annum or at the maximum rate allowed by applicable law, whichever is less. We shall also be entitled to reimbursement from you of the expenses, including attorney's fees, incurred in collecting any overdue payments.

Any material removed by us in the performance of the work shall become our property.

Our performance is conditioned upon your securing any required governmental approvals for the installation of any equipment provided hereunder and your providing our workmen with adequate electrical power at no cost to us with a safe place in which to work, and we reserve the right to discontinue our work in the building whenever in our opinion working conditions are unsafe. If overtime work is mutually agreed upon and performed, an additional charge thereof, at our usual rates for such work, shall be added to the Contract price. The performance of our work hereunder is conditioned on your performing the preparatory work and supplying the necessary data specified on the front of this proposal or in the attached specification, if any. Should we be required to make an unscheduled return to your site to begin or complete the work due to your request, acts or omissions, then such return visits shall be subject to additional charges at our current labor rates. We disclaim any responsibility for claims or damages associated with elevator service interruptions caused by or resulting from work performed by you or others retained by you to perform work.

We shall retain a security interest in all material furnished hereunder and not paid for in full. You agree that a copy of this Contract may be used by us as a financing statement for the purpose of placing upon public record our interest in any material furnished hereunder, and you agree to execute a UCC-1 form or any other document reasonably requested by us for that purpose.

Except insofar as your equipment may be covered by an Otis maintenance or service contract, it is agreed that we will make no examination of your equipment other than that necessary to do the work described in this Contract and assume no responsibility for any part of your equipment except that upon which work has been done under this Contract.

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We do not agree under our warranty to bear the cost of repairs or replacements due to vandalism, abuse, misuse, neglect, normal wear and tear, modifications not performed by us, improper or insufficient maintenance by others, or any cause beyond our control.

We shall conduct, at our own expense, the defense of any claim, suit or action alleging that, without further combination, the use by you of any equipment provided hereunder directly infringes any patent, but only on the conditions that (a) we receive prompt written notice of such claim, suit or action and full opportunity to assume the sole defense thereof, including settlement and appeals, and all information available to you for such defense; (b) said equipment is made according to a specification or design furnished by us; and (c) the claim, suit or action is brought against you. Provided all of the foregoing conditions have been met, we shall, at our own expense, either settle said claim, suit or action or shall pay all damages excluding consequential damages and costs awarded by the court therein and, if the use or resale of such equipment is finally enjoined, we shall at our option, (i) procure for you the right use of the equipment, (ii) replace the equipment with equivalent noninfringing equipment, (iii) modify the equipment so it becomes noninfringing but equivalent, or (iv) remove the equipment and refund the purchase price (if any) less a reasonable allowance for use, damage or obsolescence.

Under no circumstances shall either party be liable for special, indirect, liquidated, or consequential damages or losses of any kind including, but not limited to, loss of revenues, loss of profits, loss of rents, loss of good will, loss to business opportunity, or harm to business reputation, in contract, tort, including negligence, warranty or otherwise, notwithstanding any indemnity provision to the contrary. We will use commercially reasonable efforts to complete the work set forth herein with minimal disruption to elevator service for you and your tenants (as applicable). Notwithstanding the foregoing, the parties acknowledge that delays and disruptions in service are a normal result of the type of work described herein, and notwithstanding any other representations, warranties or indemnity obligations hereunder, we will have no liability for any direct or indirect damages resulting from interruptions in elevator service during the performance of our obligations. Neither party's liability to the other for any reason arising from this Contract shall exceed the value of the Contract

Otis shall not be liable for any loss, damage, or delay nor be found to be in default or breach due to any cause beyond it's reasonable control including, but not limited to acts of God or nature: fire: explosion; theft; floods; water; weather; traffic conditions; epidemic, pandemic, quarantine or other local, state, or federal government action in response thereto; sabotage; national emergency; act of terrorism; earthquake; riot; civil commotion; war; vandalism; national or local labor strikes, lockouts, other labor disputes; misuse, abuse, neglect, mischief, or work by others (collectively "Causes Beyond Otis' Reasonable Control"). Otis shall be allowed a reasonable amount of additional time for the performance of the Work due to Causes Beyond Otis' Reasonable Control. Otis' ability to maintain scheduled job progress is further conditioned upon the timely furnishing to Otis by Customer of completed and code compliant hoistway(s) (wellway) and machine rooms, necessary approvals and power of proper characteristics for Otis' uninterrupted use.

The products and/or services being provided may result in the collection of Personal Information. The Parties will comply with applicable Data Privacy Laws as they pertain to personal information processed in connection with activity under this Contract. "Personal Information" shall mean information and data exchanged under this Contract related to an identifiable natural person. "Processing" of Personal Information shall mean the operation or set of operations whether automated or not, performed on Personal Information such as collecting, recording, organizing, structuring, storing, adapting, altering, retrieving, consulting, using, disclosing, sharing or erasing. "Controller" shall mean the party that determines the purposes and means of processing Personal Information. With respect to any Personal Information provided by you to Otis, you shall be the Controller and you warrant that you have the legal right to share such Personal Information with Otis and you shall be responsible for all obligations relating to that data, including without limitation providing notice or obtaining consent as may be required by law. Once you have lawfully provided Personal Information to Otis, you and Otis shall become co-Controllers. Otis may share such Personal Information internally, across borders and with service providers in accordance with applicable Data Privacy Laws. Otis transfers information subject to the corporate rules of its parent company. Otis may store Personal Information provided by you on servers located and accessible globally by Otis and its parent and their services providers. The parties agree to cooperate and to take reasonable commercial and legal steps to protect Personal Information against undue disclosure. In this regard each party shall notify the other in the event of a data breach, which shall include the actual or unauthorized access to or possession of, or the loss or destruction of, Personal Information, whether intentional or accidental. The party whose system was compromised in the data breach incident shall be responsible for any notifications and associated costs. Should either party receive in any form, (i) a complaint or allegation indicating a violation of applicable data privacy law, (ii) a request seeking access to correct or delete Personal Information or (iii) an inquiry or complaint related to the processing of personal information, said party shall take reasonable commercial steps to immediately notify the other party.

Your remedies set forth herein are exclusive and our liability with respect to any contract, or anything done in connection therewith such as performance or breach thereof, or from the manufacture, sale, delivery, installation, repair or use of any equipment furnished under this contract, whether in contract, in tort, in warranty or otherwise, shall not exceed the price for the equipment or services rendered.

It is agreed that after completion of our work, you shall be responsible for ensuring that the operation of any equipment furnished hereunder is periodically inspected.

By accepting delivery of parts incorporating software you agree that the transaction is not a sale of such software but merely a license to use such software solely for operating the unit(s) for which the part was provided, not to copy or let others copy such software for any purpose whatsoever, to keep such software in confidence as a trade secret, and not to transfer possession of such part to others

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except as a part of a transfer of ownership of the equipment in which such part is installed, provided that you inform us in writing about such ownership transfer and the transferee agrees in writing to abide by the above license terms prior to any such transfer.

Our work shall not include the identification, detection, abatement, encapsulation or removal of asbestos, polychlorinated biphenyl (PCB), or products or materials containing asbestos, PCB's or other hazardous substances. In the event we encounter any such product or materials in the course of performing work, we shall have the right to discontinue our work and remove our employees from the project until you have taken the appropriate action to abate, encapsulate or remove such products or materials, and any hazards connected therewith, or until it is determined that no hazard exists (as the case may require). We shall receive an extension of time to complete the work hereunder and compensation for delays encountered as a result of such situation.

This Contract constitutes the entire understanding between the parties regarding the subject matter hereof and may not be modified by any terms on your order form or any other document and supersedes any prior written or oral communication relating to the same subject. Any amendment or modifications to this Contract shall not be binding upon either party unless agreed to in writing by an authorized representative of each party. Both parties agree that any form issued by you that contains any terms that are inconsistent with those contained herein shall not modify this Contract, nor shall it constitute an acceptance of any additional terms.

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Modernization Proposal

November 17, 2023

Purchaser:	Dover Housing Authority	Location:	Jack Buckley Commons
Address:	62 Whittier Street Dover, NH 03820-2992	Address:	18 Chapel Street Dover, NH 03820

TK Elevator Corporation (hereinafter "TK Elevator") is dedicated to delivering (hereinafter "Purchaser") the safest, highest quality vertical transportation solutions. I am pleased to present this customized Proposal (the "Proposal") in the amount of **$244,000.00** inclusive of all applicable sales and use taxes to modernize the elevator equipment described in the pages that follow at the above-referenced location.

Our modernization package is engineered specifically for your elevator system and will include the elevator mechanical and electrical components being replaced, refurbished or retained.

Benefits of Modernization include:
- Increased durability and reliability
- Improved fire and life safety features
- Decreased waiting times
- Reduced energy consumption
- Reduced operational cost
- Reduced troubleshooting time

This Proposal shall remain in effect for the next thirty (30) days unless it is revoked earlier by TK Elevator in writing. The price above is subject to escalation - even after Purchaser's acceptance of this Proposal – under certain circumstances including TK Elevator being subjected to increased charges by its suppliers for any of the applicable materials and/or components due to supply chain issues; the imposition of new or increased taxes, tariffs, or other charges imposed by applicable governmental authorities; TK Elevator being subjected to increased charges from its shippers and/or freight forwarders; any material called for in this Proposal being released into production more than 6 months following the written acceptance of this Proposal; or any work described in this Proposal is not completed by December 31, 2023.

In the event you have any questions regarding the content of this Proposal, please do not hesitate to contact me. We appreciate your consideration.

Sincerely,

Patrick Bergin
Sr Account Manager
patrick.bergin@tkelevator.com
+1 207 3037809

Modernization Proposal

SCOPE OF WORK

Grouping Name: Elevator 1,Elevator 2

Equipment Type: Hydraulic	Speed: 60 fpm
6 Stops (6 Front /0 Rear)	Capacity: 2000 lbs.

Units Included

Building Address	Nickname	TKE Serial #
18 Chapel Street	Elevator 1	

Description of Work

Controller

- MAX V2 Kit
- TAC 32 Controller (Includes Options listed below)
  - 24 VDC Signal Voltage
  - Auto Light and Fan Feature
  - Car Independent Service
  - Car Traveling Lantern Circuitry
  - Door Bypass Operation
  - Electronic Door Detector Interface
  - Hoistway Access and Enable
  - THY Board
- Solid State Starters (6 or 12 leads) 230 VAC
- Battery Lowering in Controller
- eMax Monitoring Device Provisions

Power Unit

- 5 gallon drum of Biodegradable oil (Citgo NZ)
- 55 gallon drum of Biodegradable oil (Citgo NZ)
- EP-60 Power Unit (Submersible)

Jack

- Pipe Stands

Car

- Crosshead data tag (for existing car slings)
- 21" Toe guard
- Fan: Two Speed
- Car Top Exit Switch
- 2019 Two-way Communication Camera (dome), Ethernet Extender (kit), & Battery Backup
- Cab Wiring Material (200MK1)

Hoistway

- HN Boxes (per each 2 cars, grouped)
- Base Wiring Package for 2019 Code
- Steel Tape with Mounting hardware, Selector and magnets (terminal limits included)
- TAC 32 Field Friendly Wiring Package Includes single traveling cable, hoistway wiring, interlock wiring, interlock connectors, and serial wiring.

Pit – Reuse

Cab – Alternate

Door Equipment

- Micro Light 3D 2019 (Front)
- LD-16 Plus Drive Only (FRONT)
  - includes Car Top Inspection station (w/ alarm signal)
- 3D Cabsafe Components Package (Front)

Car Fixtures

- Main Car Station Includes Options Below
- • Applied Panel
- Vandal Resistant Floor Buttons
- Panel Screws
- Debranded Car Station (No Logo)
- Cast Braille Plates for Car Features
- Standard Key Switch Package
  - Fan
  - Light
  - Independent
  - Stop
  - Inspection/Hoistway Enable)
- Emergency Light mounted in COP
- 2004 and later Fire Service Phase II Features (includes instructions signage)
- Handicap Signal (Passing signal)
- Two-way Communication Position Indicator
- ADA Phone System integral with COP (Rath)
- Speaker Pattern for Intercom System/ADA Phone
- Locked Service Cabinet
- Certificate Window
- Default Engravings
- GFI Outlet
- #4 Stainless Steel Finish (441)
- Emergency Light Test Button/Keyswitch
- TAC Serial Boards (Main)
- Two-way Communication Machine Room Equipment (Primary Box)
- Car Riding Lantern (Standard) #4 S/S (441)

Hall Fixtures

- Serial Boards for Hoistway Access
- Serial Boards for Hall Lanterns/PI's
- Fire Service Phase I Key Switch
- Fire Service Phase I Engraved Instructions
- Hoistway Access Switch (in Hall Station)
- Fusion Hall Lanterns (Standard) White Up/Down LED's #4 S/S (304)
- Terminal Hall Stations (Surface Mounted) with
  - Appendix O (Polycarbonate insert flame)
  - Fusion (#4 S/S (304))
- 2009 & 2010 Elevator Communications Failure add
- TAC Serial Boards, Base Charge
- Serial Boards for Front Risers
- Terminal Hall Stations (Surface Mounted) with
  - Appendix O (Polycarbonate insert flame)
  - Fusion (#4 S/S (304))
- Intermediate Hall Stations (Surface Mounted) with
  - Appendix O (Polycarbonate insert flame)
  - Fusion (#4 S/S (304))

MAX Link - Included

ADD: CAB Interior Upgrade: Interior Walls, Ceiling, and Lighting Upgrade

Add $ 52,150.00 to Base Price If selecting ALTERNATE please initial _____

1. Key Tasks and Approximate Lead Times

Key Tasks to be performed to be performed by Purchaser prior to equipment fabrication:

a. Execution of this Proposal
b. Payment for pre-production and engineering
c. Approval of layout (if applicable)
d. Execution of TK Elevator's Material Release Form

Approximate Durations/Lead Times

Contract execution (can run concurrently with layout drawing package preparation and approval)	Varies
Survey and Order of Materials (additional time required for cab, signal, entrance preparation and approval, if applicable)	4 - 6 Weeks
Fabrication time (from receipt of all approvals, fully executed contract, Material Release Form and initial progress payment)	11 Weeks
Modernization of elevator system (Per Unit): (Upon completion of all required preparatory work by others)	5 - 7 Weeks

The durations or lead times listed above are strictly approximations that can vary due to factors both within and outside of TK Elevator's control, are subject to change without notice to Purchaser and shall not be binding on TK Elevator.

2. Payment Terms

50% of the price set forth in this Proposal as modified by options selected from the section entitled "Value Engineering Opportunities & Alternates" (if applicable) will be due and payable as an initial progress payment within 30 days from TK Elevator's receipt of a fully executed copy of this Proposal. This initial progress payment will be applied to project management, permits, engineering and shop drawings, submittals, and drilling mobilizations (if required). The material will not be ordered until this payment is received, and the parties have both executed this Proposal and the Material Release Form.
25% of the price set forth in this Proposal as modified by options selected from the section entitled "Value Engineering Opportunities & Alternates" (if applicable) shall be due and payable when the material described above has been furnished. Material is considered furnished when it has been received at the jobsite or TK Elevator staging facility. Supporting documentation of materials stored shall be limited to stored materials certificates of insurance and bills of lading. Receipt of this payment is required prior to mobilization of labor.

25% of the price set forth in this Proposal shall be made as progress payments throughout the life of the project. In the event TK Elevator fails to receive payment within thirty (30) days of the date of a corresponding invoice, TK Elevator reserves the right to demobilize until such a time that the payments have been brought up to date, and TK Elevator has the available manpower.

It is agreed that there will be no withholding of retainage from any billing and by the customer from any payment.

The payment terms breakdown above shall be considered the Schedule of Values for the project as written. Billing shall be submitted on or before the 25th day of the month according to the payment schedule above and accompanied by a form of G702-703 pay application/schedule of values and a conditional waiver, the format of which is hereby acknowledged and accepted.

The use of online Portals for the submission of billing shall follow the terms of the Proposal and Customer agrees to permit billing in accordance with the executed contract terms. Portal access and usage is to be provided free of additional charge to TK Elevator and any additional cost for such use is to be reimbursed to TK Elevator via a reimbursable change order immediately upon acceptance.

Purchaser agrees that TK Elevator shall have no obligation to complete any steps necessary to provide Purchaser with full use and operation of the installed equipment until such time as TK Elevator has been paid 100% both of the price reflected in this Proposal and for any other work performed by TK Elevator or its subcontractors in furtherance of this Proposal. Purchaser agrees to waive any and all claims to the turnover and/or use of that equipment until such time as those amounts are paid in full.

Proposal price:		$244,000.00
Initial progress payment:	(50%)	$122,000.00
Material furnished:	(25%)	$61,000.00

Total of remaining progress payments:	(25%)	$61,000.00

Any work that Purchaser may require prior to turnover of the equipment that is outside of the scope described in this Proposal - other than Temporary Use as described below - will be performed only after the full execution of a mutually agreeable change order and only at the following rates:

Mechanic (Standard) per hour	$400.00
Mechanic (OT) per hour	$681.00
Team (Standard) per hour	$720.00
Team (OT) per hour	$1,226.00

Rates are not inclusive of any per diem, mileage or other expenses which may be dependent on jobsite location.

3. Warranty

TK Elevator warrants any equipment it installs as described in this Proposal against defects in material and workmanship for a period of one (1) year from the date of Purchaser's execution of TK Elevator's "Final Acceptance Form" on the express conditions that all payments made under this Proposal and any mutually agreed-to change orders have been made in full and that such equipment is currently being serviced by TK Elevator. In the event that TK Elevator's work is delayed for a period greater than six (6) months, the warranty shall be reduced by the amount of the delay. This warranty is in lieu of any other warranty or liability for defects. TK Elevator makes no warranty of merchantability and no warranties which extend beyond the description in this Proposal, nor are there any other warranties, expressed or implied, by operation of law or otherwise. Like any piece of fine machinery, the equipment described in this Proposal should be periodically inspected, lubricated, and adjusted by competent personnel. This warranty is not intended to supplant normal maintenance service and shall not be construed to mean that TK Elevator will provide free service for periodic examination, lubrication, or adjustment, nor will TK Elevator correct, without a charge, breakage, maladjustments, or other trouble arising from normal wear and tear or abuse, misuse, improper or inadequate maintenance, or any other causes other than defective material or workmanship. In order to make a warranty claim, Purchaser must give TK Elevator prompt written notice at the address listed on the cover page of this Proposal and provided all payments due under the terms of this Proposal and any mutually agreed to written change orders have been made in full, TK Elevator shall, at its own expense, correct any proven defect by repair or replacement. TK Elevator will not, under any circumstances, reimburse Purchaser for cost of work done by others, nor shall TK Elevator be responsible for the performance of any equipment that has been the subject of service, repair, replacement, revisions or alterations by others. If there is more than one (1) unit which is the subject of work described in this Proposal, this section shall apply separately to each unit as accepted.

4. Preventative Maintenance Program

This Proposal does not include any maintenance, service, repair or replacement of the equipment or any other work not expressly described herein. TK Elevator may submit a separate proposal to Purchaser covering the maintenance and repair of this equipment to be supplied to Purchaser at an additional cost. In the event the Purchaser and TK Elevator have a new or existing maintenance Agreement in effect at the time of the acceptance of this proposal and/or during

the scope of this work, the terms of the Agreement shall remain in full force and effect throughout the performance of this scope of work and continue throughout the duration of the stated term in that Agreement.

5. Work Not Included

There are certain items that are not included in this Proposal, many of which must be completed by Purchaser prior to and as a condition precedent to TK Elevator's performance of its work as described in this Proposal. In order to ensure a successful completion of this project, it shall be solely Purchaser's responsibility to coordinate its own completion of those items with TK Elevator. The following is a list of those items that are not included in this Proposal:

A. Hoistways and Equipment Rooms

1. Purchaser shall provide the following:
   a. A dry legal hoistway, properly framed and enclosed, and including a pit of proper depth and overhead. This is to include steel safety beam, inspection or access platforms, access doors, sump pump, lights, waterproofing and venting as required; dewatering of pit(s) and required permanent screening/
   b. A dry legal machine/control room, with clear rollable access adequate for the elevator equipment, including floors, trap doors, properly sized legal machine room doors, gratings, machine room or roof access platforms, roof/loading protection, ladders, railings, foundations, all hoist beams, lighting, ventilation sized per the TK Elevator shop drawings and/or code requirements. Purchaser must maintain machine/control room (or machine/control space within the shaft for MRL equipment) temperature between 55 and 90 degrees Fahrenheit, with relative humidity less than 95% non-condensing at all times.
   c. Adequate bracing of entrance frames to prevent distortion during wall construction.
   d. All grouting, fire caulking, cutting, x-ray and removal of walls and floors, patching, coring, setting of sleeves/knockouts, penetrations and painting (except as specified) and removal of obstructions required for elevator work; along with all proper trenching and backfilling for any underground piping and/or conduit.
   e. All labor and materials necessary to support the full width of the hoistway at each landing for anchoring or welding TK Elevator sill supports, steel angles, sill recesses;
   f. The furnishing, installing and maintaining of the required fire rating of elevator hoistway walls, including the penetration of firewall by elevator fixture boxes;
   g. Ensuring that the elevator hoistways and pits are dewatered, cleaned and properly waterproofed;

B. Electrical and Life Safety:

1. Purchaser shall provide a dedicated, analog telephone or data line to the elevator telephone or communication device; one additional data line per group of elevators for diagnostic capability wired to designated controller; This Proposal includes the installation of an in-car emergency elevator communication system for the benefit of the deaf, hard of hearing and speech impaired (the "Multimedia Equipment") in accordance with the current applicable requirements of both the International Building Code and ASME A17.1. Purchaser shall provide one permanent 110V 20 amp circuit with all piping and wiring to controller for the emergency elevator communication system. This Proposal does not, however, include the monitoring of any communications to and from that Multimedia Equipment and Purchaser (and any end user of the units) expressly acknowledge that it is solely their responsibility to ensure that any and all such communications are appropriately monitored in accordance with all applicable rules, codes, statutes and/or laws as a condition precedent to turnover of the units including but not limited to a modem and internet connection and a minimum of four (4) hours of battery backup for all communications.

2. Purchaser shall provide the following:

a. suitable connections from the power main to each controller and signal equipment feeders as required, including necessary circuit breakers and fused mainline disconnect switches per N.E.C. prior to installation. Suitable power supply capable of operating the new elevator equipment under all conditions;
b. piping and wiring to controller for mainline power, car lighting, and any other building systems that interface with the elevator controls per N.E.C. Articles 620-22 and 620-51;
c. any required hoistway / wellway, machine room, pit lighting and/or 110v service outlets;
d. conduit and wiring for remote panels to the elevator machine room(s) and between panels. Remote panels required by local jurisdictions are not included in this proposal;
e. a bonded ground wire, properly sized, from the elevator controller(s) to the primary building ground; and all remote wiring to the outside alarm bell as requested by all applicable code provisions;
f. installed sprinklers, smoke/heat detectors on each floor, machine room and hoistways / wellways, shunt trip devices (not self-resetting) and access panels as may be required as well as normally open dry contacts for smoke/heat sensors, which shall be terminated by Purchaser at a properly marked terminal in the elevator controller;
g. a means to automatically disconnect the main line and the emergency power supply to the elevator prior to the application of water in the elevator machine room that shall not be self-resetting;
h. emergency power supply including automatic time delay transfer switch and auxiliary contacts with wiring to the designated elevator controller and along with electrical cross connections between elevator machine rooms for emergency power purposes;
i. the following emergency power provisions are not included: interface in controller, pre-testing and testing, emergency power keyswitches;
j. emergency power operation is included as part of the design of the elevator control system and based on each car in the group only, to properly sequence, one at a time to the programmed landing, and park. The design requires that the generator, transfer switch, and related circuitry are sufficient to run this function or any other function for any building other system that is associated with this project. In the event that the generator, transfer switch, and related circuitry are not sufficient, TK Elevator will provide Purchaser with a written change order for Purchaser's execution.
k. a dry set of contacts which close 20 seconds prior to the transfer from normal power to emergency power or from emergency power to normal power whether in test mode or normal operating conditions in the event that an emergency power supply will be provided for the elevator;
l. confirmation that the emergency standby power generator and/or building can accept the power generated to and from the elevator during both Hi-Speed and Deceleration. In cases where the generator and/or building load is not electrically sized to handle the power return from the regen drive, additional separate chopper and resistor units are available for purchase but not included in this proposal. The additional chopper and resistor units allow regenerated power to be dissipated in the resistor bank and not sent back into the building grid.

C. Miscellaneous:

1. Purchaser shall provide all work relating to the finished cab flooring including, but not limited to, the provision of materials and its installation to comply with all applicable codes;
2. Hydraulic jack replacement:
   a. the excavation of the elevator cylinder well hole in the event drilling is necessary through soil that is not free from rock, sand, water, building construction members and obstructions. Should obstructions be encountered, TK Elevator will proceed only after written authorization has been received from the Purchaser. The contract price shall be increased by the amount of additional labor at TK Elevator's standard labor rates as per the local office along with any additional expenses and materials required;
   b. adequate ingress and egress, including ramping, for rail-mounted or truck-mounted drill rig;

c. Purchaser is responsible for pumping truck contractor to remove and dispose of spoils from the site. In the event that unforeseen and unfavorable below ground conditions are encountered, including but not limited to concrete around the cylinder, construction debris, adverse water and/or soil conditions, erosion, cavitations, oil contamination, or circumstances necessitating increased hole depth, etc., which require the employment of specialized contractors, TK Elevator shall immediately advise the Purchaser and costs will be extra to the contract;
d. in ground protection systems other than TK Elevator's standard HDPE or PVC protection system with bottomless corrugated steel casing;
e. any required trenching and backfilling for underground piping or casings, and conduit as well as any compaction, grouting, and waterproofing of block-out;
f. engineering, provision and installation of methane barriers or coordination/access;
g. access to 2" pressurized water supply within 100'-0" of the jack hole location;
h. a safe, accessible storage area for placement of D.O.T. 55 gallon containers for the purpose of spoils containment; obtaining of local environmental or disposal permits
i. any spoils or water testing;

6. Working Hours, Logistics and Mobilization

a. All work described in this Proposal shall be performed during TK Elevator's regular working days – defined as Monday thru Friday and excluding IUEC recognized holidays – and regular working hours – defined as those hours regularly worked by TK Elevator modernization mechanics at the TK Elevator branch office that will provide labor associated with the performance of the work described in this Proposal - unless otherwise specified and agreed to in writing by both TK Elevator and Purchaser (hereinafter TK Elevator's regular working days and regular working hours shall be collectively defined as “normal working hours”). TK Elevator shall be provided with uninterrupted access to the elevator hoistway and machine room areas to perform work during normal working hours.
b. Purchaser shall provide on-site parking to all TK Elevator personnel at no additional cost to TK Elevator.
c. Purchaser shall provide traffic control, lane closures, permits and flagmen to allow suitable access/unload of tractor trailer(s).
d. Purchaser agrees to provide unobstructed tractor-trailer access and roll-able access from the unloading area to the elevator or escalator hoistways or wellways (as applicable).
e. Purchaser will be required to sign off on the Material Release Form, which will indicate the requested delivery date of equipment to the site. If Purchaser is not ready to accept delivery of the equipment within ten (10) business days of the agreed upon date, Purchaser will immediately make payments due for equipment and designate an area adjacent to the elevator shaft where Purchaser will accept delivery. If Purchaser fails to provide this location or a mutually agreeable alternative, TK Elevator is authorized to warehouse the equipment at the TK Elevator warehouse or designated distribution facility at Purchaser's risk and expense. Purchaser shall reimburse TK Elevator for all costs due to extra handling and warehousing. Storage beyond ten (10) business days will be assessed at a rate of $100.00 per calendar day for each unit listed in this Proposal, which covers storage and insurance of the elevator equipment and is payable prior to delivery.
f. Purchaser agrees to provide a dry and secure area adjacent to the hoistway(s) at the ground level for storage of the elevator equipment and tools within ten (10) business days from receipt at the local TK Elevator warehouse. Any warranties provided by TK Elevator for vertical transportation equipment will become null and void if equipment is stored in any manner other than a dry, enclosed building structure. Any relocation of the equipment as directed by Purchaser after initial delivery will be at Purchaser's expense.

g. TK Elevator includes one mobilization to the jobsite. A mobilization fee of $5,000.00 per crew per occurrence will be charged for pulling off the job or for any delays caused by others once material has been delivered and TK Elevator's work has commenced.
h. Access for this project shall be free and clear of any obstructions. A forklift for unloading and staging material shall also be provided by Purchaser at no additional cost.
i. Purchaser shall provide an on-site dumpster. TK Elevator will be responsible for cleanup of elevator/ escalator packaging material; however, composite cleanup participation is not included in this Proposal.
j. The hiring of a disposal company which MUST be discussed prior to any material being ordered or work being scheduled. TK Elevator will provide environmental services ONLY if this is specifically included under the "Scope of Work" section above. TK Elevator assumes no responsibility and/or liability in any way whatsoever for spoils or other contamination that may be present as a result of the cylinder breach and/or other conditions present on the work site.
k. One or more of the units described in this Proposal will be out of service and unavailable to move passengers and/or property during entire duration of the performance of the work described in this Proposal until re-certified by the applicable authority(ies) having jurisdiction and in good standing with payment schedules.
l. If site specific rules and regulations classify the elevator pit as confined space, elevator pits will need to reclassify a permit-required space to a non-permit required space prior to mobilization.

7. Temporary Use, Inspection and Turnover

a. Unless required by specification, TK Elevator will not provide for “temporary use” of the elevator(s) described in this Proposal prior to completion and acceptance of the complete installation. Temporary use shall be agreed to via a change order to this Proposal which shall require Purchaser’s execution of TK Elevator's standard Temporary Use Agreement. Cost for temporary use of an elevator shall be $200.00 per calendar day per hydraulic elevator and $250.00 per calendar day for each traction elevator for rental use only, excluding personnel to operate. All labor and parts, including callbacks required during the temporary use period will be billed at TK Elevator's standard local billing rates. In the event that an elevator must be provided for temporary use, TK Elevator will require 30 days to perform final adjustments and re-inspection after the elevator has been returned to TK Elevator with all protection, intercoms and temporary signage removed. This duration does not include any provisions for finish work or for repairs of same, which shall be addressed on a project-by-project basis. Cost for preparation of controls for temporary use, refurbishment due to normal wear and tear, readjustment and re-inspection is $5,000.00 per elevator up to 10 floors. For projects above 10 stops, an additional cost of $1,500.00 / 10 floors shall apply. These costs are based on work performed during normal working hours. Temporary use excludes vandalism or misuse. Any required signage, communication devices, elevator operators, and protection are not included while temporary use is being provided. All overtime premiums for repairs during the temporary use period will be billed at TK Elevator's local service billing rates.
b. The Proposal price set forth above includes one (1) inspection per unit by the applicable authority having jurisdiction if required by the government of the locality where the equipment is located. In the event the equipment fails that inspection due to no fault of TK Elevator, TK Elevator will charge Purchaser for both the cost of each re-inspection which shall be $1,500.00 and a remobilization fee which shall be $5,000.00 via change order prior to scheduling a re-inspection.
c. Upon notice from TK Elevator that the installation and/or modernization of the equipment is complete, Purchaser will arrange to have present at the jobsite a person authorized to make the final inspection and to execute TK Elevator's “Final Acceptance Form.“ The date and time that such person will be present at the site shall be mutually agreed upon but shall not be more than ten (10) business days after the date of TK Elevator's notice of completion to Purchaser unless both TK Elevator and Purchaser agree to an extension of that

ten (10) day period in writing. Such final inspection and execution of TK Elevator's "Final Acceptance Form" shall not be unreasonably delayed or withheld.
d. Should the Purchaser or the local authority having jurisdiction require TK Elevator's presence at the inspection of equipment installed by others in conjunction with the work described in this Proposal, Purchaser agrees to compensate TK Elevator for its time at TK Elevator's current billing rate as posted at its local office.
e. At the conclusion of its work, TK Elevator will remove all equipment and unused or removed materials from the project site and leave its work area in a condition that, in TK Elevator's sole opinion, is neat and clean.
f. Purchaser agrees to accept a live demonstration of equipment's owner-controlled features in lieu of any maintenance training required in the bid specifications.
g. Purchaser agrees to accept TK Elevator's standard owner's manual in lieu of any maintenance, or any other, manual(s) required in the bid specifications.

8. MAX

MAX is a cloud based Internet of Things (IoT) platform that we, at our election, may connect to your elevators and escalators by means of installation of a remote-monitoring device or modem (each a "device"). MAX will analyze the unique signal output of your equipment 24/7 and when existing or potential outages are identified, MAX will automatically communicate with our dispatch centers. When appropriate, the dispatch center will alert our technicians during normal working hours. These MAX alerts provide the technician with precise diagnostics detail, which greatly enhances our ability to fix your equipment right the first time, MAXimizing the equipment uptime.

a. Purchaser authorizes TK Elevator and its employees to access purchaser's premises to install, maintain and/or repair the devices and, upon termination of the service agreement, to remove the same from the premises if we elect to remove.
b. TK Elevator is and shall remain the sole owner of the devices and the data communicated to us by the devices. The devices shall not become fixtures and are intended to reside where they are installed. TK Elevator may remove the devices and cease all data collection and analysis at any time.
c. If the service agreement between TK Elevator and Purchaser is terminated for any reason, TK Elevator will automatically deactivate the data collection, terminate the device software and all raw data previously received from the device will be removed and/or expunged or destroyed.
d. Purchaser consents to the installation of the devices in your elevators and to the collection, maintenance, use, expungement and destruction of the daily elevator data as set forth in this agreement.
e. The devices installed by TK Elevator contain trade secrets belonging to us and are installed for the use and benefit of our personnel only.
f. Purchaser agrees not to permit purchaser personnel or any third parties to use, access, tamper with, relocate, copy, disclose, alter, destroy, disassemble or reverse engineer the device while it is located on purchaser's premises.
g. The installation of this equipment shall not confer any rights or operate as an assignment or license to you of any patents, copyrights or trade secrets with respect to the equipment and/or any software contained or imbedded therein or utilized in connection with the collection, monitoring and/or analysis of data.

9. Additional Terms and Conditions

a. In no event shall TK Elevator be responsible for liquidated, consequential, indirect, incidental, exemplary, and special damages associated with the work described in this Proposal.
b. This Proposal is made without regard to compliance with any special purchasing, manufacturing or construction/installation requirements including, but not limited to, any socio-economic programs, such as small

business programs, minority or woman owned business enterprise programs, or local preferences, any restrictive sourcing programs, such as Buy American Act, or any other similar local, state or federal procurement regulations or laws that would affect the cost of performance. Should any such requirements be applicable to the work described in this Proposal, TK Elevator reserves the right to modify this Proposal or rescind it altogether.
c. TK Elevator is an equal opportunity employer.
d. TK Elevator's performance of the work described in this Proposal is contingent upon Purchaser furnishing TK Elevator with any and all necessary permission or priority required under the terms and conditions of government regulations affecting the acceptance of this Proposal or the manufacture, delivery or installation of the equipment. All applicable sales and use taxes, permit fees and licenses imposed upon TK Elevator as of the date of the Proposal are included in the price of the Proposal. Purchaser is responsible for any additional applicable sales and use taxes, permit fees and licenses imposed upon TK Elevator after the date of the Proposal or as a result of any law enacted after the date of the Proposal.
e. All taxes, tariffs, duties, permit and/or license fees imposed upon TK Elevator as of the date of the execution of this Proposal are included in the price of the Proposal. After the date of acceptance of this Proposal and in addition to the Proposal price, Purchaser is also responsible to pay TK Elevator for any new (or any increase in): (1) applicable taxes, tariffs, duties, permit and/or license fees; (2) charges from its suppliers for any of the applicable materials and/or components: (A) due to supply chain issues, the imposition of new or increased taxes, tariffs, or other charges by applicable governmental authorities; (B) if the release of materials called for in this Proposal occurs after the mileston mentioned earlier in this Proposal; and/or (C) if the completion of work called for in this Proposal occurs after the milestone mentioned earlier in this Proposal; and/or (3) charges from TK Elevator's shippers and/or freight forwarders.
f. Purchaser agrees to provide TK Elevator's personnel with a safe place in which to work and TK Elevator reserves the right to discontinue work at the jobsite whenever, in TK Elevator's sole opinion, this provision is being violated.
g. The pricing set forth in this Proposal assumes that the elevator pits will not be classified as a confined space. TK Elevator will follow its standard safety policy and procedures. Any job specific safety requirements over and above TK Elevator's standard practices and policies may require additional costs.
h. TK Elevator will furnish and install all equipment in accordance with the terms, conditions, scope and equipment nomenclature as noted herein. Requested changes or modifications to such provisions will require a written change order issued on the Purchaser’s letterhead and accepted by TK Elevator in writing prior to the execution of such work. This change order shall detail the current contract price, the amount of the change, and new contract value.
i. This Proposal does not include a schedule for the work described and any such schedule shall be mutually agreed upon by an authorized representative of both TK Elevator and Purchaser in writing before becoming effective.
j. In the event asbestos material is knowingly or unknowingly removed or disturbed in any manner at the jobsite, Purchaser shall monitor TK Elevator's work place and prior to and during TK Elevator's manning of the job, Purchaser shall certify that asbestos in the environment does not exceed .01 fibers per cc as tested by NIOSH 7400. In the event TK Elevator's employees or those of TK Elevator's subcontractors are exposed to an asbestos hazard, PCP’s, lead or other hazardous substances, Purchaser agrees, to the fullest extent permitted by law, to indemnify, defend, and hold TK Elevator harmless from all damages, claims, suits, expenses, and payments resulting from such exposure. Identification, notification, removal and disposal of asbestos containing material, PCP’s lead or other hazardous substances are the responsibility of the Purchaser.
k. TK Elevator retains title to and a security interest in all equipment it supplies – which TK Elevator and Purchaser agree can be removed without material injury to the real property – until all payments including deferred payments and any extensions thereof, are made. In the event of any default by Purchaser on any payment, or any other provision of this Proposal, TK Elevator may take immediate possession of the equipment and enter upon the premises where it is located – without legal process – and remove such equipment or portions thereof,

irrespective of the matter of its attachment to the real estate or the sale, mortgage or lease of the real estate. Pursuant to the Uniform Commercial Code, and at TK Elevator's request, Purchaser agrees to execute any financial or continuation statements which may be necessary for TK Elevator to file in public offices in order to perfect TK Elevator's security interest in such equipment.

l. TK Elevator reserves the right to assign payments owed to TK Elevator under this Proposal.

m. TK Elevator shall not be liable for any loss, damage or delay caused by acts of government, labor troubles, strikes, lockouts, fire, explosion, theft, floods, riot, civil commotion, war, malicious mischief, acts of God or any cause beyond its control.

n. The rights of TK Elevator under this Proposal shall be cumulative and the failure on the part of the TK Elevator to exercise any rights hereunder shall not operate to forfeit or waive any of said rights. Any extension, indulgence or change by TK Elevator in the method, mode or manner or payment or any of its other rights shall not be construed as a waiver of any of its rights under this Proposal.

o. In the event TK Elevator engages a third party to enforce the terms of this Proposal, and/or to collect payment due hereunder, either with or without suit, Purchaser agrees to pay all costs thereof together with reasonable attorney’s fees. Purchaser does hereby waive trial by jury and does hereby consent to the venue of any proceeding or lawsuit under this Proposal to be in the county where the work covered by this Proposal is located.

p. TK Elevator can furnish Certificate of Workers’ Compensation, Bodily Injury and Property Damage Liability Insurance coverage to Purchaser upon written request.

q. Should loss of or damage to TK Elevator's material, tools or work occur at the project site, Purchaser shall compensate TK Elevator for such loss, unless such loss or damage results from TK Elevator's own acts or omissions.

r. Purchaser, in consideration of TK Elevator performing the services set forth in this Proposal, to the fullest extent permitted by law expressly agrees to indemnify, defend, save harmless, discharge, release and forever acquit TK Elevator Corporation, TK Elevator Manufacturing, Inc., their respective employees, officers, agents, insurers, affiliates, and subsidiaries (hereinafter singularly a “TK Elevator party“ and collectively the “TK Elevator parties“) from and against any and all claims, demands, suits, and proceedings for loss, property damage (including damage to the equipment which is the subject matter of this Proposal), personal injury or death that are alleged to either have arisen out of or be connected with the sale, marketing, presence, use, misuse, maintenance, installation, removal, modernization, manufacture, design, operation or condition of the equipment that is the subject matter of this Proposal or the labor and materials furnished in connection with this Proposal. Purchaser’s duty to indemnify a TK Elevator party does not apply to the extent that the loss, property damage (including damage to the equipment which is the subject matter of this Proposal), personal injury or death is determined to be caused by or resulting from the negligence of that TK Elevator party. Purchaser recognizes that its obligation to defend the TK Elevator parties under this clause, which is separate and apart from its duty to indemnify the TK Elevator parties, includes payment of all attorneys’ fees, court costs, judgments, settlements, interest and any other expenses of litigation arising out of such claims, demands, suits or proceedings.

s. Purchaser further expressly agrees to name Tk Elevator Corporation and TK Elevator Manufacturing, Inc. along with their respective officers, agents, affiliates and subsidiaries as additional insureds in Purchaser’s liability and any excess (umbrella) liability insurance policy(ies). Such insurance must insure TK Elevator Corporation and TK Elevator Manufacturing, Inc. for those claims and/or losses referenced in the above paragraph and those claims and/or or losses arising from the negligence of TK Elevator Corporation and TK Elevator Manufacturing, Inc. Such insurance must specify that its coverage is primary and non-contributory. Purchaser hereby waives its right of subrogation.

t. TK Elevator's participation in any controlled insurance program is expressly conditioned upon review and approval of all controlled insurance program information and documentation prior to enrollment. Any insurance credits if applicable, will be provided at that time.

u. Unless so mutually agreed upon in a separate signed agreement, TK Elevator shall not be required to interact or correspond with any third party with whom Subcontractor is not in privity of contract concerning matters pertinent to this Agreement.
v. The Purchaser must inform TK Elevator if Purchaser is, or becomes, an individual or entity that is - or that is majority owned or controlled by a party that is - included on any list of restricted parties maintained by (i) the United States of America; (ii) the United Nations; (iii) the European Union or any EU member state; (iv) the UK; or (v) any other national authority binding the parties of this contract.
In case the Purchaser, or any other beneficiary of this transaction, e.g. the end-user, is or becomes an individual or entity that is - or that is majority owned or controlled by a party that is - included on any list of restricted parties, TK Elevator reserves the right to cancel this Proposal immediately.
If the goods subject to this Proposal would be exported, re-exported, resold, used, transferred or otherwise disposed of in violation of any sanctions applicable to TK Elevator, TK Elevator also reserves the right to cancel this Proposal immediately. In this respect, the Purchaser shall be obliged to disclose the final delivery address, end-user and end-use of the goods upon request - insofar as legally permissible - and to notify TK Elevator of all circumstances that indicate an aforementioned infringement.
"Sanctions" means here any economic, trade or financial sanctions, laws, regulations, embargoes or restrictive measures imposed, enacted, administered or enforced by any Sanctions Authority. "Sanctions Authority" means (i) the US;(ii) the UN Security Council;(iii) the EU and any EU member state;(iv) the UK; or(v) any governmental institutions of any of the foregoing which administer Sanctions, including HM Treasury, OFAC, the US State Department and the US Department of the Treasury.

Modernization Proposal

Acceptance

Purchaser's acceptance of this Proposal and its approval by an authorized manager of TK Elevator will constitute exclusively and entirely the agreement between the parties for the goods and services herein described and full payment of the sum of Two Hundred Forty Four Thousand Dollars ($244,000.00) inclusive of all applicable sales and use taxes.

All other prior representations or regarding this work, whether written or verbal, will be deemed to be merged herein and no other changes in or additions to this Proposal will be recognized unless made in writing and properly executed by both parties as a change order. Should Purchaser's acceptance be in the form of a purchase order or other similar document, the provisions of this Proposal will exclusively govern the relationship of the parties with respect to this transaction. No agent or employee shall have the authority to waive or modify any of the terms of this Proposal without the prior written approval of an authorized TK Elevator manager.

(Purchaser):	TK Elevator Corporation Management Approval
By:	By:
(Signature of Authorized Individual) Zach Messier	(Signature of Branch Representative) Dan Hall
_____ (Print or Type Name)	Branch Manager
_____ (Print or Type Title)	
(Date of Acceptance)	(Date of Execution)

Service Agreement Exhibit

Exhibit A

TK Elevator Communications

Building Name	Equipment Type	Nickname	MAX Link
	Hydraulic	Elevator 1	*Current Selection*
			Current Selection

MAX Link

"MAX Link" is selected for specific Units in the chart above and TK Elevator will provide those specified Units, through a MAX Device, with a cellular connection for one or more of the following: Purchaser's in-car emergency video, text or audio communication equipment compatible with such a connection (the "Communication Equipment") for the duration of this Agreement so long as that communication equipment meets all applicable laws and codes. For units with analog phone devices, MAX Link service will specifically include maintenance, repair or replacement of Purchaser's emergency analog telephone where TKE's VoIP analog telephone adapter is deployed.

In no event shall TK Elevator be liable or responsible to you or any other party for failure of a cellular connection, or for receipt of the same by a MAX Device when such failure is due in whole or in part to a temporary or permanent failure of any type of hardware, systems, networks or telecommunications infrastructure provided by you, or by your, or by TK Elevator's third party service providers or by any other third party, or is due in whole or in part to any circumstances beyond TK Elevator's reasonable control including, but not limited to, any of the following: acts of God, flood, fire, wind, rain, water, soil movement, earthquake, explosion, virus, disease, unlawful cyber activity, vandalism, abuse, misuse, war, terrorism, power outages, power fluctuations, and/or national or regional shortages of power or telecommunication infrastructure.

Terms and Conditions

Any of the services mentioned in this Exhibit shall be governed by both the terms and conditions of the Agreement covering the Unit(s) described in that Agreement and the terms and conditions of this Exhibit and in the event that those terms conflict, the terms and conditions of this Exhibit will exclusively govern the subject matter of those terms and conditions. Should the Agreement covering the Unit(s) be terminated for any reason by either Party then this Exhibit shall also be automatically terminated. In the event that this Exhibit is terminated for whatever reason, Purchaser agrees to immediately both transfer the connection of the communication equipment to an appropriate telephone service provider and also make arrangements with its replacement elevator service vendor to reprogram the communication equipment to initiate contact with a replacement call center.

TK Elevator Communications Contact Information - To Be Completed by Purchaser

Purchaser hereby acknowledges that as a condition precedent to TK Elevator's placement of calls to Purchaser's Designated Contacts and any Local Emergency Services under this Agreement, Purchaser must first complete all sections of the TK Elevator communications Contact Information section below. Purchaser further acknowledges that it is Purchaser's sole responsibility to advise TK Elevator immediately in writing of any changes to the information contained in this exhibit during the term of this Agreement. Purchaser acknowledges that no revision to that

information will be made without TK Elevator first receiving such request in writing from Purchaser's authorized representative.

Under those circumstances where TK Elevator is unable to reach Purchaser's Designated Contacts, Purchaser hereby gives TK Elevator express permission to dispatch a TK Elevator service technician to the location of the equipment at Purchaser's expense in accordance with TK Elevator's applicable billing rates. Purchaser further agrees that TK Elevator does not assume any duty or responsibility to advise any caller, regardless of his or her location within or outside the elevator, to take or not take any specific action resulting from a medical or other emergency or any other situation including, but not limited to, entrapment of persons, evacuation, repair or return to service of any equipment.

In the event of an emergency, or perceived emergency, one or more of the following are to be Purchaser's Designated Contacts:

Contact Name	Title	Primary Telephone #	Secondary Telephone #

In the event of an Emergency or perceived emergency, TK Elevator has the express permission to contact one or more of the following **(911 is not sufficient, local phone numbers are required)**:

Police Department: (_____) _____-_____

Fire Department: (_____) _____-_____

Special instructions/remarks:

_____

In the event that a TK Elevator call center operator perceives that a call from within the elevator constitutes a medical or other emergency, Purchaser hereby gives TK Elevator the express permission to call Local Emergency Services at the telephone numbers provided above at TK Elevator's sole discretion. Under those circumstances, Purchaser agrees to pay all related charges for services provided by any Local Emergency Services in response to that call. Purchaser agrees that TK Elevator shall not be responsible for ensuring an appropriate (or any) response by Local Emergency Services to that call.

Dover Housing Authority					
Combined Budget Comparison		**PUBLIC HOUSING ONLY AMP 1,2,3**			
June 30, 2023					
			Prorated Budget	**Combined Actual**	**Variance**
Revenues		**Budget 2023**	**12 Month**	**June 30, 2023**	**Year to Date**
Dwelling rent		1,514,688	1,514,688	1,397,861	(116,827)
Excess utilities		0	0	0	0
Interest income		5,400	5,400	6,923	1,523
Other income & Misc Charges		57,644	57,644	74,898	17,254
Operating Fund	AMPs 2&3	876,787	876,787	821,385	(55,402)
	AMP 1		0	0	0
Interest on Mortgage		0	0	0	0
Gain on Sale of 7 and 7A Avon		0	0	0	0
ROSS Grant		0	0	0	0
Operating Grants - FSS		0	0	0	0
Capital Fund - Operations		159,600	159,600	159,600	0
Capital Fund - Administration		0	0	0	0
Fees:	Property Mgmt fee PH & RAD	0	0	0	0
	Property Mgmt fee Section 8	0	0	0	0
	Property Mgmt fee CFP	0	0	0	0
	Bookkeeping fee PH & RAD	0	0	0	0
	Bookkeeping fee Section 8	0	0	0	0
	Asset Mgmt Fee PH	0	0	0	0
	Billable Time - frontline	0	0	0	0
Reserve Contribution		0	0	0	0
Management fee reserve		0	0	0	0
Total revenues		2,614,119	2,614,119	2,460,667	(153,452)
Expenses					
Administrative Expenses					
Administrative Salaries		134,120	134,120	135,886	(1,766)
Administrative Salaries - FSS		0	0	0	0
Benefits - administration		87,540	87,540	91,015	(3,475)
Benefits - FSS		0	0	0	0
Compensated Absences		0	0	47,504	(47,504)
Legal		1,230	1,230	1,505	(275)
Development expenses		0	0	0	
Training and Travel				0	
Conferences		2,459	2,459	0	2,459
Staff		3,689	3,689	2,733	956
Board Members		3,074	3,074	0	3,074
Lodging and meal		3,689	3,689	75	3,614
Mileage and airfare		2,459	2,459	990	1,469
Tenmast Training		0	0	0	0
Outside accounting services		0	0	0	0
Audit		5,901	5,901	5,681	220
Property Management fee		239,728	239,728	239,036	692
Bookkeeping Fee		24,660	24,660	24,195	465
Asset management fees		32,880	32,880	32,880	0
Capital Fund Admin Fee		0	0	0	0
Advertising and marketing		1,500	1,500	1,451	49
Inspections - Section 8		0	0	0	0
Computer Consultant		12,294	12,294	16,768	(4,474)
Computer Hardware		1,967	1,967	3,584	(1,617)
Computer Software - Tenmast		12,294	12,294	13,218	(924)
Computer Sofware Renewals		737	737	0	737
All other sundry:			0		
Dues		1,844	1,844	1,362	482
Telephone		3,811	3,811	15,739	(11,928)
Office supplies		1,476	1,476	2,742	(1,266)
			0		
All other sundry admin.		18,443	18,443	34,574	(16,131)
Total administration		595,795	595,795	670,937	(75,142)
Tenant services					
Tenant services - salaries		78,593	78,593	50,052	28,541
Tenant services - benefits		17,755	17,755	6,747	11,008
Tenant services - recreation		6,850	6,850	0	6,850
Tenant services - contract		0	0	0	0
Total Tenant services		103,198	103,198	56,799	46,399

Dover Housing Authority
Combined Budget Comparison
June 30, 2023 **Continued**

Utilities	**Budget 2023**	**Prorated Budget 12 Month**	**Combined Actual June 30, 2023**	**Variance Year to Date**
Water and Sewer	137,720	137,720	142,631	(4,911)
Sewer (Combined with Water & Sewer above)	0	0		0
Electric	158,920	158,920	138,686	20,234
Gas	161,080	161,080	160,614	466
Fuel	0	0	0	0
Labor	0	0	0	0
Other	0	0	0	0
Total Utilities	457,720	457,720	441,932	15,788
Maintenance Costs				
Labor	351,640	351,640	338,961	12,679
Benefits	151,467	151,467	184,890	(33,423)
Materials and Supplies	96,400	96,400	154,716	(58,316)
Contract Costs:	0	0	0	0
Billled from COCC	86,005	86,005	70,988	15,018
Heating & Cooling	10,020	10,020	4,196	5,824
Snow Removal	0	0	0	0
Elevator maintenance	24,990	24,990	27,189	(2,199)
Landscape and Grounds	0	0	0	0
Unit turnaround	0	0	0	0
Electric repairs	3,160	3,160	4,295	(1,135)
Plumbing repairs	1,930	1,930	15,462	(13,532)
Extermination	21,620	21,620	6,319	15,301
Janitorial	0	0	0	0
Vehicles	10,620	10,620	19,374	(8,754)
Inspections	7,750	7,750	3,570	4,180
Security	20,000	20,000	39,468	(19,468)
Garbage and trash	3,200	3,200	11,846	(8,646)
Other	63,980	63,980	65,806	(1,826)
Total Maintenance	852,782	852,782	947,080	(94,298)
General Expense				
Insurance:				
Package Policy	0	0	0	0
Package Policy	133,526	133,526	145,817	(12,291)
Payment in Lieu of taxes	109,721	109,721	100,166	9,555
Security	0	0	0	0
Collection losses	7,571	7,571	3,000	4,571
Other general RAD EXPENSES	0	0	0	0
FSS Escrow Deposits	0	0	0	0
Total General Expense	**250,818**	**250,818**	**248,983**	**1,835**
Total Operating expense	2,260,313	2,260,313	2,365,731	(105,418)
Net Income prior to non-routine	353,806	353,806	94,936	(258,870)
Non-routine expenses				
Non-routine Maintenance	31,000	31,000	94,707	(63,707)
Replacement of equipment - capitalized	232,300	232,300	216,913	15,387
Replacement of equipment - not capitalized	12,000	12,000	9,564	2,436
Betterments and additions	0	0	48,135	(48,135)
Total non-routine	275,300	275,300	369,319	(94,019)
Net Income (Deficit)	78,506	78,506	(274,384)	(352,890)

DOVER HOUSING AUTHORITY

FINANCIAL STATEMENTS

AS OF AND FOR THE YEAR ENDED JUNE 30, 2022

DOVER HOUSING AUTHORITY

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DOVER HOUSING AUTHORITY

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MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT

To The Board of Commissioners
Dover Housing Authority
Dover, New Hampshire

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the business-type activities and the discretely presented component unit of the Dover Housing Authority, as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the Dover Housing Authority's basic financial statements as listed in the table of contents.

In our opinion, based on our audit and the report of the other auditors, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the discretely presented component unit of the Dover Housing Authority, as of June 30, 2022, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of the discretely presented component unit as of June 30, 2022, and the respective changes in financial position thereof for the year then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for the discretely presented component unit is based solely on the report of the other auditors.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Dover Housing Authority's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis and the required supplementary information presented on pages 46 through 50, as listed in the table of contents, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Dover Housing Authority's basic financial statements. The supplementary information on pages 51 through 73, as listed in the table of contents, and the Schedule of Expenditures of Federal Awards, as required by *Title 2 U.S.* Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information on pages 51 through 73, as listed in the table of contents, and the Schedule of Expenditures of Federal Awards, are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have issued our report dated February 3, 2023 on our consideration of the Dover Housing Authority's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Dover Housing Authority's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Dover Housing Authority's internal control over financial reporting and compliance.

Marcum LLP

Providence, Rhode Island
February 3, 2023

DOVER HOUSING AUTHORITY

MANAGEMENT'S DISCUSSION & ANALYSIS

JUNE 30, 2022

OVERVIEW OF THE FINANCIAL STATEMENTS

The Dover Housing Authority (the Authority) is pleased to present its basic financial statements as of and for the year ended June 30, 2022, which have been prepared in accordance with U.S. generally accepted accounting principles (GAAP). GAAP requires the inclusion of three basic financial statements: the statement of net position; the statement of revenues, expenses, and changes in net position; and the statement of cash flows. In addition, GAAP requires the inclusion of this management's discussion and analysis (MD&A) section as required supplementary information.

The basic financial statements provide both long-term and short-term information about the Authority's overall financial condition. The basic financial statements also include notes that provide additional information.

As provided for under GAAP, the Authority uses the accrual basis of accounting to prepare its basic financial statements. Under this basis of accounting, revenues are recognized in the period in which they are earned and expenses, including depreciation and amortization, are recognized in the period in which they are incurred. All assets and liabilities associated with the operation of the Authority are included in the statement of net position.

This section of the Authority's annual financial report presents our discussion and analysis of the Authority's financial performance during the year ended June 30, 2022, with comparative data for the year ended June 30, 2021. Please read this section in conjunction with the Authority's basic financial statements, which immediately follow this section.

HIGHLIGHTS

- Assets and deferred outflows of resources of the Authority exceeded liabilities and deferred inflows of resources at June 30, 2022 by $14,058,466 (net position), representing an increase of $423,278 from the prior year.
- Total revenues decreased by $419,748 from the prior year, while total expenses decreased by $131,575.
- The Authority's current ratio that measures liquidity increased during the year from 10.29 to 11.71.

DOVER HOUSING AUTHORITY

MANAGEMENT'S DISCUSSION & ANALYSIS

JUNE 30, 2022

OVERVIEW OF THE AUTHORITY'S OPERATIONS

The Authority was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. These services are provided through the administration of the following programs:

Federal Programs

Section 8 Housing Choice Voucher and Mainstream Program
Low Rent Public Housing Program
Public Housing Capital Fund Program
Family Self Sufficiency Program
Twenty-First Century Program

State/Local and Other Programs

Central Office Cost Center
Laughton Scholarship Fund
Property Management

Component Units

Seymour Osman Community Center
DHA RAD, Inc.
1623 Settlement Dover LP

For additional information on the Authority's programs, see the notes to financial statements.

FINANCIAL ANALYSIS

Summary of Net Position

Presented below is the Authority's condensed summary of net position at June 30, 2022 compared to June 30, 2021. The statement of net position presents the assets and deferred outflows of resources, liabilities and deferred inflows of resources, and net position of the Authority at the end of the fiscal year. The purpose of the statement of net position is to give the financial statement readers a snapshot of the fiscal condition of the Authority as of a certain point in time. It presents end of year data for assets, deferred outflows of resources, liabilities, deferred inflows of resources, and net position (assets and deferred outflows of resources, minus liabilities and deferred inflows of resources).

SUMMARY OF NET POSITION
June 30, 2022 and 2021

	2022	2021	Change	% Change
Current Assets	$ 5,427,267	$ 5,533,837	$ (106,570)	-1.93%
Capital Assets	6,376,404	5,911,112	465,292	7.87%
Other Noncurrent Assets	7,931,308	8,015,737	(84,429)	-1.05%
Total Assets	19,734,979	19,460,686	274,293	1.41%
Deferred Outflows of Resources	1,063,353	874,297	189,056	21.62%
Current Liabilities	463,445	537,838	(74,393)	-13.83%
Noncurrent Liabilities	5,104,806	5,598,199	(493,393)	-8.81%
Total Liabilities	5,568,251	6,136,037	(567,786)	-9.25%
Deferred Inflows of Resources	1,171,615	563,758	607,857	107.82%
Investment in capital assets	6,376,404	5,911,112	465,292	7.87%
Restricted	5,423	31,338	(25,915)	-82.70%
Unrestricted	7,676,639	7,692,738	(16,099)	-0.21%
Total Net Position	$ 14,058,466	$ 13,635,188	$ 423,278	3.10%

Total assets of the Authority at June 30, 2022 and 2021 were $19,734,979 and $19,460,686, respectively, a change of 1.41%. The significant components of current assets are cash, investments and receivables. The significant components of noncurrent assets are capital assets and notes receivable. Capital assets include land, buildings and building improvements, construction in progress, and equipment. All capital assets except for land and construction in progress are shown net of accumulated depreciation.

Total liabilities of the Authority at June 30, 2022 and 2021 were $5,568,251 and $6,136,037, respectively, a change of 9.25%. Current liabilities include accounts payable, accrued liabilities and unearned revenue. Noncurrent liabilities are primarily made up of the pension and OPEB liabilities.

Deferred inflows and outflows of resources relate to the Authority pension and OPEB liabilities. In 2022, the Authority's pension and OPEB related deferred outflows increased by $189,056 and deferred inflows increased by $607,857. These changes are the result of fluctuations in the actuarial valuations of the liabilities and the change in the value of pension assets.

Net position represents the Authority's equity, which is accounted for in three major categories. The first category, investment in capital assets, represents the Authority's equity in land, buildings and building improvements, construction in progress, and equipment. The next net position category is restricted net position; this shows the amounts subject to external restriction. The last category is unrestricted net position; these funds are available to use for any lawful and prudent purpose of the Authority. Unrestricted net position decreased by $16,099, or 0.21%, for the fiscal year.

Summary of Revenues, Expenses and Changes in Net Position

Presented below is the condensed summary of revenues, expenses and changes in net position information for fiscal year ended June 30, 2022 compared to the year ended June 30, 2021. The information reflects the results of operations for the Authority and displays the sources of revenue, the nature of expenses for the year and the resulting change in net position. All revenues and expenses are accounted for on an accrual basis. See notes to financial statements.

SUMMARY OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
For the years ended June 30, 2022 and 2021

	2022	2021	Change	% Change
Revenue				
Operating Revenues	$ 8,604,139	$ 8,574,757	$ 29,382	0.34%
Non-operating Revenues	572,973	1,022,103	(449,130)	-43.94%
Total Revenues	9,177,112	9,596,860	(419,748)	-4.37%
Expenses				
Housing assistance payments	4,779,694	4,612,250	167,444	3.63%
Repair and maintenance	1,072,133	1,178,474	(106,341)	-9.02%
Administration	975,276	1,012,198	(36,922)	-3.65%
Depreciation expense	695,359	655,452	39,907	6.09%
Tenant services	446,965	546,677	(99,712)	-18.24%
Utilities	439,285	405,366	33,919	8.37%
Other general expenses	183,462	331,255	(147,793)	-44.62%
Insurance expense	149,660	134,737	14,923	11.08%
Protective services	12,000	9,000	3,000	33.33%
Total Expenses	8,753,834	8,885,409	(131,575)	-1.48%
Change in Net Position	423,278	711,451	(288,173)	-40.50%
Net Position - Beginning of Year	13,635,188	12,923,737	711,451	5.50%
Net Position - End of Year	$ 14,058,466	$ 13,635,188	$ 423,278	3.10%

Generally, operating revenues are amounts received for providing housing to the Authority's tenants as well as subsidies and grants received from the U.S. Department of Housing and Urban Development (HUD) that provide significant funding for the operations of the Authority's housing programs. Operating expenses are those incurred to operate, maintain, and repair the housing units and to provide supportive services to the tenants of the Authority. Nonoperating revenues are revenues earned for which goods and services are not provided, for example, interest income. Capital grants represent revenues earned for public housing capital repairs.

Significant changes in revenues and expenses from the fiscal year ended June 30, 2021 to June 30, 2022 include the following:

- Nonoperating revenues decreased by $449,130, or 43.94%, due to an decreased in capital activity funded through HUD's Capital Fund Program.

- Housing assistance payments increased by $167,444, or 3.63%, due to an increase in average contract rent.

- Repair and maintenance expenses decreased by $106,341, or 9.02%, due to fluctuations in the pension and OPEB liabilities which caused a decrease in employee benefits expense.

- Tenant service expenses decreased by $99,712, or 18.24% and other general expenses decreased by $147,793, or 44.62%, due to a decrease in COVID related expenses.

CAPITAL ASSETS AND DEBT ADMINISTRATION

Capital Assets

At June 30, 2022, capital assets, net of accumulated depreciation was $6,376,404 which includes land, buildings and building improvements, construction in progress, and equipment. The schedule below reflects the changes in capital assets, net of depreciation, from June 30, 2021 to June 30, 2022:

CAPITAL ASSET ANALYSIS
June 30, 2022 and 2021

	2022	2021	Change	% Change
Land	$ 1,292,589	$ 1,123,839	$ 168,750	15.02%
Buildings	23,155,274	22,649,024	506,250	2.24%
Furniture and equipment	838,944	761,265	77,679	10.20%
Construction in progress	716,326	308,357	407,969	132.30%
Total capital assets	26,003,133	24,842,485	1,160,648	4.67%
Accumulated depreciation	(19,626,729)	(18,931,373)	(695,356)	3.67%
Capital assets, net of accumulated depreciation	$ 6,376,404	$ 5,911,112	$ 465,292	7.87%

The majority of the additions were attributable to construction in progress. Additional information on the Authority's capital assets can be found in the notes to financial statements.

Long-Term Debt

At June 30, 2022, the Authority had no long-term debt.

ECONOMIC FACTORS AND NEXT YEAR'S BUDGET

Significant economic factors affecting the Authority's budget in the next year are as follows:

- The Authority is primarily dependent upon HUD for the funding of its federal programs; therefore, the Authority is affected more by the federal budget than by local economic conditions.
- Local labor supply and demand, which can affect salary and wage rates
- Local inflationary, recessionary and employment trends, which can affect resident incomes and, therefore, the amount of rental income
- Inflationary pressure on utility rates, housing costs, supplies and other costs
- Current trends in the housing market
- Local and national property rental markets that determine Housing Assistance Payments
- The economic impacts of COVID-19

REQUEST FOR INFORMATION

This financial report is designed to provide a general overview of the Authority's finances for all those interested. Questions concerning any of the information presented in this report or requests for additional information should be addressed to Ryan Crosby, Executive Director, Dover Housing Authority, 62 Whittier Street, Dover, NH 03820.

DOVER HOUSING AUTHORITY

STATEMENT OF NET POSITION

JUNE 30, 2022

	Primary Government	Component Unit 1623 Settlement Dover LP
ASSETS		
Current Assets		
Cash and cash equivalents	$ 2,864,627	$ 241,876
Restricted cash	154,433	992,108
Accounts receivable, net	101,432	13,932
Interest receivable	732,817	--
Investments	1,527,454	--
Prepaid expenses and other current assets	46,504	--
Total Current Assets	5,427,267	1,247,916
Noncurrent Assets		
Restricted cash	202,148	--
Investment in the financing of affordable housing developments	7,229,240	--
Capital assets, non-depreciable	2,008,915	1,164,209
Capital assets, net of accumulated depreciation	4,367,489	16,932,881
Other noncurrent assets	499,920	131,127
Total Noncurrent Assets	14,307,712	18,228,217
TOTAL ASSETS	19,734,979	19,476,133
DEFERRED OUTFLOWS OF RESOURCES	1,063,353	--

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

DOVER HOUSING AUTHORITY

STATEMENT OF NET POSITION (CONTINUED)

JUNE 30, 2022

	Primary Government	Component Unit 1623 Settlement Dover LP
LIABILITIES		
Current Liabilities		
Accounts payable	78,843	48,598
Accounts payable, other government	109,905	--
Current portion of long term debt	--	49,718
Accrued wages and current portion of compensated absences	133,389	--
Interest payable	--	29,647
Other current liabilities	657	80,081
Unearned revenue	43,579	--
Tenant security deposits	97,072	49,842
Total Current Liabilities	463,445	257,886
Noncurrent Liabilities		
Long term debt, net of current portion	--	14,069,801
Other noncurrent liabilities	253,755	--
Net pension liability	1,405,843	--
Net OPEB liability	3,445,208	--
Total Noncurrent Liabilities	5,104,806	14,069,801
TOTAL LIABILITIES	5,568,251	14,327,687
DEFERRED INFLOWS OF RESOURCES	1,171,615	--
NET POSITION		
Investment in capital assets	6,376,404	3,977,447
Restricted:		
Housing assistance payments	5,423	--
Unrestricted	7,676,639	1,170,999
TOTAL NET POSITION	$ 14,058,466	$ 5,148,446

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

DOVER HOUSING AUTHORITY

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET POSITION

FOR THE YEAR ENDED JUNE 30, 2022

	Primary Government	Component Unit 1623 Settlement Dover LP
OPERATING REVENUES		
HUD grants	$ 6,494,182	$ --
Tenant rental income	1,441,552	2,024,721
Other revenue	583,972	2,914
Other government grants	84,433	--
Total Operating Revenues	8,604,139	2,027,635
OPERATING EXPENSES		
Housing assistance payments	4,779,694	--
Repair and maintenance	1,072,133	508,974
Administration	975,276	265,815
Depreciation expense	695,359	488,458
Tenant services	446,965	--
Utilities	439,285	353,748
Other general expenses	183,462	200,463
Insurance expense	149,660	--
Protective services	12,000	--
Total Operating Expenses	8,753,834	1,817,458
Operating Loss	(149,695)	210,177
NONOPERATING REVENUES (EXPENSES)		
Interest and investment revenue	165,003	1,074
Interest expense	--	(519,431)
Total Nonoperating Revenues (Expenses)	165,003	(518,357)
Income before Capital Grants	15,308	(308,180)
CAPITAL GRANTS		
HUD capital grants	407,970	--
Total Capital Grants	407,970	--
Change in Net Position	423,278	(308,180)
Net Position, Beginning of Year	13,635,188	4,606,626
Capital contributions	--	850,000
Net Position, End of Year	$ 14,058,466	$ 5,148,446

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

DOVER HOUSING AUTHORITY

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED JUNE 30, 2022

	Primary Government
Cash Flows from Operating Activities	
HUD grants	$ 6,414,992
Other government grants	66,070
Receipts from tenants	1,456,129
Other operating receipts	557,198
Payments to employees	(1,940,841)
Payments to suppliers	(1,228,220)
Payments to landlords	(4,779,694)
Net cash provided by operating activities	545,634
Cash Flows from Capital and Related Financing Activities	
HUD capital grants	407,970
Acquisitions of capital assets	(1,160,651)
Net cash used in capital and related financing activities	(752,681)
Cash Flows from Investing Activities	
Interest and dividends received	3,253
Proceeds from the sale of investments	(22,104)
Proceeds from the collection on notes receivable	125,672
Net cash provided by investing activities	106,821
Net decrease in cash, cash equivalents and restricted cash	(100,226)
Cash, cash equivalents and restricted cash, beginning of year	3,321,434
Cash, cash equivalents and restricted cash, end of year	$ 3,221,208

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

DOVER HOUSING AUTHORITY

STATEMENT OF CASH FLOWS (CONTINUED)

FOR THE YEAR ENDED JUNE 30, 2022

	Primary Government
Reconciliation of operating loss to net cash provided by operating activities:	
Operating Loss	$ (149,695)
Adjustments:	
Depreciation	695,359
Change in assets and liabilities:	
(Increase) decrease in accounts receivable, tenants	(5,482)
(Increase) decrease in accounts receivable, other	9,009
(Increase) decrease in accounts receivable, HUD	(44,365)
(Increase) decrease in accounts receivable, other government	(18,363)
(Increase) decrease in prepaid expenses and other current assets	208,156
(Decrease) increase in accounts payable	21,634
(Decrease) increase in accounts payable, other government	5,749
(Decrease) increase in compensated absences and accrued wages	(49,786)
deferred inflow/outflows of resources	(167,473)
(Decrease) increase in accrued expenses and other current liabilities	90,985
(Decrease) increase in tenant security deposits	10,213
(Decrease) increase in unearned operating revenue	(60,307)
Net cash provided by operating activities	$ 545,634
Cash, cash equivalents and restricted cash per Statement of Net Position:	
Cash and cash equivalents	$ 2,864,627
Restricted cash - current	154,433
Restricted cash - noncurrent	202,148
Total cash, cash equivalents and restricted cash per Statement of Net Position	$ 3,221,208

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

NOTE 1 – ORGANIZATION

The Dover Housing Authority (the Authority) was incorporated under the laws of the State of New Hampshire. The Authority operates under a board of commissioner form of government to provide safe and decent housing to low and moderate-income families and elderly individuals.

The Authority maintains its accounting records by program and operates the following programs:

Federal Programs

Low Rent Public Housing – (Asset Management Projects (AMPS)) – This program accounts for all activities relating to the leasing and operation of apartments in buildings that were constructed and are owned by the Authority. These units are rented to low income families and low-income elderly, disabled, and special needs individuals. The properties were constructed with grants and or loans provided by the U.S. Department of Housing and Urban Development (HUD). The Authority receives grants from HUD to subsidize operating deficits. Tenants are charged rents based on a percentage of their income.

Public Housing Capital Fund – HUD provides grant funds to authorities with Low Rent Public Housing units on a formula basis. The funds are predominantly used to make physical improvements to buildings and dwelling units owned by the Authority under the Low Rent Public Housing Program. A portion of these funds may also be used to support operations and to make improvements in the management and operation of the Authority.

Section 8 Housing Choice Voucher and Mainstream Voucher Programs – HUD provides grants to the Authority to subsidize rents paid by low income families and individuals who rent dwelling units from private landlords. Under this program, qualified applicants are issued vouchers which may be used by the applicant to obtain housing in the private rental market. The Authority will subsidize the landlord for the difference between the rent requested and the tenant's share of the rent not to exceed a predetermined payment standard.

Family Self Sufficiency Program (FSS) – FSS helps eligible individuals acquire the skills and experience needed to obtain work that pays a living wage, and also offers them an opportunity to save towards home-ownership. The Authority works with welfare agencies, schools, businesses, and other local partners to help FSS participants access services including but not limited to; child care, transportation, education and training, and home-ownership counseling.

NOTE 1 – ORGANIZATION (CONTINUED)

Twenty-First Century Community Learning Centers – The Authority receives a grant from the Department of Education which is used to fund programs operated at the Seymour Osman Community Center for local students.

State/Local and Other Programs

Central Office Cost Center (COCC) – This program tracks common overhead expenses incurred by the Authority. To offset these common expenses, the COCC receives monthly a property management, bookkeeping and asset management fee from the AMPs. Additionally, the COCC receives from the Section 8 Housing Choice Voucher Program a monthly property management and bookkeeping fee.

The Laughton Scholarship Fund – The Laughton Scholarship Fund was established approximately 20 years ago and has been primarily funded by David & Marcia Laughton's private donations. Scholarships are awarded to students of low-income households via an application process.

Property Management – These programs are used to account for leasing and management activities of property that is owned by the Authority as well as for property that is not owned by the Authority.

NOTE 1 – ORGANIZATION (CONTINUED)

Component Units and Affiliates

To manage its business and financial affairs more effectively, the Authority has created affiliate entities to support its various ventures. While the Authority, as the parent entity, manages federal programs, the affiliate entities support the various functions necessary to meet the Authority's mission to provide safe and decent housing to low and moderate income families and elderly individuals.

The Authority's financial statements include the accounts of all of the Authority's operations. The criteria for including organizations as component units within the Authority's reporting entity, as set forth in Section 2100 of GASB's *Codification of Governmental Accounting and Financial Reporting Standards*, include whether:

- the organization is legally separate (can sue and be sued in their own name)
- the Authority holds the corporate powers of the organization
- the Authority appoints a voting majority of the organization's board
- the Authority is able to impose its will on the organization
- the organization has the potential to impose a financial benefit/burden on the Authority
- there is fiscal dependency by the organization on the Authority

Based on the aforementioned criteria, the Authority's financial statements include the following component units:

Component Unit (Discrete) – 1623 Settlement Dover Limited Partnership – This entity purchased a portion of the property owned by the Authority as part of its Low Rent Public Housing Program and is operating the property utilizing RAD funding from the Authority, State of New Hampshire loan funds and tax credit funding to rehabilitate the property. The property receives project-based HUD funding under the Section 8 program.

Component Unit (Blended) – Seymour Osman Community Center (a not-for-profit entity) – The Authority receives grants from the State of New Hampshire, the City of Dover and other local organizations to support the Seymour Osman Community Center which provides social services programs to its participants. Dover Housing Authority holds the corporate powers of Seymour Osman Community Center.

Component Unit (Blended) – DHA RAD, Inc. – This entity was created to be the general partner of 1623 Settlement Dover Limited Partnership. Dover Housing Authority holds the corporate powers of DHA RAD, Inc.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF PRESENTATION AND ACCOUNTING

The Authority is a special-purpose government entity engaged only in business-type activities and, as such, the financial statements are presented as a single enterprise fund utilizing the accrual basis of accounting. Under the accrual basis, revenues are recognized when earned and expenses when the related liability for goods and services is incurred, regardless of the timing of the related cash flows.

The Authority's financial statements are prepared in accordance with Governmental Accounting Standards Board (GASB). The Authority follows GASB as applied to governmental entities.

The Authority's primary source of nonexchange revenue relates to grants and subsidies. Grants and subsidies revenue is recognized at the time eligible program expenses occur and/or the Authority has complied with the grant and subsidy requirements, in accordance with GASB Statement No. 33, *Accounting and Financial Reporting for Nonexchange Transactions.* Grants received in advance of expenses are recorded as a liability until earned.

NEW ACCOUNTING STANDARDS ADOPTED

During 2022, the Authority adopted the following accounting standards that did not impact the Authority's financial statements.

GASB Statement Number	Name
87	*Leases*
89	*Accounting for interest cost incurred before the end of a construction period*

USE OF ESTIMATES

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the use of estimates that affect reported amounts of assets, liabilities, revenues and expenses and related disclosures. Actual amounts could differ from those estimates.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

CASH AND CASH EQUIVALENTS

The Authority considers cash equivalents to be all highly liquid investments with a maturity of three months or less when purchased. Also included in cash equivalents are non-negotiable certificates of deposits, recorded at cost in accordance with GASB Statement No. 31, *Accounting and Financial Reporting for Certain Investments and for External Investment Pools*.

ACCOUNTS RECEIVABLE

Accounts receivable from tenants are carried at the original amount billed less an estimate made for doubtful accounts based on a review of all outstanding amounts on a monthly basis. Management determines the allowance for doubtful accounts by using historical experience applied to an aging of accounts receivable. Accounts receivable from tenants are written off with board approval when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Allowances for other non-tenant receivables are reviewed annually. See Note 6 for details of accounts receivable and allowances at year end.

CAPITAL ASSETS

Capital assets include property, furniture, equipment and machinery with initial, individual costs that equal or exceed $5,000 and estimated useful lives of more than one year. Capital assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at fair value at the time of acquisition. Major outlays for capital assets and improvements are capitalized as projects are constructed. Capital assets are depreciated using the straight-line method over the following estimated useful lives:

Buildings	40 years
Land and Building Improvements	15-20 years
Furniture, Equipment and Machinery	5-7 years

IMPAIRMENT OF CAPITAL ASSETS

Governmental Accounting Standards Board's, Statement No. 42, *Accounting and Financial Reporting for Impairment of Capital Assets and for Insurance Recoveries* requires certain note disclosures or recognition regarding impairments of capital assets. The Authority did not recognize any impairments of capital assets in fiscal year 2022.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

COMPENSATED ABSENCES

Annual Leave with pay shall be earned by all regular, full-time employees as follows: No Annual Leave with pay shall be earned during the first ninety (90) days of employment. Five (5) days of Annual Leave shall be earned after the first ninety (90) days of employment. Five (5) additional days of Annual Leave shall be earned after the first year of employment. Annual leave with pay shall be earned by all regular, full-time employees at the rate of 10 days per year after two (2) full years of employment; and 1 additional day for each additional year of employment up to a maximum total of 20 vacation days. Total accrued compensated absences at June 30, 2022 aggregated $95,423.

OPERATING REVENUES AND EXPENSES

Operating revenue includes operating grants and subsidies, rental income, management services provided and all other revenue relating to the provision of safe, decent and affordable housing services that do not result from transactions defined as capital and related financing, non-capital and related financing or investing activities. Operating expenses include wages, housing assistance payments, utilities, maintenance, depreciation of capital assets, administrative expenses and all other expenses relating to the provision of safe, decent and affordable housing services that do not result from transactions defined as capital and related financing, non-capital and related financing or investing activities.

NON-OPERATING REVENUES AND EXPENSE

The Authority's nonoperating revenues relate primarily to capital grants provided by HUD and interest income. For reporting purposes, capital grant revenue is recognized when expenditures are incurred, and advance receipts are initially recorded as unearned revenue. Nonoperating expenses are expenditures derived from transactions other than those associated with the Authority's primary housing operations and are reported as incurred.

ECONOMIC DEPENDENCY

The Authority's federal programs are economically dependent on grants and annual contributions from HUD. These programs operate at a loss prior to receiving these grants and contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

PENSIONS

For purposes of measuring the net pension liability, deferred outflows or resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the retirement system and additions/deductions from the system's fiduciary net position have been determined on the same basis as they are reported by the retirement system.

OTHER POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (OPEB)

For purposes of measuring the total OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB, and OPEB expense, have been determined by an actuarial valuation conducted by the Authority and are accounted for in accordance with the requirements of GASB Statement No. 75 *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions (OPEB)*.

DEFERRED OUTFLOWS AND INFLOWS OF RESOURCES

Deferred outflows of resources are the consumption of net position by the Authority that is applicable to a future reporting period. Deferred inflows of resources are the acquisition of net position by the Authority that is applicable to a future reporting period. These consist of the deferral of the recognition of revenues and expenses until the future period to which the outflows and inflows are related. The Authority's deferred outflows and inflows of resources are related to pension or related to OPEB. The following is a summary of deferred outflows and inflows of resources at June 30, 2022:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Related to Pensions	$ 397,903	$ 486,602
Related to OPEB	665,450	685,013
Total	$ 1,063,353	$ 1,171,615

APPLICATION OF RESOURCES

The Authority would first apply restricted resources when an expense is incurred for which both restricted and unrestricted resources are available.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

SUBSEQUENT EVENTS

Management has evaluated subsequent events through February 3, 2023, which is the date these financial statements were available to be issued. There were no subsequent events requiring recognition or disclosure in these financial statements.

NOTE 3 – NET POSITION

Net position is reported in three categories:

Investment in Capital Assets consists of all capital assets, reduced by accumulated depreciation, the outstanding balances of any bonds, mortgages, notes or other borrowing that are attributable to the acquisition, construction, or improvement of those assets. The Authority had no debt related to its capital assets at June 30, 2022. At June 30, 2022, the investment in capital assets was $6,376,404.

Restricted Net Position consists of restricted assets, when constraints are placed on the assets by creditors (such as debt covenants), grantors, contributors, laws, regulations, etc. At June 30, 2022, restrictions of $5,423 represent the net position restricted by HUD related to the Housing Choice Voucher Program to be used for future HAP payments.

Unrestricted Net Position is designed to represent the net available assets, for the entire Authority. At June 30, 2022, the unrestricted net position was $7,676,639.

NOTE 4 – CASH, CASH EQUIVALENTS AND INVESTMENTS

The Authority has adopted HUD's Investment Regulation PIH 1996-33 as its investment policy. HUD regulations require that all HUD deposits in financial institutions and investments be fully insured or collateralized, by U.S. Government obligations that have a fair value of not less than the principal amount of the deposits. The policy also requires that investments not have a maturity period longer than three years.

Custodial Credit Risk – Cash Deposits

At times, the Authority's balances may exceed the Federal insurance limits; however, the Authority has not experienced any losses with respect to its bank balance in excess of government provided insurance. In addition, balances are fully collateralized through agreements with the financial institutions. Management believes that no significant risk exists with respect to cash balances as of June 30, 2022.

Investments - Credit Risk

Pursuant to HUD's Cash Management and Investment Policies and Procedures, the Authority is authorized to invest in various investment instruments including, but not limited to, U.S. Treasury Bills, Notes and Bonds, obligations of federal government agencies, demand and savings deposits, Municipal Depository Fund accounts, repurchase agreements, and certificates of deposit. The objectives of the policy are: safety of principal, yield on investments, liquidity of investments, and maintaining scheduled maturities that are consistent with cash needs.

The Authority's investment policy generally limits the maturities of investments to not more than three years. However, the Authority may invest in securities with maturities in excess of three years if they can be traded in the secondary market. Eligible investments shall be consistent with those permitted by HUD's Cash Management and Investment Policies and Procedures. The Authority's investments, along with their investment maturities and credit quality ratings as of June 30, 2022 are as follows:

		Average	Investment Maturity (in Years)		
Type of Investment	Fair Value	Rating	1	1-2	2-3
Certificates of Deposit	$ 1,527,454	N/A	$ 1,527,454	$ --	$ --
Total	$ 1,527,454		$ 1,527,454	$ --	$ --

NOTE 4 – CASH, CASH EQUIVALENTS AND INVESTMENTS (CONTINUED)

Investments - Interest Rate Risk

Interest rate risk is the risk that changes in interest rates of debt securities will adversely affect the fair value of an investment. The Authority's investment policy generally limits the maturities of investments to not more than three years to reduce the risk of impact on the fair value of investments. However, the Authority may invest in securities with maturities in excess of three years if they can be traded in the secondary market.

Investments – Custodial Credit Risk

Custodial credit risk for investments is the risk that, in the event of the failure of the counterparty, the Authority will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The Authority follows HUD's Cash Management and Investment Policies and Procedures.

NOTE 5 – RESTRICTED CASH

The Authority's restricted cash balance consists of funds restricted for future HAP payments, funds restricted for scholarships, funds held in escrow for participants in the FSS Program, as well as funds designated for tenant security deposits. These amounts support either a corresponding liability or restricted net position. At June 30, 2022, restricted cash was categorized as follows:

Category of Restriction	Amount
Housing assistance payments	$ 5,423
Laughton Scholarship Trust Fund	51,938
FSS escrow	202,148
Tenant security deposits	97,072
Total	$ 356,581

NOTE 6 – ACCOUNTS RECEIVABLE

The following is a listing of receivables for the Authority including the applicable allowances for uncollectible accounts at June 30, 2022.

Category of Receivable	Amount
HUD	$ 46,173
Other Government	38,477
Miscellaneous	10,216
Tenants	26,174
Gross Receivables	121,040
Allowance - Tenants	(19,608)
Net Receivables	$ 101,432

NOTE 7 – CAPITAL ASSETS

The following is a summary of changes in capital assets and related accumulated depreciation.

	July 1, 2021	Increases	Decreases	June 30, 2022
Capital assets - non-depreciable				
Land	$ 1,123,839	$ 168,750	$ --	$ 1,292,589
Construction in progress	308,357	407,969	--	716,326
Total capital assets - non-depreciable	1,432,196	576,719	--	2,008,915
Capital assets - depreciable				
Buildings	22,649,024	506,250	--	23,155,274
Furniture & equipment	761,265	77,679	--	838,944
Total capital assets - depreciable	23,410,289	583,929	--	23,994,218
Less accumulated depreciation				
Buildings	18,246,158	612,788	--	18,858,946
Furniture & equipment	685,212	82,571	--	767,783
Total accumulated depreciation	18,931,370	695,359	--	19,626,729
Capital Assets Net	$ 5,911,115	$ 465,289	$ --	$ 6,376,404
Depreciation expense was charged to:				
Federal Public Housing		$ 654,612		
State/Local Programs		$ 27,980		
COCC		$ 12,767		

NOTE 8 – NONCURRENT LIABILITIES

Noncurrent liability activity for the year ended June 30, 2022 is as follows:

	July 1, 2021	Additions	Reductions	June 30, 2022	Amount due within one year
FSS Escrow	$ 114,316	$ 138,532	$ (51,031)	$ 201,817	$ --
Scholarship Fund	46,558	5,380	--	51,938	--
Net Pension Liability	2,077,199	--	(671,356)	1,405,843	--
OPEB Liability	3,360,126	85,082	--	3,445,208	--
Total	$ 5,598,199	$ 228,994	$ (722,387)	$ 5,104,806	$ --

NOTE 9 – REAL ESTATE TAXES

Property owned by the Authority is exempt from local real estate taxes. The Authority makes a payment in lieu of taxes equal to 10% of rental income charged less utility expenses annually for all of its properties constructed with and funded by HUD. The payment in lieu of taxes for the year ended June 30, 2022 aggregated $110,553.

NOTE 10 – COST-SHARING DEFINED BENEFIT PENSION PLAN

PLAN DESCRIPTION

The Authority provides pension benefits to certain employees through the Middlesex County Retirement System (MCRS), a cost-sharing, multiple-employer public employee retirement system regulated by Public Employee Retirement Administration Commission (PERAC). The plan is a defined benefit plan. Participation is mandatory for all full time employees of the Authority. The retirement plan is a pooled risk type of plan. Under this type of plan, funding is determined based on all employees covered for all employing units. The funding liabilities are shared by each employing unit pro-rata based on the number of employees in the employing unit. Since the Authority's share of the net pension liability is not based on their employees, pension expense is determined by the total required payment to be made to the retirement plan for the year. The MCRS issues a publicly available financial report that includes financial statements and required supplementary information. This report may be obtained by writing to MCRS, 25 Linnell Circle, Billerica, MA 01865 or by calling (978) 439-3000.

The Authority provides pension benefits to certain employees through the New Hampshire Retirement System (NHRS), a cost-sharing, multiple-employer defined benefit pension plan regulated by the New Hampshire Retirement Board. Members at age 60 or 65 (for members who commence service after July 1, 2011) qualify for a normal service retirement allowance based on years of creditable service and average final salary for the highest of either three or five years, depending on when their service commenced. The yearly pension amount is 1/60 or 1.667% of average final compensation (AFC), multiplied by years of creditable service. At age 65, the yearly pension amount is recalculated at 1/66 or 1.515% of AFC multiplied by years of creditable service.

Members may qualify for vested deferred allowances, disability allowances and death benefit allowances subject to meeting various eligibility requirements. Benefits are based on AFC or earnable compensation and/or service.

The NHRS issues a publicly available financial report that includes financial statements and required supplementary information. This report may be obtained by writing to NHRS, 54 Regional Drive Concord, NH 03301-8507 or by calling (603) 410-3500.

PLAN MEMBERSHIP

The Authority has 23 employees participating in the plan.

NOTE 10 – COST-SHARING DEFINED BENEFIT PENSION PLAN (CONTINUED)

SIGNIFICANT PLAN PROVISIONS AND REQUIREMENTS

State law establishes benefit provisions and contribution requirements of the NHRS. The pension plan is comprised of two groups of members. Group I consists of state and local employees and teachers. Group II consists of police and firefighters.

Group I members at age 60 or 65 (if hired after July 1, 2011) qualify for a normal service retirement allowance based upon years of service and average final salary for the highest of either three or five years depending on the date hired. The yearly pension amount is calculated as a percentage of average final compensation.

Members of both groups may qualify for vested deferred allowances. Disability and death benefit allowance are subject to certain eligibility requirements.

FUNDING POLICY

Employees contribute 7% of their gross regular compensation. The Authority contributed to the plan .032% of covered payroll for the year ended June 30, 2021. The Authority's required and actual contributions to NHRS for the year ended June 30, 2022 were $205,119. Employee contributions for the same period were $95,061.

PENSION LIABILITIES

At June 30, 2022, the Authority reported a liability of $1,405,843 for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2021, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The Authority's proportion of the net pension liability was based on a projection of the Authority's long-term share of contributions to the pension plan relative to the projected contributions of all participating employers, actuarially determined.

NOTE 10 – COST-SHARING DEFINED BENEFIT PENSION PLAN (CONTINUED)

PENSION EXPENSE AND DEFERRED INFLOWS AND OUTFLOWS OF RESOURCES

For the year ended June 30, 2022, the Authority recognized pension expense of $57,237. The deferred outflows of resources resulting from contributions after the measurement date will be recognized as a reduction of the net pension liability in the subsequent year. At June 30, 2022, the Authority reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 39,367	$ 14,719
Changes of assumptions	146,832	--
Net difference between projected and actual earnings on pension plan investments	--	393,182
Changes in proportion and differences between contributions and proportionate share of contributions	6,585	78,701
Contributions subsequent to the measurement date	205,119	--
Total	$ 397,903	$ 486,602

These amounts will be recognized as expense, or as a reduction of expense, as follows:

Year	Deferred Outflows (Inflows of) Resources
2023	$ 171,493
2024	(26,325)
2025	(33,900)
2026	(127,851)
2027	(72,116)
Total	$ (88,699)

NOTE 10 – COST-SHARING DEFINED BENEFIT PENSION PLAN (CONTINUED)

ACTUARIAL METHODS & ASSUMPTIONS

The total pension liability in the June 30, 2020 actuarial valuation was determined using the following actuarial methods and assumptions, applied to all periods included in the measurement:

Actuarial cost method	Entry Age Normal Cost Method
Investment rate of return	6.75%
Discount rate	6.75%
Inflation	2.00%
Salary increases	5.60%
Cost of living adjustments	2.75%
Mortality rates	RP-2014 Blue Collar Employee Mortality Table projected generationally using Scale MP-2017.

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Expected Rate of Return
Large Cap Equities	22.50%	6.46%
Small/Mid Cap Equities	7.50%	1.14%
Int'l Equities (unhedged)	14.00%	5.53%
Emerging Int'l Equities	6.00%	2.37%
Core US Fixed Income	25.00%	3.60%
Private Equity	10.00%	8.85%
Private Debt	5.00%	7.25%
Real Estate	10.00%	6.60%

NOTE 10 – COST-SHARING DEFINED BENEFIT PENSION PLAN (CONTINUED)

DISCOUNT RATE

The discount rate used to measure the total pension liability was 6.75 percent. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and that contributions from the Authority will be made at contractually required rates, actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

SENSITIVITY OF THE NET PENSION LIABILITY TO CHANGES IN THE DISCOUNT RATE

The following presents the Authority's proportionate share of the net pension liability calculated using the discount rate, as well as what the Authority's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower or 1-percentage-point higher than the current rate:

	1% Decrease 5.75%	Current Discount 6.75%	1% Increase 7.75%
Net pension liability	$ 2,010,516	$ 1,405,843	$ 901,447

PENSION PLAN FIDUCIARY NET POSITION

Detailed information about the pension plan's fiduciary net position is available in the separately issued NHRS financial report.

PAYABLES TO THE PENSION PLAN

As of June 30, 2022, the Authority had no outstanding payables to NHRS.

NOTE 11 – OTHER POST-EMPLOYMENT BENEFITS OTHER THAN PENSIONS (OPEB)

PLAN DESCRIPTION AND BENEFITS PROVIDED

The Authority's defined benefit OPEB plan provides OPEB for all permanent full-time employees of the Authority. The OPEB plan is a single employer defined benefit OPEB plan administered by the Authority. No assets are accumulated in a trust that meets the criteria in paragraph 4 of GASB statement 75.

Employees hired before April 13, 2004 are eligible for Authority-paid retiree medical benefits upon attainment of age 55 and 20 years of service. The Authority pays the full premium for the eligible retirees and their spouses through the Authority's group health insurance plan. Benefits are paid for the lifetime of the retiree.

Employees hired on or after April 13, 2004 are eligible to continue on the Authority's group health insurance plan, upon attainment of age 55 and 20 years of service, at their own expense. Coverage is available for the lifetime of the retiree.

PLAN MEMBERSHIP

At June 30, 2022, there are 17 active employees and 8 retired employees enrolled in the plan.

TOTAL OPEB LIABILITY

The Authority's total OPEB liability of $3,412,842 was measured as of June 30, 2021 and was determined by an actuarial valuation as of July 1, 2021.

NOTE 11 – OTHER POST-EMPLOYMENT BENEFITS OTHER THAN PENSIONS (OPEB) (CONTINUED)

ACTUARIAL METHODS AND ASSUMPTIONS

The total OPEB liability was determined by an actuarial valuation using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified.

Actuarial Cost Method	Individual Entry Age Normal
Investment Rate of Return	N/A
Municipal Bond Rate	1.92%
Discount Rate	1.92%
Inflation	2.50%
Salary Increase	3.00%
Pre-Retirement Mortality	RP-2010 General Healthy Employee Mortality, with fully generational mortality improvement using MP-2019.
Post-Retirement Mortality	RP-2010 General Healthy Retiree Mortality, with fully generational mortality improvement using MP-2019.
Mortality Experience Study	The actuarial assumptions used to calculate the actuarial accrued liability and the service cost primarily reflect the latest experience studies of PERAC issued in 2014 and their most recent analysis of retiree mortality during 2015 and 2016.
Healthcare Trend	5.20%
Withdrawal Rates	Plan participants are expected to withdraw from the plan at a decreasing rate, based on years of service and age, from 8.26% at age 25 to 4.39% at age 45.

NOTE 11 – OTHER POST-EMPLOYMENT BENEFITS OTHER THAN PENSIONS (OPEB) (CONTINUED)

CHANGES IN THE TOTAL OPEB LIABILITY

Balance at beginning of year	$	3,323,858
Changes for the year:		
Service cost		28,169
Interest		81,019
Difference between expected and actual experience		(368,047)
Changes of Assumptions		438,621
Benefit payments		(90,778)
Net changes		88,984
Balance at end of year	$	3,412,842

SENSITIVITY OF THE TOTAL OPEB LIABILITY TO CHANGES IN THE DISCOUNT RATE

The following table presents the Plan's total OPEB liability, calculated using the discount rate of 1.92% as well as what the total OPEB liability would be if it were calculated using a discount rate that is 1-percentage point lower, or 1 percentage-point higher, than the current rate.

	1% Decrease 0.92%	Current Discount 1.92%	1% Increase 2.92%
Total OPEB liability	$ 3,971,540	$ 3,412,842	$ 2,964,565

SENSITIVITY OF THE TOTAL OPEB LIABILITY TO CHANGES IN THE HEALTHCARE TREND RATE

The following table presents the net other postemployment benefit liability, calculated the healthcare trend rate if it was 1 percentage-point lower or 1 percentage-point higher than the current rate.

	1% Decrease 4.20%	Current Trend 5.20%	1% Increase 6.20%
Total OPEB liability	$ 2,957,315	$ 3,412,842	$ 3,979,925

NOTE 11 – OTHER POST-EMPLOYMENT BENEFITS OTHER THAN PENSIONS (OPEB) (CONTINUED)

OPEB EXPENSE AND DEFERRED OUTFLOWS AND INFLOWS OF RESOURCES RELATED TO OPEB

For the year ended June 30, 2022, the Authority recognized OPEB expenses of $81,653. The deferred outflows of resources resulting from contributions after the measurement date will be recognized as a reduction of the net pension liability in the subsequent year. At June 30, 2022, the Authority reported deferred outflows and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ --	$ 606,941
Changes of assumptions	574,672	77,653
Contributions subsequent to the measurement date	90,778	--
Total	$ 665,450	$ 684,594

Amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Measurement Period Ending June 30,	Deferred Outflows (Inflows of) Resources
2023	$ 63,243
2024	(27,535)
2025	(27,535)
2026	(27,535)
2027	(19,848)
Thereafter	20,066
Total	$ (19,144)

NOTE 12 – COST-SHARING POST-EMPLOYMENT BENEFITS OTHER THAN PENSIONS (OPEB)

PLAN DESCRIPTION AND BENEFITS PROVIDED

The New Hampshire Retirements System is a public employee retirement system which administers a cost-sharing multiple-employer other postemployment benefit (OPEB) plan. Benefit amounts and eligibility requirements for the OPEB plan are set by state law and members are designated in statute by type. The OPEB Plan provides a medical insurance subsidy to qualified retired members. The medical insurance subsidy is a payment made by NHRS to the former employer or its insurance administrator toward the cost of health insurance for a qualified retiree, their qualified spouse and their certified dependent children with a disability who are living in the household and being cared for by the retiree.

The Authority's total OPEB liability for the plan of $32,366 was measured as of June 30, 2021 and was determined by an actuarial valuation as of June 30, 2020. At June 30, 2022, deferred inflows of resources were $419.

For additional plan information, please refer to the plan's website at www.nhrs.org.

SUMMARY OF OPEB EXPENSE, DEFERRED OUTFLOWS/INFLOWS OF RESOURCES RELATED TO ALL OPEB PLANS OF THE AUTHORITY

	NHRS Plan	DHA Plan	Total
Deferred outflows of resources	$ 665,450	$ --	$ 665,450
Deferred inflows of resources	684,594	419	685,013
Net OPEB liability	3,412,842	32,366	3,445,208
OPEB Expense	81,653	645	82,298

NOTE 13 – RELATED PARTY TRANSACTIONS

MANAGEMENT AGREEMENTS

The Authority provides management services to 1623 Settlement Dover Limited Partnership for a fee equal to 5.5% of collected rents. Management fees earned were $111,709 for 2022.

INVESTMENTS IN THE FINANCING OF AFFORDABLE HOUSING DEVELOPMENTS

As part of the sale related to the Rental Assistance Demonstration Program, the Authority entered into a promissory note with 1623 Settlement Dover Limited Partnership for $6,470,000. The note bears interest of 2.5% per annum and matures on December 19, 2047. As of June 30, 2022, $6,470,000 of principal was outstanding. Deferred interest receivable totaled $732,817 as of June 30, 2022.

NOTE 13 – RELATED PARTY TRANSACTIONS (CONTINUED)

INVESTMENTS IN THE FINANCING OF AFFORDABLE HOUSING DEVELOPMENTS (CONTINUED)

As part of the sale related to the Rental Assistance Demonstration Program, the Authority entered into a second promissory note with 1623 Settlement Dover Limited Partnership for $325,063. The note bears no interest and matures on December 19, 2047. As of June 30, 2022, $325,063 was outstanding.

During 2020, the Authority recognized a developer fee of $1,650,000, of which $1,215,823 was received and $434,177 remained outstanding at June 30, 2022. Future payments of the outstanding developer fee will be made from capital contributions to the development as well as from surplus cash.

INVESTMENTS IN PARTNERSHIP

DHA RAD, Inc., an entity related to the Authority, has invested $499,920 in 1623 Settlement Dover Limited Partnership.

NOTE 14 – RISK MANAGEMENT

LITIGATION

The Authority is contingently liable with respect to lawsuits and other claims incidental to the ordinary course of its operations. Claims covered by the risk management program are reviewed and losses are accrued as required in the judgment of management. In the opinion of management, based on the advice of legal counsel, the ultimate disposition of lawsuits and claims will not have a material adverse effect on the financial position of the Authority.

GRANTS

Amounts received or receivable from the grantor agencies are subject to audit and adjustment by grantor agencies. If expenditures are disallowed as a result of these audits, the claims for reimbursement to the grantor agency would become a liability of the Authority. In the opinion of management, any such adjustments would not be significant.

NOTE 15 – BLENDED COMPONENT UNITS

Condensed financial information of the Authority's component units for the year ended June 30, 2022 is presented below:

	Seymour Osman Community Center	DHA RAD, Inc.	Total
Condensed Summary of Net Position			
Assets			
Current	$ 151,222	$ --	$ 151,222
Other	--	499,951	499,951
Total Assets	151,222	499,951	651,173
Liabilities			
Current	55,732	--	55,732
Total Liabilities	55,732	--	55,732
Net Position			
Unrestricted	95,490	499,951	595,441
Total Net Position	$ 95,490	$ 499,951	$ 595,441
Condensed Summary of Revenues, Expenses and Changes in Net Position			
Operating Revenues			
Other Revenue	$ 357,482	$ --	$ 357,482
Total Operating Revenues	357,482	--	357,482
Operating Expenses			
Other Operating	300,124	--	300,124
Total Operating Expenses	300,124	--	300,124
Operating Income	57,358	--	57,358

NOTE 15 – BLENDED COMPONENT UNITS (CONTINUED)

	Seymour Osman Community Center	DHA RAD, Inc.	Total
Non-operating Revenues (Expenses)			
Interest Income	57	--	57
Enity Expense	--	(33)	(33)
Total Non-operating Revenues (Expenses)	57	(33)	24
Change in Net Position	57,415	(33)	57,382
Beginning Net Position	38,075	499,984	538,059
Ending Net Position	$ 95,490	$ 499,951	$ 595,441
Condensed Summary of Cash Flows			
Net Cash Provided by (Used In):			
Operating Activities	$ 125,253	$ --	$ 125,253
Investing	57	--	57
Net Change in Cash	125,310	--	125,310
Cash and cash equivalents at beginning of year	25,912	--	25,912
Cash and cash equivalents at end of year	$ 151,222	$ --	$ 151,222

DOVER HOUSING AUTHORITY

SCHEDULE OF CHANGES IN THE TOTAL OPEB LIABILITY AND RELATED RATIOS

LAST FIVE FISCAL YEARS

Year	Total OPEB Liability - Beginning	Service cost	Interest	Changes of benefit terms	Difference between expected and actual experience	Changes of Assumptions	Benefit payments	Net Change in Total OPEB Liability	Total OPEB Liability - Ending
2022	$ 3,323,858	$ 28,169	$ 81,019	$ --	$ (368,047)	$ 438,621	$ (90,778)	$ 88,984	$ 3,412,842
2021	$ 2,990,300	$ 41,425	$ 93,573	$ --	$ --	$ 283,576	$ (85,016)	$ 333,558	$ 3,323,858
2020	$ 3,494,912	$ 38,072	$ 126,785	$ --	$ (482,431)	$ (125,194)	$ (61,844)	$ (504,612)	$ 2,990,300
2019	$ 3,410,309	$ 36,645	$ 104,929	$ --	$ --	$ --	$ (56,971)	$ 84,603	$ 3,494,912
2018	$ 3,324,476	$ 36,645	$ 104,929	$ --	$ --	$ --	$ (55,741)	$ 85,833	$ 3,410,309

Year	Covered Payroll	OPEB Liability as a Percentage of Covered Payroll
2022	$ 351,105	972.03%
2021	$ 373,414	890.13%
2020	$ 382,230	782.33%
2019	$ 366,941	952.45%
2018	$ 352,263	968.11%

The Schedule is intended to present information for 10 years, additional years will be displayed as they become available.

See Notes to Required Supplementary Information

DOVER HOUSING AUTHORITY

SCHEDULE OF THE PROPORTIONATE SHARE OF THE NET PENSION LIABILITY
NEW HAMPSHIRE RETIREMENT SYSTEM

LAST EIGHT FISCAL YEARS

Measurement Period Ending June 30,	Proportion of the net pension liability	Proportionate share of the net pension liability	Covered payroll	Proportionate share of the net pension liability as a percentage of covered payroll	Plan fiduciary net position as a percentage of the total pension liability
2021	0.032%	$ 1,405,843	$ 943,051	149.1%	72.220%
2020	0.032%	$ 2,077,199	$ 1,254,843	165.5%	58.720%
2019	0.032%	$ 1,551,415	$ 1,149,124	135.0%	65.590%
2018	0.034%	$ 1,631,784	$ 1,192,476	136.8%	64.730%
2017	0.036%	$ 1,792,956	$ 1,356,006	132.2%	62.660%
2016	0.036%	$ 1,938,756	$ 1,192,429	162.6%	58.300%
2015	0.037%	$ 1,349,188	$ 1,157,550	116.6%	65.470%
2014	0.035%	$ 1,206,479	$ 1,143,808	105.5%	66.320%

The Schedule is intended to present information for 10 years, additional years will be displayed as they become available.

See Notes to Required Supplementary Information

DOVER HOUSING AUTHORITY

SCHEDULE OF PENSION CONTRIBUTIONS
NEW HAMPSHIRE RETIREMENT SYSTEM

LAST EIGHT FISCAL YEARS

Measurement Period Ending June 30,	Contractually required contribution	Contributions in relation to the contractually required contribution	Contribution deficiency (excess)	Covered payroll	Contributions as a percentage of covered payroll
2021	$ 145,734	$ 145,734	$ --	$ 943,051	15.45%
2020	$ 144,271	$ 144,271	$ --	$ 1,254,843	11.50%
2019	$ 147,020	$ 147,020	$ --	$ 1,149,124	12.79%
2018	$ 143,231	$ 143,231	$ --	$ 1,192,476	12.01%
2017	$ 133,558	$ 133,558	$ --	$ 1,356,006	9.85%
2016	$ 130,553	$ 130,553	$ --	$ 1,192,429	10.95%
2015	$ 123,325	$ 123,325	$ --	$ 1,157,550	10.65%
2014	$ 122,231	$ 122,231	$ --	$ 1,143,808	10.69%

The Schedule is intended to present information for 10 years, additional years will be displayed as they become available.

See Notes to Required Supplementary Information

DOVER HOUSING AUTHORITY

NOTES TO REQUIRED SUPPLEMENTARY INFORMATION

JUNE 30, 2022

NOTE 1 – OTHER POSTEMPLOYMENT BENEFIT PLANS OTHER THAN PENSIONS

DESCRIPTION OF REQUIRED SUPPLEMENTARY INFORMATION

The Schedule of Changes in the Total OPEB Liability and Related Ratios details the Plan's other postemployment benefit liability and the covered employee payroll. It demonstrates the Plan's total liability and the Plan's liability as a percentage of covered payroll.

10-YEAR TREND INFORMATION

The Schedule of Changes in the Total OPEB Liability and Related Ratios is intended to present information for 10 years. Until a 10-year trend is compiled, information is presented for those years in which information is available.

CHANGES IN BENEFIT TERMS

There were no changes in benefit terms from the prior measurement date.

CHANGES IN ASSUMPTIONS

Effective June 30, 2022;

- Discount rate is 1.92%, previously 2.45%
- Healthcare trend rate is 5.20%, previously 5.90%

NOTE 2 – PENSION PLAN SCHEDULES

DESCRIPTION OF REQUIRED SUPPLEMENTARY INFORMATION

The Schedule of the Proportionate Share of the Net Pension Liability presents multi-year trend information on the Authority's share of the Net Pension Liability and related ratios.

The Schedule of Contributions presents multiyear trend information for the Authority's required and actual contributions relating to the pension plan.

10-YEAR TREND INFORMATION

The Schedules of the Proportionate Share of the Net Pension Liability and the Schedule of Contributions are intended to present information for 10 years. Until a 10-year trend is compiled, information is presented for those years in which information is available.

NOTE 2 – PENSION PLAN SCHEDULES (CONTINUED)

CHANGES IN BENEFIT TERMS

There were no changes in benefit terms from the prior measurement date.

CHANGES IN ASSUMPTIONS

There were no changes in assumptions from the prior measurement date.

DOVER HOUSING AUTHORITY

SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	AMP 01	AMP 02	AMP 03	AMPs
111	Cash - Unrestricted	-	353,739	1,062,177	1,415,916
113	Cash - Other Restricted	-	-	-	-
114	Cash - Tenant Security Deposits	2,057	22,433	61,480	85,970
100	Total Cash	2,057	376,172	1,123,657	1,501,886
122	Accounts Receivable - HUD Other Projects	-	-	-	-
124	Accounts Receivable - Other Government	-	-	-	-
125	Accounts Receivable - Miscellaneous	-	-	-	-
126	Accounts Receivable - Tenants	-	1,261	1,407	2,668
126.1	Allowance for Doubtful Accounts -Tenants	-	(560)	(420)	(980)
128	Fraud Recovery	-	-	-	-
128.1	Allowance for Doubtful Accounts - Fraud	-	-	-	-
129	Accrued Interest Receivable	732,817	-	-	732,817
120	Total Receivables, Net of Allowances for Doubtful Accounts	732,817	701	987	734,505
131	Investments - Unrestricted	221,054	220,898	743,193	1,185,145
142	Prepaid Expenses and Other Assets	3,540	6,167	12,647	22,354
150	Total Current Assets	959,468	603,938	1,880,484	3,443,890
161	Land	18,337	169,874	476,678	664,889
162	Buildings	1,291,730	7,485,719	13,379,275	22,156,724
164	Furniture, Equipment & Machinery - Administration	201,562	110,167	361,840	673,569
166	Accumulated Depreciation	(1,161,697)	(6,160,696)	(12,045,630)	(19,368,023)
167	Construction in Progress	1,300	14,706	700,320	716,326
160	Total Capital Assets, Net of Accumulated Depreciation	351,232	1,619,770	2,872,483	4,843,485
171	Notes, Loans and Mortgages Receivable - Non-Current	6,795,063	-	-	6,795,063
174	Other Assets	-	-	-	-
180	Total Non-Current Assets	7,146,295	1,619,770	2,872,483	11,638,548
200	Deferred Outflow of Resources	198,704	104,795	214,685	518,184
290	Total Assets and Deferred Outflow of Resources	8,304,467	2,328,503	4,967,652	15,600,622
312	Accounts Payable <= 90 Days	4,642	19,879	25,924	50,445
321	Accrued Wage/Payroll Taxes Payable	586	6,702	12,781	20,069

See Independent Auditors' Report

DOVER HOUSING AUTHORITY

SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	AMP 01	AMP 02	AMP 03	AMPs
322	Accrued Compensated Absences - Current Portion	-	9,403	28,774	38,177
325	Accrued Interest Payable	-	-	-	-
333	Accounts Payable - Other Government	5,565	25,781	69,971	101,317
341	Tenant Security Deposits	2,057	22,433	61,480	85,970
342	Unearned Revenue	-	7,443	15,614	23,057
343	Current Portion of Long-term Debt - Capital Projects/Mortgage Revenue	-	-	-	-
345	Other Current Liabilities	-	-	657	657
310	Total Current Liabilities	12,850	91,641	215,201	319,692
351	Long-term Debt, Net of Current - Capital Projects/Mortgage Revenue	-	-	-	-
353	Non-current Liabilities - Other	-	-	-	-
357	Accrued Pension and OPEB Liabilities	1,550,988	414,654	719,846	2,685,488
350	Total Non-Current Liabilities	1,550,988	414,654	719,846	2,685,488
300	Total Liabilities	1,563,838	506,295	935,047	3,005,180
400	Deferred Inflow of Resources	11,825	139,722	298,183	449,730
508.4	Net Investment in Capital Assets	351,232	1,619,770	2,872,483	4,843,485
511.4	Restricted Net Position	-	-	-	-
512.4	Unrestricted Net Position	6,377,572	62,716	861,939	7,302,227
513	Total Equity - Net Assets / Position	6,728,804	1,682,486	3,734,422	12,145,712
600	Total Liab., Def. Inflow of Res., and Equity - Net Assets / Position	8,304,467	2,328,503	4,967,652	15,600,622
70300	Net Tenant Rental Revenue	-	384,366	957,325	1,341,691
70500	Total Tenant Revenue	-	384,366	957,325	1,341,691
70600	HUD PHA Operating Grants	-	377,127	633,656	1,010,783
70610	Capital Grants	1,300	1,400	405,270	407,970
70710	Management Fee	-	-	-	-
70720	Asset Management Fee	-	-	-	-
70730	Book Keeping Fee	-	-	-	-
70740	Front Line Service Fee	-	-	-	-
70700	Total Fee Revenue	-	-	-	-

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DOVER HOUSING AUTHORITY

SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	AMP 01	AMP 02	AMP 03	AMPs
70800	Other Government Grants	-	-	-	-
71100	Investment Income - Unrestricted	131	68	498	697
71200	Mortgage Interest Income	161,750	-	-	161,750
71400	Fraud Recovery	-	-	-	-
71500	Other Revenue	98,205	6,778	17,022	122,005
70000	Total Revenue	261,386	769,739	2,013,771	3,044,896
91100	Administrative Salaries	-	34,623	68,715	103,338
91200	Auditing Fees	-	1,804	3,630	5,434
91300	Management Fee	-	96,433	195,697	292,130
91310	Book-keeping Fee	-	8,025	16,282	24,307
91500	Employee Benefit contributions - Administrative	-	23,239	49,072	72,311
91600	Office Expenses	-	22,135	49,442	71,577
91700	Legal Expense	-	1,980	974	2,954
91800	Travel	-	569	1,706	2,275
91900	Other	203	219	447	869
91000	Total Operating - Administrative	203	189,027	385,965	575,195
92000	Asset Management Fee	-	10,800	22,080	32,880
92100	Tenant Services - Salaries	-	5,757	7,085	12,842
92300	Employee Benefit Contributions - Tenant Services	-	3,603	2,385	5,988
92400	Tenant Services - Other	-	-	-	-
92500	Total Tenant Services	-	9,360	9,470	18,830
93100	Water	3,327	46,534	78,413	128,274
93200	Electricity	18,736	31,932	98,869	149,537
93300	Gas	19,070	48,085	80,334	147,489
93400	Fuel	-	-	-	-
93000	Total Utilities	41,133	126,551	257,616	425,300
94100	Ordinary Maintenance and Operations - Labor	10,680	89,918	202,169	302,767
94200	Ordinary Maintenance and Operations - Materials and Other	14,256	29,699	62,345	106,300
94300	Ordinary Maintenance and Operations Contracts	16,965	70,327	125,033	212,325
94500	Employee Benefit Contributions - Ordinary Maintenance	5,037	44,728	92,830	142,595
94000	Total Maintenance	46,938	234,672	482,377	763,987

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	AMP 01	AMP 02	AMP 03	AMPs
95200	Protective Services - Other Contract Costs	-	3,936	8,064	12,000
95000	Total Protective Services	-	3,936	8,064	12,000
96110	Property Insurance	1,891	26,514	50,929	79,334
96120	Liability Insurance	1,214	7,663	15,557	24,434
96140	All Other Insurance	250	4,113	9,969	14,332
96100	Total insurance Premiums	3,355	38,290	76,455	118,100
96200	Other General Expenses	-	-	-	-
96210	Compensated Absences	-	1,281	23,264	24,545
96300	Payments in Lieu of Taxes	5,565	25,781	69,971	101,317
96400	Bad debt - Tenant Rents	-	454	1	455
96000	Total Other General Expenses	5,565	27,516	93,236	126,317
96710	Interest of Mortgage (or Bonds) Payable	-	-	-	-
96700	Total Interest Expense and Amortization Cost	-	-	-	-
96900	Total Operating Expenses	97,194	640,152	1,335,263	2,072,609
97000	Excess of Operating Revenue over Operating Expenses	164,192	129,587	678,508	972,287
97100	Extraordinary Maintenance	678	22,332	48,082	71,092
97300	Housing Assistance Payments	-	-	-	-
97400	Depreciation Expense	40,023	219,647	394,942	654,612
90000	Total Expenses	137,895	882,131	1,778,287	2,798,313
10010	Operating Transfer In	-	43,635	87,324	130,959
10020	Operating transfer Out	-	(43,635)	(87,324)	(130,959)
10100	Total Other financing Sources (Uses)	-	-	-	-
10000	Excess (Deficiency) of Total Revenue Over (Under) Total Expenses	123,491	(112,392)	235,484	246,583
11020	Required Annual Debt Principal Payments	-	-	-	-
11030	Beginning Equity	6,605,313	1,794,878	3,498,938	11,899,129
11040	Prior Period Adjustments, Equity Transfers and Correction of Errors	-	-	-	-
11170	Administrative Fee Equity	-	-	-	-

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	AMP 01	AMP 02	AMP 03	AMPs
11190	Unit Months Available	-	1,080	2,208	3,288
11210	Number of Unit Months Leased	-	1,070	2,171	3,241
11620	Building Purchases	1,300	1,400	405,270	407,970

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	Resident Opportunity and Supportive Services	Housing Choice Vouchers	Mainstream Vouchers	Other Federal Program 1
111	Cash - Unrestricted	-	535,493	22,996	-
113	Cash - Other Restricted	-	202,148	5,423	-
114	Cash - Tenant Security Deposits	-	-	-	-
100	Total Cash	-	737,641	28,419	-
122	Accounts Receivable - HUD Other Projects	-	46,173	-	-
124	Accounts Receivable - Other Government	-	-	-	-
125	Accounts Receivable - Miscellaneous	-	-	-	-
126	Accounts Receivable - Tenants	-	-	-	-
126.1	Allowance for Doubtful Accounts -Tenants	-	-	-	-
128	Fraud Recovery	-	18,628	-	-
128.1	Allowance for Doubtful Accounts - Fraud	-	(18,628)	-	-
129	Accrued Interest Receivable	-	-	-	-
120	Total Receivables, Net of Allowances for Doubtful Accounts	-	46,173	-	-
131	Investments - Unrestricted	-	-	-	-
142	Prepaid Expenses and Other Assets	-	-	-	-
150	Total Current Assets	-	783,814	28,419	-
161	Land	-	-	-	-
162	Buildings	-	-	-	-
164	Furniture, Equipment & Machinery - Administration	-	-	-	-
166	Accumulated Depreciation	-	-	-	-
167	Construction in Progress	-	-	-	-
160	Total Capital Assets, Net of Accumulated Depreciation	-	-	-	-
171	Notes, Loans and Mortgages Receivable - Non-Current	-	-	-	-
174	Other Assets	-	-	-	-
180	Total Non-Current Assets	-	-	-	-
200	Deferred Outflow of Resources	-	75,077	-	-
290	Total Assets and Deferred Outflow of Resources	-	858,891	28,419	-
312	Accounts Payable <= 90 Days	-	15,711	-	-

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	Resident Opportunity and Supportive Services	Housing Choice Vouchers	Mainstream Vouchers	Other Federal Program 1
321	Accrued Wage/Payroll Taxes Payable	-	3,613	-	-
322	Accrued Compensated Absences - Current Portion	-	7,322	-	-
325	Accrued Interest Payable	-	-	-	-
333	Accounts Payable - Other Government	-	-	-	-
341	Tenant Security Deposits	-	-	-	-
342	Unearned Revenue	-	-	-	-
343	Current Portion of Long-term Debt - Capital Projects/Mortgage Revenue	-	-	-	-
345	Other Current Liabilities	-	-	-	-
310	Total Current Liabilities	-	26,646	-	-
351	Long-term Debt, Net of Current - Capital Projects/Mortgage Revenue	-	-	-	-
353	Non-current Liabilities - Other	-	202,148	-	-
357	Accrued Pension and OPEB Liabilities	-	200,202	-	-
350	Total Non-Current Liabilities	-	402,350	-	-
300	Total Liabilities	-	428,996	-	-
400	Deferred Inflow of Resources	-	114,490	-	-
508.4	Net Investment in Capital Assets	-	-	-	-
511.4	Restricted Net Position	-	-	5,423	-
512.4	Unrestricted Net Position	-	315,405	22,996	-
513	Total Equity - Net Assets / Position	-	315,405	28,419	-
600	Total Liab., Def. Inflow of Res., and Equity - Net Assets / Position	-	858,891	28,419	-
70300	Net Tenant Rental Revenue	-	-	-	-
70500	Total Tenant Revenue	-	-	-	-
70600	HUD PHA Operating Grants	60,866	4,974,988	305,781	-
70610	Capital Grants	-	-	-	-
70710	Management Fee	-	-	-	-
70720	Asset Management Fee	-	-	-	-
70730	Book Keeping Fee	-	-	-	-
70740	Front Line Service Fee	-	-	-	-

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	Resident Opportunity and Supportive Services	Housing Choice Vouchers	Mainstream Vouchers	Other Federal Program 1
70700	Total Fee Revenue	-	-	-	-
70800	Other Government Grants	-	-	-	84,433
71100	Investment Income - Unrestricted	-	36	-	-
71200	Mortgage Interest Income	-	-	-	-
71400	Fraud Recovery	-	3,050	-	-
71500	Other Revenue	-	3,840	-	-
70000	Total Revenue	60,866	4,981,914	305,781	84,433
91100	Administrative Salaries	-	116,221	5,270	-
91200	Auditing Fees	-	8,966	1,000	-
91300	Management Fee	-	99,747	6,724	-
91310	Book-keeping Fee	-	42,555	2,700	-
91500	Employee Benefit contributions - Administrative	-	41,632	1,675	-
91600	Office Expenses	-	75,003	4,759	-
91700	Legal Expense	-	-	-	-
91800	Travel	-	7,675	487	-
91900	Other	-	7,546	479	-
91000	Total Operating - Administrative	-	399,345	23,094	-
92000	Asset Management Fee	-	-	-	-
92100	Tenant Services - Salaries	32,572	-	-	-
92300	Employee Benefit Contributions - Tenant Services	18,297	-	-	-
92400	Tenant Services - Other	9,997	-	-	-
92500	Total Tenant Services	60,866	-	-	-
93100	Water	-	-	-	-
93200	Electricity	-	-	-	-
93300	Gas	-	-	-	-
93400	Fuel	-	-	-	-
93000	Total Utilities	-	-	-	-
94100	Ordinary Maintenance and Operations - Labor	-	-	-	-
94200	Ordinary Maintenance and Operations - Materials and Other	-	-	-	-
94300	Ordinary Maintenance and Operations Contracts	-	-	-	-

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	Resident Opportunity and Supportive Services	Housing Choice Vouchers	Mainstream Vouchers	Other Federal Program 1
94500	Employee Benefit Contributions - Ordinary Maintenance	-	-	-	-
94000	Total Maintenance	-	-	-	-
95200	Protective Services - Other Contract Costs	-	-	-	-
95000	Total Protective Services	-	-	-	-
96110	Property Insurance	-	-	-	-
96120	Liability Insurance	-	4,215	267	-
96140	All Other Insurance	-	-	-	-
96100	Total insurance Premiums	-	4,215	267	-
96200	Other General Expenses	-	3,955	-	-
96210	Compensated Absences	-	12,291	-	-
96300	Payments in Lieu of Taxes	-	-	-	-
96400	Bad debt - Tenant Rents	-	-	-	-
96000	Total Other General Expenses	-	16,246	-	-
96710	Interest of Mortgage (or Bonds) Payable	-	-	-	-
96700	Total Interest Expense and Amortization Cost	-	-	-	-
96900	Total Operating Expenses	60,866	419,806	23,361	-
97000	Excess of Operating Revenue over Operating Expenses	-	4,562,108	282,420	84,433
97100	Extraordinary Maintenance	-	-	-	-
97300	Housing Assistance Payments	-	4,512,956	266,738	-
97400	Depreciation Expense	-	-	-	-
90000	Total Expenses	60,866	4,932,762	290,099	-
10010	Operating Transfer In	-	-	-	-
10020	Operating transfer Out	-	-	-	(84,433)
10100	Total Other financing Sources (Uses)	-	-	-	(84,433)
10000	Excess (Deficiency) of Total Revenue Over (Under) Total Expenses	-	49,152	15,682	-

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	Resident Opportunity and Supportive Services	Housing Choice Vouchers	Mainstream Vouchers	Other Federal Program 1
11020	Required Annual Debt Principal Payments	-	-	-	-
11030	Beginning Equity	-	266,253	12,737	-
11040	Prior Period Adjustments, Equity Transfers and Correction of Errors	-	-	-	-
11170	Administrative Fee Equity	-	315,405	-	-
11190	Unit Months Available	-	6,012	360	-
11210	Number of Unit Months Leased	-	5,674	360	-
11620	Building Purchases	-	-	-	-

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DOVER HOUSING AUTHORITY

SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	HCV CARES Act Funding	PIH Family Self Sufficiency Program	State/Local	Component Unit - Blended
111	Cash - Unrestricted	-	-	642,143	163,400
113	Cash - Other Restricted	-	-	51,938	-
114	Cash - Tenant Security Deposits	-	-	11,102	-
100	Total Cash	-	-	705,183	163,400
122	Accounts Receivable - HUD Other Projects	-	-	-	-
124	Accounts Receivable - Other Government	-	-	-	38,477
125	Accounts Receivable - Miscellaneous	-	-	-	-
126	Accounts Receivable - Tenants	-	-	4,878	-
126.1	Allowance for Doubtful Accounts -Tenants	-	-	-	-
128	Fraud Recovery	-	-	-	-
128.1	Allowance for Doubtful Accounts - Fraud	-	-	-	-
129	Accrued Interest Receivable	-	-	-	-
120	Total Receivables, Net of Allowances for Doubtful Accounts	-	-	4,878	38,477
131	Investments - Unrestricted	-	-	342,309	-
142	Prepaid Expenses and Other Assets	-	-	-	-
150	Total Current Assets	-	-	1,052,370	201,877
161	Land	-	-	627,700	-
162	Buildings	-	-	998,550	-
164	Furniture, Equipment & Machinery - Administration	-	-	-	7,838
166	Accumulated Depreciation	-	-	(106,491)	(7,838)
167	Construction in Progress	-	-	-	-
160	Total Capital Assets, Net of Accumulated Depreciation	-	-	1,519,759	-
171	Notes, Loans and Mortgages Receivable - Non-Current	-	-	434,177	-
174	Other Assets	-	-	-	499,920
180	Total Non-Current Assets	-	-	1,953,936	499,920
200	Deferred Outflow of Resources	-	-	-	-
290	Total Assets and Deferred Outflow of Resources	-	-	3,006,306	701,797
312	Accounts Payable <= 90 Days	-	-	-	4,481
321	Accrued Wage/Payroll Taxes Payable	-	-	-	-

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	HCV CARES Act Funding	PIH Family Self Sufficiency Program	State/Local	Component Unit - Blended
322	Accrued Compensated Absences - Current Portion	-	-	-	-
325	Accrued Interest Payable	-	-	-	-
333	Accounts Payable - Other Government	-	-	8,588	-
341	Tenant Security Deposits	-	-	11,102	-
342	Unearned Revenue	-	-	-	20,522
343	Current Portion of Long-term Debt - Capital Projects/Mortgage Revenue	-	-	-	-
345	Other Current Liabilities	-	-	-	-
310	Total Current Liabilities	-	-	19,690	25,003
351	Long-term Debt, Net of Current - Capital Projects/Mortgage Revenue	-	-	-	-
353	Non-current Liabilities - Other	-	-	51,607	-
357	Accrued Pension and OPEB Liabilities	-	-	-	-
350	Total Non-Current Liabilities	-	-	51,607	-
300	Total Liabilities	-	-	71,297	25,003
400	Deferred Inflow of Resources	-	-	-	-
508.4	Net Investment in Capital Assets	-	-	1,519,759	-
511.4	Restricted Net Position	-	-	-	-
512.4	Unrestricted Net Position	-	-	1,415,250	676,794
513	Total Equity - Net Assets / Position	-	-	2,935,009	676,794
600	Total Liab., Def. Inflow of Res., and Equity - Net Assets / Position	-	-	3,006,306	701,797
70300	Net Tenant Rental Revenue	-	-	99,861	-
70500	Total Tenant Revenue	-	-	99,861	-
70600	HUD PHA Operating Grants	34,825	106,939	-	-
70610	Capital Grants	-	-	-	-
70710	Management Fee	-	-	-	-
70720	Asset Management Fee	-	-	-	-
70730	Book Keeping Fee	-	-	-	-
70740	Front Line Service Fee	-	-	-	-
70700	Total Fee Revenue	-	-	-	-

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	HCV CARES Act Funding	PIH Family Self Sufficiency Program	State/Local	Component Unit - Blended
70800	Other Government Grants	-	-	-	-
71100	Investment Income - Unrestricted	-	-	695	28
71200	Mortgage Interest Income	-	-	-	-
71400	Fraud Recovery	-	-	-	-
71500	Other Revenue	-	-	72,731	248,886
70000	Total Revenue	34,825	106,939	173,287	248,914
91100	Administrative Salaries	19,455	-	-	-
91200	Auditing Fees	-	-	-	5,200
91300	Management Fee	-	-	-	-
91310	Book-keeping Fee	-	-	-	-
91500	Employee Benefit contributions - Administrative	12,381	-	-	-
91600	Office Expenses	2,989	-	-	4,665
91700	Legal Expense	-	-	990	-
91800	Travel	-	-	-	720
91900	Other	-	-	-	-
91000	Total Operating - Administrative	34,825	-	990	10,585
92000	Asset Management Fee	-	-	-	-
92100	Tenant Services - Salaries	-	62,429	-	107,540
92300	Employee Benefit Contributions - Tenant Services	-	44,510	-	27,007
92400	Tenant Services - Other	-	-	-	125,783
92500	Total Tenant Services	-	106,939	-	260,330
93100	Water	-	-	6,149	-
93200	Electricity	-	-	3,779	-
93300	Gas	-	-	4,057	-
93400	Fuel	-	-	-	-
93000	Total Utilities	-	-	13,985	-
94100	Ordinary Maintenance and Operations - Labor	-	-	-	-
94200	Ordinary Maintenance and Operations - Materials and Other	-	-	1,515	-
94300	Ordinary Maintenance and Operations Contracts	-	-	30,411	-
94500	Employee Benefit Contributions - Ordinary Maintenance	-	-	-	-
94000	Total Maintenance	-	-	31,926	-

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	HCV CARES Act Funding	PIH Family Self Sufficiency Program	State/Local	Component Unit - Blended
95200	Protective Services - Other Contract Costs	-	-	-	-
95000	Total Protective Services	-	-	-	-
96110	Property Insurance	-	-	-	-
96120	Liability Insurance	-	-	-	-
96140	All Other Insurance	-	-	4,619	4,079
96100	Total insurance Premiums	-	-	4,619	4,079
96200	Other General Expenses	-	-	2,071	-
96210	Compensated Absences	-	-	-	-
96300	Payments in Lieu of Taxes	-	-	9,236	-
96400	Bad debt - Tenant Rents	-	-	-	-
96000	Total Other General Expenses	-	-	11,307	-
96710	Interest of Mortgage (or Bonds) Payable	-	-	-	-
96700	Total Interest Expense and Amortization Cost	-	-	-	-
96900	Total Operating Expenses	34,825	106,939	62,827	274,994
97000	Excess of Operating Revenue over Operating Expenses	-	-	110,460	(26,080)
97100	Extraordinary Maintenance	-	-	5,073	-
97300	Housing Assistance Payments	-	-	-	-
97400	Depreciation Expense	-	-	27,980	-
90000	Total Expenses	34,825	106,939	95,880	274,994
10010	Operating Transfer In	-	-	-	107,433
10020	Operating transfer Out	-	-	(23,000)	-
10100	Total Other financing Sources (Uses)	-	-	(23,000)	107,433
10000	Excess (Deficiency) of Total Revenue Over (Under) Total Expenses	-	-	54,407	81,353
11020	Required Annual Debt Principal Payments	-	-	-	-
11030	Beginning Equity	-	-	2,880,602	595,441
11040	Prior Period Adjustments, Equity Transfers and Correction of Errors	-	-	-	-
11170	Administrative Fee Equity	-	-	-	-

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	HCV CARES Act Funding	PIH Family Self Sufficiency Program	State/Local	Component Unit - Blended
11190	Unit Months Available	-	-	41	-
11210	Number of Unit Months Leased	-	-	41	-
11620	Building Purchases	-	-	-	-

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SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	Component Unit - Discretely Presented	COCC	Eliminations	Total
111	Cash - Unrestricted	241,876	84,679	-	3,106,503
113	Cash - Other Restricted	942,266	-	-	1,201,775
114	Cash - Tenant Security Deposits	49,842	-	-	146,914
100	Total Cash	1,233,984	84,679	-	4,455,192
122	Accounts Receivable - HUD Other Projects	-	-	-	46,173
124	Accounts Receivable - Other Government	-	-	-	38,477
125	Accounts Receivable - Miscellaneous	1,083	10,216	-	11,299
126	Accounts Receivable - Tenants	12,849	-	-	20,395
126.1	Allowance for Doubtful Accounts -Tenants	-	-	-	(980)
128	Fraud Recovery	-	-	-	18,628
128.1	Allowance for Doubtful Accounts - Fraud	-	-	-	(18,628)
129	Accrued Interest Receivable	-	-	-	732,817
120	Total Receivables, Net of Allowances for Doubtful Accounts	13,932	10,216	-	848,181
131	Investments - Unrestricted	-	-	-	1,527,454
142	Prepaid Expenses and Other Assets	-	24,150	-	46,504
150	Total Current Assets	1,247,916	119,045	-	6,877,331
161	Land	1,171,122	-	-	2,463,711
162	Buildings	17,530,811	-	-	40,686,085
164	Furniture, Equipment & Machinery - Administration	678,490	157,537	-	1,517,434
166	Accumulated Depreciation	(1,283,333)	(144,377)	-	(20,910,062)
167	Construction in Progress	-	-	-	716,326
160	Total Capital Assets, Net of Accumulated Depreciation	18,097,090	13,160	-	24,473,494
171	Notes, Loans and Mortgages Receivable - Non-Current	-	-	-	7,229,240
174	Other Assets	131,127	-	-	631,047
180	Total Non-Current Assets	18,228,217	13,160	-	32,333,781
200	Deferred Outflow of Resources	-	470,092	-	1,063,353
290	Total Assets and Deferred Outflow of Resources	19,476,133	602,297	-	40,274,465
312	Accounts Payable <= 90 Days	48,598	8,206	-	127,441
321	Accrued Wage/Payroll Taxes Payable	-	14,284	-	37,966

See Independent Auditors' Report

DOVER HOUSING AUTHORITY

SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	Component Unit - Discretely Presented	COCC	Eliminations	Total
322	Accrued Compensated Absences - Current Portion	-	49,924	-	95,423
325	Accrued Interest Payable	29,647	-	-	29,647
333	Accounts Payable - Other Government	35,322	-	-	145,227
341	Tenant Security Deposits	49,842	-	-	146,914
342	Unearned Revenue	-	-	-	43,579
343	Current Portion of Long-term Debt - Capital Projects/Mortgage Revenue	49,718	-	-	49,718
345	Other Current Liabilities	44,759	-	-	45,416
310	Total Current Liabilities	257,886	72,414	-	721,331
351	Long-term Debt, Net of Current - Capital Projects/Mortgage Revenue	13,535,624	-	-	13,535,624
353	Non-current Liabilities - Other	534,177	-	-	787,932
357	Accrued Pension and OPEB Liabilities	-	1,965,361	-	4,851,051
350	Total Non-Current Liabilities	14,069,801	1,965,361	-	19,174,607
300	Total Liabilities	14,327,687	2,037,775	-	19,895,938
400	Deferred Inflow of Resources	-	607,395	-	1,171,615
508.4	Net Investment in Capital Assets	4,511,748	13,160	-	10,888,152
511.4	Restricted Net Position	-	-	-	5,423
512.4	Unrestricted Net Position	636,698	(2,056,033)	-	8,313,337
513	Total Equity - Net Assets / Position	5,148,446	(2,042,873)	-	19,206,912
600	Total Liab., Def. Inflow of Res., and Equity - Net Assets / Position	19,476,133	602,297	-	40,274,465
70300	Net Tenant Rental Revenue	2,024,721	-	-	3,466,273
70500	Total Tenant Revenue	2,024,721	-	-	3,466,273
70600	HUD PHA Operating Grants	-	-	-	6,494,182
70610	Capital Grants	-	-	-	407,970
70710	Management Fee	-	398,601	(398,601)	-
70720	Asset Management Fee	-	32,880	(32,880)	-
70730	Book Keeping Fee	-	69,562	(69,562)	-
70740	Front Line Service Fee	-	69,323	(69,323)	-
70700	Total Fee Revenue	-	570,366	(570,366)	-

See Independent Auditors' Report

DOVER HOUSING AUTHORITY

SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	Component Unit - Discretely Presented	COCC	Eliminations	Total
70800	Other Government Grants	-	-	-	84,433
71100	Investment Income - Unrestricted	1,074	1,797	-	4,327
71200	Mortgage Interest Income	-	-	-	161,750
71400	Fraud Recovery	-	-	-	3,050
71500	Other Revenue	852,914	133,460	-	1,433,836
70000	Total Revenue	2,878,709	705,623	(570,366)	12,055,821
91100	Administrative Salaries	50,033	228,832	-	523,149
91200	Auditing Fees	7,000	6,600	-	34,200
91300	Management Fee	-	-	(398,601)	-
91310	Book-keeping Fee	-	-	(69,562)	-
91500	Employee Benefit contributions - Administrative	44,505	54,302	-	226,806
91600	Office Expenses	35,937	58,172	-	253,102
91700	Legal Expense	3,195	1,277	-	8,416
91800	Travel	733	10,980	-	22,870
91900	Other	112,225	39,242	-	160,361
91000	Total Operating - Administrative	253,628	399,405	(468,163)	1,228,904
92000	Asset Management Fee	-	-	(32,880)	-
92100	Tenant Services - Salaries	65,542	-	-	280,925
92300	Employee Benefit Contributions - Tenant Services	25,770	-	-	121,572
92400	Tenant Services - Other	-	-	-	135,780
92500	Total Tenant Services	91,312	-	-	538,277
93100	Water	146,936	-	-	281,359
93200	Electricity	46,881	-	-	200,197
93300	Gas	-	-	-	151,546
93400	Fuel	159,931	-	-	159,931
93000	Total Utilities	353,748	-	-	793,033
94100	Ordinary Maintenance and Operations - Labor	198,661	130,279	-	631,707
94200	Ordinary Maintenance and Operations - Materials and Other	57,331	2,807	-	167,953
94300	Ordinary Maintenance and Operations Contracts	113,693	13,653	(69,323)	300,759
94500	Employee Benefit Contributions - Ordinary Maintenance	139,289	114,911	-	396,795
94000	Total Maintenance	508,974	261,650	(69,323)	1,497,214

See Independent Auditors' Report

DOVER HOUSING AUTHORITY

SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	Component Unit - Discretely Presented	COCC	Eliminations	Total
95200	Protective Services - Other Contract Costs	-	-	-	12,000
95000	Total Protective Services	-	-	-	12,000
96110	Property Insurance	52,913	-	-	132,247
96120	Liability Insurance	-	-	-	28,916
96140	All Other Insurance	-	18,380	-	41,410
96100	Total insurance Premiums	52,913	18,380	-	202,573
96200	Other General Expenses	27,600	-	-	33,626
96210	Compensated Absences	1	29,592	-	66,429
96300	Payments in Lieu of Taxes	28,637	-	-	139,190
96400	Bad debt - Tenant Rents	12,187	-	-	12,642
96000	Total Other General Expenses	68,425	29,592	-	251,887
96710	Interest of Mortgage (or Bonds) Payable	519,431	-	-	519,431
96700	Total Interest Expense and Amortization Cost	519,431	-	-	519,431
96900	Total Operating Expenses	1,848,431	709,027	(570,366)	5,043,319
97000	Excess of Operating Revenue over Operating Expenses	1,030,278	(3,404)	-	7,012,502
97100	Extraordinary Maintenance	-	7,728	-	83,893
97300	Housing Assistance Payments	-	-	-	4,779,694
97400	Depreciation Expense	488,458	12,767	-	1,183,817
90000	Total Expenses	2,336,889	729,522	(570,366)	11,090,723
10010	Operating Transfer In	-	-	(238,392)	-
10020	Operating transfer Out	-	-	238,392	-
10100	Total Other financing Sources (Uses)	-	-	-	-
10000	Excess (Deficiency) of Total Revenue Over (Under) Total Expenses	541,820	(23,899)	-	965,098
11020	Required Annual Debt Principal Payments	47,338	-	-	47,338
11030	Beginning Equity	4,606,626	(2,018,974)	-	18,241,814
11040	Prior Period Adjustments, Equity Transfers and Correction of Errors	-	-	-	-
11170	Administrative Fee Equity	-	-	-	315,405

See Independent Auditors' Report

DOVER HOUSING AUTHORITY

SUPPLEMENTARY FINANCIAL DATA SCHEDULE

JUNE 30, 2022

FDS Line Item	Description	Component Unit - Discretely Presented	COCC	Eliminations	Total
11190	Unit Months Available	696	-	-	10,397
11210	Number of Unit Months Leased	685	-	-	10,001
11620	Building Purchases	-	-	-	407,970

See Independent Auditors' Report

DOVER HOUSING AUTHORITY

STATEMENT OF ACTUAL MODERNIZATION COSTS – UNCOMPLETED

FOR THE YEAR ENDED JUNE 30, 2022

Project:	**NH01P003501-20**	**NH01P003501-21**
Modernization Funds Approved	$ 586,150	$ 654,795
Modernization Funds Expended	493,977	586,469
Excess of Modernization Funds Approved	$ 92,173	$ 68,326
Modernization Funds Advanced	$ 493,977	$ 586,469
Modernization Funds Expended	493,977	586,469
Excess of Modernization Funds Advanced	$ --	$ --

See Independent Auditors' Report

DOVER HOUSING AUTHORITY

STATEMENT OF ACTUAL GRANT COSTS

FOR THE YEAR ENDED JUNE 30, 2022

Grant:	**FSS21NH3716**	**ROSS191230**
Grant Funds Approved	$ 72,000	$ 239,250
Grant Funds Expended	72,000	239,250
Excess of Grant Funds Approved	$ --	$ --
Grant Funds Advanced	$ 72,000	$ 239,250
Grant Funds Expended	72,000	239,250
Excess of Grant Funds Advanced	$ --	$ --

Based on our review of the completed grant:

1) All work in connection with the grant is complete.

2) All liabilities have been incurred and discharged through payment.

See Independent Auditors' Report

DOVER HOUSING AUTHORITY

STATEMENT OF ACTUAL GRANT COSTS - UNCOMPLETED

FOR THE YEAR ENDED JUNE 30, 2022

Grant:	**FSS22NH4311**
Grant Funds Approved	$ 174,000
Grant Funds Expended	75,389
Excess of Grant Funds Approved	$ 98,611
Grant Funds Advanced	$ 75,389
Grant Funds Expended	75,389
Excess of Grant Funds Advanced	$ --

See Independent Auditors' Report

DOVER HOUSING AUTHORITY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED JUNE 30, 2022

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Sub-recipients	Total Federal Expenditures
Department of Housing & Urban Development (HUD)				
Housing Voucher Cluster				
Section 8 Housing Choice Vouchers	14.871	--	$ --	$ 4,932,762
Section 8 Housing Choice Vouchers - CARES Act	14.871	--	--	34,825
Total Section 8 Housing Choice Vouchers			--	4,967,587
Mainstream Vouchers	14.879	--	--	290,099
Total Housing Voucher Cluster			--	5,257,686
Public and Indian Housing	14.850	--	--	821,534
Public Housing Capital Fund (CFP)	14.872	--	--	597,219
Resident Opportunity and Support Services	14.870	--	--	60,866
PIH Family Self Sufficiency Program	14.896	--	--	106,939
Total Department of Housing & Urban Development			--	6,844,244
Department of Education (ED)				
Twenty-First Century Community Learning Centers	84.287	--	--	84,433
Total Department of Education			--	84,433
Total Expenditures of Federal Awards			$ --	$ 6,928,677

See Notes to the Schedule of Expenditures of Federal Awards

DOVER HOUSING AUTHORITY

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED JUNE 30, 2022

NOTE 1 – BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the schedule) includes the federal grant activity of Dover Housing Authority, under programs of the federal government for the year ended June 30, 2022. The information in the schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirement, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations of Dover Housing Authority, it is not intended to and does not present the financial position, changes in net position or cash flows of Dover Housing Authority.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the schedule are reported on the accrual basis of accounting. For cost-reimbursement awards, such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. For performance-based awards, expenditures reported represent amounts earned.

NOTE 3 – INDIRECT COST RATE

The Dover Housing Authority has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To The Board of Commissioners
Dover Housing Authority
Dover, New Hampshire

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Dover Housing Authority as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the Dover Housing Authority's basic financial statements, and have issued our report thereon dated February 3, 2023. Our report includes a reference to other auditors who audited the financial statements of 1623 Settlement Dover LP, as described in our report on the Authority's financial statements. This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported on separately by those auditors.

Report on Internal Control over Financial Reporting

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

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

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

Report on Compliance and Other Matters

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

Purpose of this Report

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

Marcum LLP

Providence, Rhode Island
February 3, 2023

MARCUM
ACCOUNTANTS ▲ ADVISORS

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

To The Board of Commissioners
Dover Housing Authority
Dover, New Hampshire

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the Dover Housing Authority's compliance with the types of compliance requirements identified as subject to audit in the OMB Compliance Supplement that could have a direct and material effect on each of the Dover Housing Authority's major federal program for the year ended June 30, 2022. The Dover Housing Authority's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Dover Housing Authority complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2022.

Basis for Opinion on Each Major Federal Program

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

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

Responsibilities of Management for Compliance

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

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Dover Housing Authority's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Dover Housing Authority's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Dover Housing Authority's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.

- Obtain an understanding of the Dover Housing Authority's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Dover Housing Authority's internal control over compliance. Accordingly, no such opinion is expressed.

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

Report on Internal Control over Compliance

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

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

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

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

Marcum LLP

Providence, Rhode Island
February 3, 2023

DOVER HOUSING AUTHORITY

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

FOR THE YEAR ENDED JUNE 30, 2022

SECTION I - SUMMARY OF AUDITORS' RESULTS

FINANCIAL STATEMENTS

Type of auditors' report issued on whether the financial statements audited were prepared in accordance with GAAP: *Unmodified Opinion*

Internal control over financial reporting:

- Material weakness(es) identified? ____ Yes __X__ No
- Significant deficiency(ies) identified? ____ Yes __X__ None Reported

Noncompliance material to financial statements noted? ____ Yes __X__ No

FEDERAL AWARDS

Internal control over the major federal program:

- Material weakness(es) identified? ____ Yes __X__ No
- Significant deficiency(ies) identified? ____ Yes __X__ None Reported

Type of auditors' report issued on compliance for the major federal program: *Unmodified Opinion*

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? ____ Yes __X__ No

Identification of the major federal program:

ALN	**Name of Federal Program or Cluster**
14.871 / 14.879	Housing Voucher Cluster

Dollar threshold used to distinguish between Type A and Type B programs: $750,000

Auditee qualified as low-risk auditee? __X__ Yes ____ No

DOVER HOUSING AUTHORITY

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

FOR THE YEAR ENDED JUNE 30, 2022

SECTION II - FINANCIAL STATEMENTS FINDINGS

No matters were reported.

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

No matters were reported.

SECTION IV – SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

No prior audit findings.

MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT ACCOUNTANTS' REPORT ON APPLYING AGREED-UPON PROCEDURES

To The Board of Commissioners
Dover Housing Authority
Dover, New Hampshire

We have performed the procedure described in the second paragraph of this report, which was agreed to by the Dover Housing Authority (the Authority) and the U.S. Department of Housing and Urban Development, Real Estate Assessment Center (REAC), on whether the electronic submission of certain information agrees with related hard copy documents included within the audit reporting package. The Authority is responsible for the accuracy and completeness of the electronic submission. The sufficiency of the procedure is solely the responsibility of the Authority and REAC. Consequently, we make no representation regarding the sufficiency of the procedure described below either for the purpose for which this report has been requested or for any other purpose.

We compared the electronic submission of the items listed in the chart below under the "UFRS Rule Information" column with the corresponding printed documents listed in the chart under the "Hard Copy Documents" column. The associated findings from the performance of our agreed-upon procedure indicate agreement or non-agreement of electronically submitted information and hard copy documents as shown in the chart below.

PROCEDURE	UFRS RULE INFORMATION	HARD COPY DOCUMENTS	FINDINGS
1	Balance Sheet and Revenue and Expense (data line items 111 to 13901)	Financial Data Schedule, all CFDAs	Agrees
2	Footnotes (data element G5000-010)	Footnotes to audited basic financial statements	Agrees
3	Type of opinion on FDS (data element G3100-040)	Auditor's supplemental report on FDS	Agrees
4	Audit findings narrative (data element G5200-010)	Schedule of Findings and Questioned costs	Agrees
5	General information (data element series G2000, G2100, G2200,G9000, G9100)	OMB Data Collection Form	Agrees

PROCEDURE	UFRS RULE INFORMATION	HARD COPY DOCUMENTS	FINDINGS
6	Financial statement report information (data element G3000-010 to G3000-050)	Schedule of Findings and Questioned costs, Part 1 and OMB Data Collection Form	Agrees
7	Federal program report information (data element G4000-020 to G4000-040)	Schedule of Findings and Questioned costs, Part 1 and OMB Data Collection Form	Agrees
8	Type of Compliance Requirement (G4200-020 & G4000-030)	OMB Data Collection Form	Agrees
9	Basic financial statements and auditor reports required to be submitted electronically	Basic financial statements (inclusive of auditor reports)	Agrees

This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States. We were not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or conclusion, respectively, on whether the electronic submission of the items listed in the "UFRS Rule Information" column in the agrees with the related hard copy documents within the audit reporting package. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We were engaged to perform an audit in accordance with the *OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (OMB Uniform Guidance),* by the Authority as of and for the year ended June 30, 2022 and have issued our reports thereon dated February 3, 2023. The information in the "Hard Copy Documents" column was included within the scope, or was a by-product, of that audit. Further, our opinion on the fair presentation of the Authority's supplementary information dated February 3, 2023, was expressed in relation to the basic financial statements of the Authority taken as a whole.

A copy of the reporting package required by the OMB Uniform Guidance, which includes the auditors' reports, is available in its entirety from the Authority. We have not performed any additional auditing procedures since the date of the aforementioned audit reports. Further, we take no responsibility for the security of the information transmitted electronically to the U.S. Department of Housing and Urban Development, REAC.

The purpose of this report on applying the agreed-upon procedures is solely to describe the procedure performed on the electronic submission of the items listed in the "UFRS Rule Information" column and associated findings, and not to provide an opinion or conclusion. Accordingly, this report is not suitable for any other purpose.

Marcum LLP

Providence, Rhode Island
February 3, 2023

APPLICATION: DOVER CDBG FY24

APPLICANT INFORMATION	
Organization Triangle Club	**Tax ID** 22-2533853
Name of Program or Project Upgraded Electrical/Mini Splits	
Name of Executive Director Heather Blumenfeld	
Mailing Address 120 Broadway Dover NH 03820 **Physical Address** 120 Broadway Dover NH 03820	
Contact Person Heather Blumenfeld	**Phone** 603-742-9803
E-Mail Heathertriangleclub@gmail.com	**Website www.triangleclubdovernh.org**
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 22-2533853	
SAM UEI # 064375442	**SAM Expiration Date** 5/5/24

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 20,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Upgrading electrical in two upstairs offices, installing mini splits in downstairs back room and upstairs office.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 120 Broadway Dover NH

BENEFICIARIES

Beneficiaries:

For FY 2024 (7/1/2023 – 6/30/2024) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 520

For FY 2022 (7/1/2021 – 6/30/2022) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 360

Were Dover CDBG funds used to fund this activity or project in FY 2023 (7/1/2022 – 6/30/2023): no

If so, how much?

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) **low and low moderate-income men and women and families in recovery from substance use disorder.**

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: _____ Yes x____x__ No

If yes, are the criteria/protocols in writing?: _____ Yes _____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. We are seeking grant funding to cover the cost of our custodial services. Salary for two part time employees as well as cleaning products.

Please indicate who prepared the overall cost estimate for the activity. Heather Blumenfeld

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project: upgrading electrical in two offices, adding 2 minisplits

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : Will provide heat during winter months in two rooms that currently have no heat. We will be able to hold meetings in these two rooms year round.

Proposed project starting date: July 2024

Proposed project completion date: Sept 2024

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Estimates attached

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.	
Outcome	**Measurement**
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	**Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.**
Increased meeting space	More programming offered continually all year
More comfortable office space	Ability to respond to more members needing services and resources

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. The Triangle Club (TC), a leading center for addiction recovery programs, has been helping people stay sober and maintain various forms of recovery for 38 years. Established in 1984, the Triangle Club's mission is to promote the spiritual, physical, and mental health of people in recovery from addiction to alcohol and drugs, and to provide a safe place for those who acknowledge that staying substance-free is of primary importance. Within this safe, nurturing environment, substance misusers learn acceptance, self-love, coping strategies, and how the support of a community brings them hope for a new way of life.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? no

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? no

If yes, please note the agency/program and how often the evaluation occurs.

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Rebecca Throop	Lee NH
Marybeth Scholfield	Kittery ME
Darren Ramsden	Barrington NH
Ellen Arogonni	Rollinsford NH
Jason Howard	Dover NH
Samai Knight	Rye NH
FX Bruton	Dover NH
Alex Blumenfeld	Eliot ME
Rebecca Balok Searles	Brookfield NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:			

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction	20,000		
Other (list)			
Estimates for work and materials 16, 269. Rounding up to 20,000 to account for possible increase cost in materials and labor			
Total Hard Costs	20,000		
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			

Total Soft Costs			
TOTAL PROPOSED BUDGET:	**2**0000		

***** Use the following table (*Activity or Project Funding Sources*) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project, if any. *Do not include Dover CDBG amount requested*.

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:			
State:	Committed: Pending: Proposed:			
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:			
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:			

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount ($)		Explanation
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from to	Current Year	Next Year (projected)
REVENUES		
Federal Funds		
State Funds		
Foundations/Private Contributions	63,200	75,000
United Way		
Fundraising or other income	22,000	25,000
Other (describe) Bingo/ Meeting Room Rentals	113,000	82,000
Community Dev. Block Grant (include anticipated request)	31,500	38,000
TOTAL REVENUE	229,700	220,000
EXPENSES		
Salaries	111,064	112,543
Fringe Benefits	17,313	17,819
Supplies (include printing/copying)	3900	4900
Travel	500	583
Training	600	400
Communications	2500	2900
Audit	8800	7500
Property Maintenance	20,300	35,300
Service Contracts		
Construction Supplies/Materials		20,000

Other (describe) Utilities Bldg security/ alarm Insurance Interests/ dues/ subscriptions Misc Depreciation	 14,000/16,100 1,000/2,500 8,000/8,500 1,600/2,000 1200/1000 17,000/17,000	42,800	47,100
TOTAL EXPENSES		207,177	232,045
NET (Income - Expenses)		**22,523**	**-12,045**

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$***	***$***
NH Dept. of	[Agency Name]			$	$

	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$***	***$***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$**	**$**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

HEATHER K BLUMENFELD

_____ **___11/15/23_____**

SIGNATURE **DATE**

HEATHER K BLUMENFELD **EXECUTIVE DIRECTOR**

_____ **_____**

PRINTED NAME **TITLE**

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

A-D Archambault Plumbing & Heating, Inc.

License # MBE0002884

61 Allen Street
Rochester, NH 03867-1403

603-335-1800

www.adplumbing.com

info@adplumbing.net

Proposal 50827

SENT

Triangle Club Inc.

120 Broadway
Dover, New Hampshire 03820

Date: Nov 15, 2023
Expiration Date: Dec 14, 2023
Status: Sent
Reference: Mini Splits
PO Number:

Mitsubishi Hyper Heat Mini Split System

Item	Unit Price	Quantity	Amount
Mitsubishi Mini-Split System	$9,484.00	1.00	$9,484.00

Installation of a Mitsubishi hyper heat mini split system for the rear conference room and small office above to include:
- One model MXZ-2C20NAHZ Energy Star Rated outdoor condenser and accessories located in the far rear of the building.
- One model MSZ-GL15NA indoor wall unit and accessories located on the conference room wall.
- One model MSZ-GL09NA indoor wall unit and accessories located in the small second floor office.
- All pipe, fittings, controls, etc., included as required to satisfy the work outlined in this proposal.

NOTE:
1. Line voltage wiring to the outdoor condenser is not included in this Proposal.

By signing this proposal/contract, the (1) Proposal/Description of Work and (2) Contract/Terms & Conditions of Doing Business with A-D Archambault Plumbing & Heating, Inc. are understood and accepted.

PAYMENT TERMS: Payments are to be remitted as stated in Section IV of the Contract/Terms & Conditions of Doing Business with A-D Archambault Plumbing & Heating, Inc. Our billing is flat fee, we do not provide itemized breakdowns of labor and materials.

Thank you for considering A-D Archambault Plumbing & Heating, Inc. to assist you with your project!

Subtotal	**$9,484.00**
Total	**$9,484.00**

NEGM ELECTRIC LLC

302 MAIN STREET
SOMERSWORTH NH 03878
OFFICE (603) 692-4806
FAX (603) 692-7135
CELL (603) 767-6827
EMAIL mnegm@negmelectric.com

PROPOSAL

TRIANGLE CLUB

November 13, 2023

TO: ROBERT OCONNELL BOB.TRIANGLECLUB@GMAIL.COM

MATERIAL AND INSTALLATION OF:

- ITEMIZED LIST OF MISC ELECTRICAL INSTALLATION. ALL PRICING WITH DAVIS BACON WAGES RECONGNIZED.
- ADD 2 DEDICATE CIRCUITS AND OUTLET TO EACH OFFICE.
  SMALL OFFICE WILL HAAVE 2 QUAD OUTLETS OFF 1 CIRCUIT
  LARGE OFFICE WILL HAVE 3 QUAD OUTLETS OFF OF 1 DEDICATE CIRCUIT.
  TOTAL COST $2195.00

- INSTALL POWER TO SPLIT UNIT W/ 2 HEADS 1 CONDENSER. 50/60 AMP BREAKER MAX. CONDUCTORS DISCONNECT, FROM PANEL IN 1 ST FLOOR UNTILITY OR FRONT PANEL IN 1ST MEETING ROOM
  TOTAL COST $2995.00

- INSTALL A INTERNALLY SWITCHED EXTERIOR GFCI OUTLET ON DEDICATE CIRCTIUT.
  EXTERIOR:GFCI DUPLEX BELL BOX IN USE COVER.
  INTERIOR SWITCH SINGLE POLE LOCATED EITHER IN 1ST FLOOR UTILITY ROOM OR 1ST FLOOR PANEL FRONT MEETING ROOM.
  TOTAL COST $1595.00

- Any/All excavation, trenching , backfilling.
- Any/All unforeseen conditions
- Engineered & stamped drawings unless stated above
- POWER STUDY, ARC FLASH STUDY, AND ALL STUDIES PERTAINING TO GEAR AND UTILITY POWER. UNLESS STATED ABOVE
- KNOX BOX
- CAD DRAWINGS
- HVAC CONTROLL WIRING, BATH FAN/LIGHT,
- FA PERMIT TBD UNKNOWN AS OF THIS TIME

NOTE:

- PARKING PROVIDED BY OWNER/GC

- CONSTRUCTION DUMPSTER PROVIDED BY OWNER/GC
- ALL WORK TO BE PERFORMED BETWEEN THE HOURS OF 7AM- 4:30 PM. MOMDAY-FRIDAY WITH THE EXCEPTION OF HOLIDAYS
- AT ANY TIME WORK IS TO BE STOPPED BY OTHER CONTRACTOR AND/OR CUSTOMER INTIATED DOWN TIME AND NEGM ELECTRIC TECHNITIONS NEED TO LEAVE JOB SITE AND RETURN AT OTHER TIME, CUSTOMER WILL BE BILLED AT THE STANDARD RATE DURING NORMAL BUSINESS HOUR AND TIME AND HALF AFTER HOURS.
- PROPOSALS ARE FIRM FOR 30 DAY ONLY
- ALL MARKET ADJUSTMENTS ON MATERIALS AND ITS AVAILABILITY MAY CAUSE INCREASED COST TO THE JOB

We propose to furnish all material labor – complete with all the above specifications, for the sum of **: ITEMIZED LISTED ABOVE**

Customer/Owner agrees that, in the event of nonpayment, it agrees to pay Contractor reasonable costs of collection, INCLUDING ATTORNEY'S FEES.

Terms submit payment NET 30 DAYS

Acceptance of proposal and terms: please date and sign

Respectfully Michael A Negm, NEGM ELECTRIC LLC

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization Triangle Club	
Name of Program or Project Parking lot/ Fencing	
Name of Executive Director Heather Blumenfeld	
Mailing Address 2 Pinecrest Drive Eliot Maine 03903 **Physical Address** 2 Pinecrest Drive Eliot Maine 03903	
Contact Person Heather Blumenfeld	**Phone** 603-742-9803
E-Mail Heathertriangleclub@gmail.com	**Website https://www.triangleclubdovernh.org/**
Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)* ☐ 501(c)(3) X ☐ For-profit authorized under 570.201(o) ☐ Unit of Government ☐ Faith-based Organization ☐ Institution of Higher Education ☐ Other (Explain):	
Tax ID # 22-2533853	
SAM UEI # 064375442	**SAM Expiration Date** 5/5/24

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 65,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Repair and pavement of back

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 120 Broadway Dover, NH 03820

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) **low to low moderate-income men and women and families in recovery from substance use disorder.**

Beneficiaries:

For FY 2025 (7/1/2024 – 6/30/2025) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 520

For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 360

Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): no

If so, how much?

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: _____ Yes ___x___ No

If yes, are the criteria/protocols in writing?: _____ Yes _____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization):*

Describe the nature of the project: Repairing and repaving portion of existing parking lot. Remove and Replace existing fence.

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : The repairs will make our parking lot safer. The fence needs replacement and will make our building and space look more welcoming and up to date.

Proposed project starting date: 8/24

Proposed project completion date: 9/24

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): attached

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.	
Outcome	**Measurement**
Example 1: Decrease in number of "latch-key kids" **Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults**	**Example 1: # of children who participate in afterschool program** **Example 2: Increase in number of low/mod income residents that seek care from health program.**
Decrease number of parking lot falls	Lack of insurance claims
Increase amount of usable parking spots	Create a less congested parking lot

DESCRIPTION OF ORGANIZATION
Please provide a description for the organization or agency that is undertaking the activity or project. The Triangle Club, a leading center for addiction recovery programs, has been helping people stay sober and maintain various forms of recovery for 38 years. Established in 1984, the Triangle Club's mission is to promote the spiritual, physical, and mental health of people in recovery from addiction to alcohol and drugs, and to provide a safe place for those who acknowledge that staying substance-free is of primary importance. Within this safe, nurturing environment, substance misusers learn acceptance, self-love, coping strategies, and how the support of a community brings them hope for a new way of life.

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? no
If yes, please submit most recent audit or financial statements as an attachment to this application.
Is your organization evaluated by outside agencies or programs?
If yes, please note the agency/program and how often the evaluation occurs.

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Rebecca Throop	Lee, NH
Marybeth Scholfield	Kittery, ME
Darren Ramsden	Barrington, NH
Ellen Arogonni	Rollinsford, NH
Jason Howard	Dover, NH
Samai Knight	Rye, NH
FX Bruton	Dover, NH
Alex Blumenfeld	Eliot, ME
Rebecca Balok-Searles	Brookfield, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public **Services**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:			

2. Public **Facilities**			
	A	**B**	**A + B**
	Dover CDBG Funds Requested	**Other Funding***	**Total Proposed Budget**
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction	65,000		
Other (list)			
Total Hard Costs	***65,000***		
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			

TOTAL PROPOSED BUDGET:			

* Use the following table (***Activity or Project Funding Sources***) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity or project***.. *Do not include Dover CDBG amount requested*.

Funding Source (Name(s) of funding source(s))	**Committed, Pending or Proposed Amount ($):**		**Total Amount ($)**	**Explanation**
Federal:	Committed: Pending: Proposed:			
State:	Committed: Pending: Proposed:			
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:			
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:			

Organizational Commitment: For *public facility projects* (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	**Committed, Pending or Proposed Amount ($)**	**Explanation**

	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from to	Current Year	Next Year (projected)
REVENUES		
Federal Funds		
State Funds		
Foundations/Private Contributions	63,200	75,000
United Way		
Fundraising or other income	22,000	25,000
Other (describe)	113,000	82,000
Community Dev. Block Grant (include anticipated request)	31,500	65,000
TOTAL REVENUE	229,700	247,000
EXPENSES		
Salaries	111,064	112,543
Fringe Benefits	17,313	17,819
Supplies (include printing/copying)	3,900	4,900
Travel	500	583
Training	600	400
Communications	2500	2900
Audit	8800	7500
Property Maintenance	20,300	35,300
Service Contracts		
Construction Supplies/Materials		65,000
Other (describe) Utilities 14,000/16,100 Bldg security/alarm 1000/2500 Insurance 8,000/8,500 Interest/dues/subscriptions 1600/2000 Misc 1,200/1,000 Depreciation 17,000/17,000	42,800	47,100
TOTAL EXPENSES	207,777	294,045
NET (Income - Expenses)	**21,923**	-47,045

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards				***$***	***$***
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name}				
Total NH Dept. of	[Agency Name]			$	$

Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards				***$***	***$***
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				**$**	**$**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

HEATHER K BLUMENFELD

_____ **__11/17/23_____**

SIGNATURE **DATE**

HEATHER BLUMENFELD **EXECUTIVE DIRECTOR**

_____ **_____**

PRINTED NAME **TITLE**

Dan Bogrett

undefined

Dan Bogrett
Po box 602
West ossipee Nh 03890
US

BILL TO
Triangle club
heathertriangleclub@gmail.com

undefined #	60
Date	17 Nov 2023
Due date	24 Nov 2023

Item	Quantity	Price	Amount
Triangle club1 1) Remove existing fence along att parking area.2) Install 400 ft of 6x8 vynl fencing with post. 3) dispose of all material.	1	$34,000.00	$34,000.00

Subtotal	$34,000.00
Total	$34,000.00

Amount Due

$34,000.00

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.
The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

ESTIMATE

Original Asphalt NH Paving Co
Mark
nhpavingpros@aol.com
6037738144
NHPavingPros.com

Bill to

Heather Blumenfeld - W/ Triangle Club
heathertriangleclub@gmail.com
120 Broadway Ave Dover , NH 03820

Estimate no.: 0349
Estimate date: 11/29/2023

DESCRIPTION	RATE, USD	QTY	AMOUNT, USD
Parking Lot - Dig out old asphalt, dirt, and small rocks - Apply processed gravel as needed - Fine grade and level as needed - Compact with 3 to 5 ton vibratory roller - Apply 3” of commercial asphalt - Compact with 3 to 5 ton vibratory roller - Stripe all designated lines as needed	24 550.00	1.0	24 550.00

Payment Instruction

Make checks payable to:
Original Asphalt

Total: **$ 24 550.00**

APPLICATION: DOVER CDBG FY24

APPLICANT INFORMATION	
Organization Homeless Center for Strafford County	Tax ID 02-0519859
Name of Program or Project Security cameras & door alarms	
Name of Executive Director Jennifer Pare	
Mailing Address 208 Washington St. Rochester, NH 03839	
Physical Address	
Contact Person Kathleen Levesque	Phone 603-781-0698
E-Mail Kathelevesque@gmail.com	Website hcscnh.org

Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)*

- [x] 501(c)(3) Government
- [ ] For-profit authorized under 570.201(o)
- [ ] Unit of
- [ ] Faith-based Organization
- [ ] Institution of Higher Education
- [ ] Other (Explain):

Tax ID # 02-0519859	
SAM UEI #	SAM Expiration Date

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 49,000.00
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Install up to date hard wired security system to monitor all areas of the Shelter.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Several locations inside & outside the Shelter, to improve security inside + outside the Shelter.

BENEFICIARIES

Beneficiaries:

For FY 2024 (7/1/2023 – 6/30/2024) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year):

50

For FY 2022 (7/1/2021 – 6/30/2022) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population:

36

Were Dover CDBG funds used to fund this activity or project in FY 2023 (7/1/2022 – 6/30/2023):

If so, how much? No.

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.)

Homeless individuals + families.

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: X Yes _____ No

If yes, are the criteria/protocols in writing?: X Yes _____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

Please indicate who prepared the overall cost estimate for the activity.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project *(not the organization)*:

Describe the nature of the project: Replace out of date plug in, security system with hardwired system, 11 cameras placed throughout the inside + outside of Shelter, door alarms

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : Secure Secure & safe in the Shelter, being able to monitor residents inside + outside of the Shelter.

Proposed project starting date: Sept 2024

Proposed project completion date: Sept 2024

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Purchase of software, cameras, server + installation of cameras + monitors + door alarms

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

Performance Outcome Measures

Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
functional security system to safely monitor clients	allows clients & staff to feel safe while at the shelter
decrease safety issues when staff not in direct contact w residents	allows staff to be more productive

Description of Organization

Please provide a description for the organization or agency that is undertaking the activity or project.

Audit and Evaluation

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? NO.

If yes, please note the agency/program and how often the evaluation occurs.

Board of Directors

Name	Residence (city/town)
Kathleen Levesque - President	Rochester, NH
Rachel Gilman - Vice President	New Durham, NH
Jolene Whitehead - Treasurer	Rochester, NH
Zach Silk - Secretary	Dover, NH
Brant Dolleman - Director	Dover, NH
Jim Korth - Director	Barrington, NH
Tony Viel - Director	Rochester, NH
Stacey Corris - Director	Farmington, NH
Ken Mauser - Director	Rochester, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services	A Dover CDBG Funds Requested	B Other Funding*	A + B Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:			

2. Public Facilities	A Dover CDBG Funds Requested	B Other Funding*	A + B Total Proposed Budget
Hard Costs **Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.**			
Construction	49,000.00	Ø	49,000.00
Other (list)			
Total Hard Costs		Ø	
Soft Costs			
Acquisition			
Appraisals	See attached estimates		
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:	49,000.00	Ø	49,000.00

* Use the following table (*Activity or Project Funding Sources*) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project, if any. *Do not include Dover CDBG amount requested.*

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount ($)		Total Amount ($)	Explanation
Federal:	Committed: Pending: Proposed:	N/A		
State:	Committed: Pending: Proposed:	N/A		
Local:	Committed: Pending: Proposed:	N/A		
Private:	Committed: Pending: Proposed:	N/A		
Portsmouth CDBG:	Committed: Pending: Proposed:	N/A		
Rochester CDBG:	Committed: Pending: Proposed:	N/A		
Other:	Committed: Pending: Proposed:	N/A		
Total:	Committed: Pending: Proposed:	N/A		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount ($)		Explanation
Homeless Center for Strafford County	Committed: Pending: Proposed:	Ø	We do not have any extra funds to contribute towards this project.
Total:		Ø	

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from 7/1 to 6/30	Current Year	Next Year (projected)
REVENUES		
Federal Funds	Ø	20,000.00
State Funds	Ø	20,000.00
Foundations/Private Contributions	17,450.00	20,000.00
United Way	Ø	25,000.00
Fundraising or other income	70,000.00	78,000.00
Other (describe)	5,500.00	10,000.00
Community Dev. Block Grant (include anticipated request)	50,000.00	20,000.00
TOTAL REVENUE	142,950.00	193,000.00
EXPENSES		
Salaries	202,000.00	260,000.00
Fringe Benefits	1560.00	2000.00
Supplies (include printing/copying)	14,400.00	15,840.00
Travel	Ø	Ø
Training	Ø	2000.00
Communications	2184.00	3000.00
Audit	Ø	1500.00
Property Maintenance	13,6168.00	15,034.80
Service Contracts	17,000.00	17,900.00
Construction Supplies/Materials	500.00	1000.00
Other (describe)	2500.00	3000.00
TOTAL EXPENSES	253,812.00	321,274.80
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards	N/A	N/A	N/A	$ N/A	$ N/A
NH Dept. of	[Agency Name]			$	$
	[Program Name]				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name]				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name]				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards	N/A	N/A	N/A	$ N/A	$ N/A
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE	N/A	N/A	N/A	$ N/A	$ N/A

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Jennifer Pare
SIGNATURE

11/17/23
DATE

Jennifer Pare
PRINTED NAME

Supervisor
TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	1.
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
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CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions. The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

HOWARDSYSTEMS

A Technology Design & Integration Company

H O M E

For Now

A Division of HCSC | 603-332-3065

Homeless Center for Strafford County
202 Washington Street
Rochester, NH 03869

Camera System Project Proposal -2311008

16 Quarry Drive, Rochester, NH 03867
v/603.335.9900 · f/603.335.9910 · info@howardsystems.net

HOWARDSYSTEMS LLC
A Technology Integration Company
16 Quarry Drive, Rochester, NH 03867

November 16, 2023

Rachel Gilman
Board Vice President
Homeless Center for Strafford County
202 Washington Street
Rochester, NH 03869

Via e-Mail: Rachel Gilman (homedrgilman@aol.com) Jenn Pare (jpare@hcsnh.org)

Subject: CCTV System

Dear Rachel,

Thank you for allowing us to provide this proposal for the above referenced project. As a company providing technology integration services in Municipal, Commercial and Residential locations throughout New England and beyond, our past performance shows a leading role in the type of installation that would support your requirements.

Howard Systems understands the need to have systems meet budgets. We also look at long and short term cost and have provided a product that will allow upgrades to the CCTV system at a much less cost in the future.

SCOPE: CCTV System

Howard Systems will provide and install a multi-site/multi-server intelligent IP surveillance software suite on a new commercial NVR server with monitor, keyboard, mouse, and 20TB onboard hard drive storage provided by Howard Systems. The NVR has a 3-year warranty. This software allows for up to 32 cameras and the NVR server can support an unlimited number of concurrent viewing clients. Howard Systems will provide and install seventeen (17) new cameras. Four (4) new IP 360/180-degree view cameras and thirteen (13) new IP fixed lens IR dome cameras in and around the main building. Four (4) 360 cameras on each outside corner of the building covering 100% of outer building areas. One (1) fixed camera covering smoking area. Three (3) fixed cameras outside above each door covering detail entrance and exit view. One camera (1) inside basement area covering general activity of common area activity and storage area. Five (5) fixed cameras inside on the first floor (2-Kitchen, 2- Main halls and 1- Front door). Second floor three fixed cameras (1-covering left hall, 1-covering right hall and 1-covering laundry room).

Seventeen (17) IP cameras are included in this proposal with cabling and interfacing with the new system, a system router and a built in 24 port POE switch provide data connection to cameras as well as viewing over the existing network. The network router and NVR will be installed in the basement in a new secured wall enclosure the Dmarc board. System allows for iPhone and Android mobile viewing with available apps. The proposal includes termination of new Cat6 cable, 24 port patch panel, wire management, patch cords, cameras, switch, software, power supply, UPS, shelves, monitor, keyboard, mouse, programming,

training, labeling and required equipment for a complete installation. Howard Systems will provide "soft copy" documentation of the install. This current configuring of the CCTV wiring and install allows for a more organized and documented installation.

Howard Systems will build pathways as needed.

Suggestion and solution benefits

The system is an enterprise system with unlimited clients, and there are no limitations on concurrent users. You will have the ability to export multiple cameras that can all be played back at once using the software player or windows media.

The system allows for client viewing software to be installed on any PC/Laptop or mobile device to view live and recorded events.

Howard Systems will work with Management for camera placement and lens adjustment to provide the desired views.

Howard Systems will provide procurement, installation, testing and commissioning of CCTV system.

Recorded material can be downloaded to a file and time stamped. Recorded video can be sent via email.

The IP application would provide and allow for cost effective upgrades in the future allowing integration of existing cameras. The IP would be an upfront cost but give a unified and scalable solution across your buildings platform by reducing training cost and man hours in retrieving video from different systems. As technology hardware and software is changing so rapidly this would allow the video to keep up with the changes and reduce down time and cost. The CCTV software would also allow the owners to use the same CCTV software on a server/PC at another site. The video can be integrated into the access control and other systems in the future.

The 360/180-degree view cameras cover as much area as 3 to 4 fixed IP cameras and allow for less disruption to the appearance of the walls, rooms and building.

The camera can view at a wide angle of 360/180 degrees, providing complete video security with no dead angles. Featuring WDR Pro, the camera captures both the dark and bright areas of an image and combines the differences to create a highly realistic representation of the original scene. Further, with added SNV technology, high-quality full-color surveillance video becomes possible even under low-light conditions. These combined features enable the camera to provide video quality remarkably close to the capabilities of the human eye. When installing the unit, the unique mounting design facilitates easy installation on a wall or desktop in order to capture faces at eye level. Further increasing the level of surveillance, a built-in microphone that records sound within a 5-meter radius.

The camera also supports the industry-standard H.264 compression technology, drastically reducing file sizes and conserving valuable network bandwidth.

SCOPE: Door Alarms

Howard Systems will provide and install a Battery Powered Door Exit Alarm on three doors identified. Each alarm are key activated and deactivated and comes with 2 keys, mortise Key Lock Cylinder and door contacts wired to the door.

Suggestion and solution benefits
Takes a 9 volt battery easy to change and can be rekeyed locally

PROJECT FEE:
The price for the proposed above is: **$48,814.00**

ASSUMPTIONS:
The following assumptions were made in preparation of this scope of work. Deviations from these assumptions will be subject to negotiation.

- Work accomplished during Howard Systems' normal business hours and Howard Systems will have ready access to the work areas on the agreed installation dates.
- Material may have a 2 to 3 week lead time.
- Customer to provide 110v as needed.
- Customer responsible for network connection.
- Service calls do not include replacement of equipment not covered under warranty.
- 60% of cost due upfront. 40% remainder due at completion.

Howard Systems can provide your company with additional low voltage system from design to installation and service after the install on Phone System (VoIP or PBX) Access, Intrusion, Monitoring and Network Support with a 24X7 support available on your systems. Let Howard Systems integrate your older systems with new more effective technology.

TERMS:
Howard Systems standard terms apply.

ACCEPTED BY:
Printed Name: _____

Signature: _____ Date: _____

Title: _____

Purchase Order: _____

A&B LOCK AND SECURITY

Estimate

ESTIMATE # 4372

DATE 11/13/2023

PO #

CUSTOMER

Homeless Center for Strafford County
Jennifer Pare
202 Washington Street
Rochester, NH, 03839
(603) 332-3065
jpare@hcscnh.org

SERVICE LOCATION

Homeless Center for Strafford County

202 Washington Street
Rochester, NH, 03839
(603) 332-3065
jpare@hcscnh.org

DESCRIPTION FULL BUILDING CCTV SYSTEM
- (4) exterior turret cameras and brackets, (12) interior dome cameras, (2) interior fisheye cameras
- complete wiring throughout space as needed, all cabling to basement, include (1) network PoE switch, (1) UPS and install both in basement existing server rack

Estimate

Description	Qty	Rate	Total
Service Charge #1			$250.00
DW Spectrum video server, 8TB of storage, free apps/software/upgrades, windows 10/11 OS, tower style (up to 30 cameras)	1.00	$1,985.00	$1,985.00
DW Digital Watchdog spectrum VMS IP camera licenses, 4 PACK	5.00	$364.00	$1,820.00
UNV 4MP Turret IP Camera, 30M IR, 2.8MM Fixed Lens	4.00	$239.00	$956.00
UNV wall mount & junction box for turret cameras, (white) finish	4.00	$56.00	$224.00
UNV 4MP Dome IP Camera, 30M IR, 2.8MM Fixed Lens	12.00	$239.00	$2,868.00
DW 5MP fisheye IP camera, with digital dewarp feature, PoE powered, (white) finish	2.00	$665.00	$1,330.00
BV-Tech 18 port PoE switch with 1 uplink, 250W max output	1.00	$385.00	$385.00
CBP 500VA 1U rack mount UPS, 6 outlets, (black) finish	1.00	$249.00	$249.00
VC 6" CAT6A slimline patch cable, (any color)	20.00	$3.75	$75.00
VC CAT6 keystone jack, (any color)	20.00	$6.25	$125.00

VC 24port modular patch panel, less keystones, 1U, (black) finish	1.00	$38.50	$38.50
General Materials (cable, connections, fasteners, conduit, ect)	1.00	$225.00	$225.00
CAT6 network cable drop. Includes: faceplate, jacks, patch cable, install, and certification of line	18.00	$155.00	$2,790.00
LABOR: install, programming, networking, and testing	1.00	$3,625.00	$3,625.00

Estimate Total: **$16,945.50**

APPLICATION: DOVER CDBG FY24

APPLICANT INFORMATION	
Organization Homeless Center for Strafford	Tax ID 02-0519859
Name of Program or Project Window Caulk/Replacement	
Name of Executive Director Jennifer Pare	
Mailing Address 202 Washington St. Rochester NH 03839 Physical Address	
Contact Person Kathleen Levesque	Phone 603-781-0698
E-Mail Kathelevesque@gmail.com	Website hcscnh.org

Please Identify the Type of Organization Applying for Funds *(Note: More than one may apply)*

- ☑ 501(c)(3) Government
- ☐ For-profit authorized under 570.201(o)
- ☐ Unit of
- ☐ Faith-based Organization
- ☐ Institution of Higher Education
- ☐ Other (Explain):

Tax ID # 02-0519859	
SAM UEI #	SAM Expiration Date

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: $ 5,000
Provide a very brief summary of the *activity* or *project* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*) Replace 2 windows in the kitchen that do not open with 2 windows that open for airflow & ventilation

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 2 Kitchen windows

BENEFICIARIES

Beneficiaries:

For FY 2024 (7/1/2023 – 6/30/2024) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year):

50

For FY 2022 (7/1/2021 – 6/30/2022) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population:

36

Were Dover CDBG funds used to fund this activity or project in FY 2023 (7/1/2022 – 6/30/2023):

If so, how much? NO.

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.)

Homeless Individuals + families

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: X Yes ____ No

If yes, are the criteria/protocols in writing?: X Yes ____ No

NARRATIVE – *PUBLIC SERVICE* ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity *(not the organization)*. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

Please indicate who prepared the overall cost estimate for the activity.

NARRATIVE – *PUBLIC FACILITY* ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project *(not the organization)*:

Describe the nature of the project: Replace 2 windows in Kitchen that currently do not open with 2 windows that will open

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : airflow + ventilation in shelter kitchen when cooking + to let fresh air in the shelter.

Proposed project starting date: Sept 2024

Proposed project completion date: Sept 2024

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): $ 5000.00 purchase, insulation, caulking, wood replacement + installation

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.	
Outcome	**Measurement**
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
functional Kitchen windows	allows fresh air in & smoke/steam out.
decrease # of fire alarms due to smoke in kitchen	allows Fire dept to focus on true emergencies & not false alarms.

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project.

Homeless shelter for individuals & families in Strafford County + Southern Maine.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? No.

If yes, please note the agency/program and how often the evaluation occurs.

BOARD OF DIRECTORS	
Name	**Residence (city/town)**
Kathleen Levesque - President	Rochester, NH
Rachel Gilman - Vice President	New Durham, NH
Jolene Whitehead - Treasurer	Rochester, NH
Zach Silk - Secretary	Dover, NH
Brant Dolleman - Director	Dover, NH
Jim Korth - Director	Barrington, NH
Tony Viel - Director	Rochester, NH
Stacy Corns - Director	Farmington, NH
Ken Mauser - Director	Rochester, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services	A Dover CDBG Funds Requested	B Other Funding*	A + B Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:			

2. Public Facilities	A Dover CDBG Funds Requested	B Other Funding*	A + B Total Proposed Budget
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction	$5000.00	Ø	$5000.00
Other (list)			
Total Hard Costs	$5000.00	Ø	$5000.00
Soft Costs			
Acquisition			
Appraisals	See attached estimates		
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:	5000.00	Ø	5000.00

* Use the following table (*Activity or Project Funding Sources*) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project, if any. *Do not include Dover CDBG amount requested.*

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount ($)		Total Amount ($)	Explanation
Federal:	Committed: Pending: Proposed:	N/A		
State:	Committed: Pending: Proposed:	N/A		
Local:	Committed: Pending: Proposed:	N/A		
Private:	Committed: Pending: Proposed:	N/A		
Portsmouth CDBG:	Committed: Pending: Proposed:	N/A		
Rochester CDBG:	Committed: Pending: Proposed:	N/A		
Other:	Committed: Pending: Proposed:	N/A		
Total:	Committed: Pending: Proposed:	N/A		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount ($)		Explanation
Homeless Center for Strafford County	Committed: Pending: Proposed:	Ø	We do not have any extra funds to contribute towards this Project.
Total:		Ø	

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from 7/1 to 6/30	Current Year	Next Year (projected)
REVENUES		
Federal Funds	Ø	20,000.00
State Funds	Ø	20,000.00
Foundations/Private Contributions	17,450.00	20,000.00
United Way	Ø	25,000.00
Fundraising or other income	70,000.00	78,000.00
Other (describe)	5,500.00	10,000.00
Community Dev. Block Grant (Include anticipated request)	5000.00	20,000.00
TOTAL REVENUE	97,950.00	193,000.00
EXPENSES		
Salaries	202,000.00	260,000.00
Fringe Benefits	1560.00	2000.00
Supplies (include printing/copying)	14,400.00	15,840.00
Travel	Ø	Ø
Training	Ø	2000.00
Communications	2184.00	3000.00
Audit	Ø	1500.00
Property Maintenance	13,668.00	15,034.80
Service Contracts	17,000.00	17,900.00
Construction Supplies/Materials	500.00	1000.00
Other (describe)	2500.00	3000.00
TOTAL EXPENSES	253,812.00	321,274.80
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
U.S. Dept. of	[Agency Name]			$	$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			$	$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			$	$
Total Expenditure of Federal Awards	N/A	N/A	N/A	$ N/A	$ N/A
NH Dept. of	[Agency Name]			$	$
	[Program Name]				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name]				
Total NH Dept. of	[Agency Name]			$	$
NH Dept. of	[Agency Name]			$	$
	[Program Name]				
Total NH Dept. of	[Agency Name]			$	$
Local Assistance:	[Agency Name]			$	$
	[Program Name]				
Total Local Assistance:	[Agency Name]			$	$
Total State and Local Awards	N/A	N/A	N/A	$ N/A	$ N/A
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE	N/A	N/A	N/A	$ N/A	$ N/A

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Jennifer Pare
SIGNATURE

11/17/23
DATE

Jennifer Pare
PRINTED NAME

Supervisor
TITLE

FFATA Checklist (contracts $30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over $300,000 in the agency's previous tax year, **and**
- have been awarded $30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By Agency	
Name of agency receiving award	
Address of the entity including:	
Place of performance including:	
Congressional district	
Total compensation and names of top five executives*	**1.**
	2.
	3.
	4.
	5.
DUNS number	
Central Contractors Registration (CCR) number**	

***Must give total compensation and names of top five executives if:**
(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?
The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: http://fedgov.dnb.com/webform

****What is a CCR and how do you register?**
CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions. The link to information needed to register and become familiar with CCR is provided below.
Registration information: http://www.ccr.gov/startregistration.aspx

_____ _____
Signature of Authorized Person **Date**

_____
Title

GRANITE STATE GLASS
www.granitestateglass.com

( ) Concord	224-8897	( ) Plymouth	536-1205
( ) Conway	447-5471	( ) Portsmouth	436-0001
( ) Gilford	528-4748	(X) Rochester	332-1385
( ) Hudson	883-8545	( ) W. Lebanon	298-2980
( ) Keene	352-4527	( ) Wolfeboro	569-4311
( ) Laconia	524-0407	( ) Burlington, VT	802-862-5458
( ) Manchester	668-8735	( ) St. Johnsbury, VT	802-441-4127

Proposal & Agreement

Homeless Center Of Strafford County
202 Washington Street
Rochester, NH 03839
Attn: Rachel Gilman

603-781-2221
executivedirector@hcscnh.org

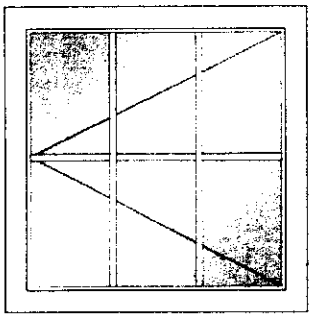
September 29, 2023

Quote: D-27300

Furnish and Install:

Two (2) GSG Advantage Harvey Single Casement Vinyl Windows

Specifications:	Hinged **Left** viewed from exterior
Style:	New Construction with J-Fin
Color:	White
Glass:	Double Glazed, Double Low-E RS, Argon
Energy Star Rating:	**0.23 Exceeds Required 0.27**
Grids:	White contoured - between the glass
Hardware Finish:	White, Compact folding handle
Screen:	Full Flex - fiberglass mesh
Details:	Includes Exterior Factory Applied Casing Kitchen- Side & Rear Windows Spring/Summer 2024 Install
Price:	**$2,120.00** each



GRANITE STATE GLASS

Warranties	**Granite State Glass - 1-year Service and Workmanship** **Harvey - Limited Lifetime Transferable on parts, mechanisms, and glass (including glass breakage)**
GSG Advantages	**Serving the Northern New England Market since 1984** **Installation performed by Granite State Glass employees** **Over 150,000 windows and doors installed** **Our employees are fully covered by Worker's Compensation Insurance**
Includes	**Insulation and caulking** **Removal of all debris and complete cleanup of work area** **Washing of new windows and doors**
Excludes	**Wood rot replacement not specifically listed above** **Painting or staining**

Payment: 50% deposit to order by cash, check, Visa, MasterCard or Discover with balance due the day of completion.

For the above work:

Four thousand two hundred forty dollars $4,240.00

**** Will require a re-measure before order can be placed. ****
**** Should the re-measure discover needed changes, a new proposal and price may need to be signed. ****

Prices are based on proposal being ordered complete. Any adjustment to the quantity count could result in the need to requote this proposal.

All material is guaranteed to be as specified. The work above to be performed in accordance with the specifications submitted and completed in a substantial workmanlike manner. You, the buyer, may cancel this transaction at any time prior to midnight of the third business day following the date of this transaction. Notice of cancellation can be verbal but must be followed up in writing no later than midnight of the following business day. This is a custom order, and all deposits are non-refundable. Any alteration/deviation from specifications will become an additional charge. Electrical, plumbing or HVAC work are the responsibility of the property owner. All agreements are contingent upon strikes, accidents, or delays beyond our control. Owner is responsible to provide permits if applicable. Drawings are similar but not exact representation of the design. Actual design may vary. Prices are subject to change upon final measurement.

Estimated start time is 10-12 weeks from the date of signed agreement, the deposit and final measurement.
Orders that include factory paint or stain, tempered glass or custom hardware will increase lead time.

Signature: _____ **Date:** _____

Note: This proposal may be withdrawn if not accepted within ***30*** *days.*

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Thank you for trusting Granite State Glass with your home improvement project!

Phil Tewell
Window, Door, and Siding Specialist
ptewell@granitestateglass.com/603-273-6196

R.A. JETT
CONSTRUCTION, LLC
19 Cottontail Ln
Farmington, NH 03835 US
603-365-7707
jettconstructionllc@hotmail.com
rajettconstruction.com

Estimate 1185

R.A. JETT CONSTRUCTION LLC

ADDRESS
HCSC'S 'Home for Now'
202 Washington Street
Rochester, NH 03839

DATE
11/08/2023

TOTAL
$6,111.45

P.O. NUMBER
Windows Relocation

SALES REP
Bob

DATE		DESCRIPTION	QTY	RATE	AMOUNT
	General	General Carpentry- Windows Relocation Swap. Remove Siding Surrounding Windows, Remove Lower Level Windows and Kitchen Windows. Install Existing Lower level Windows into Kitchen Window Locations. Install Existing Non Opening Kitchen Widows into lower level openings. Tape Re-install siding.	1	4,296.00	4,296.00
	Materials	Materials- Siding Nails, Zip, Window and Door Foam	1	219.20	219.20
	Drywall Repairs	Drywall Repairs- Interior around windows	1	1,500.00	1,500.00
	Materials	Materials-45, Sanding supplies, Primer.	1	96.25	96.25

Materials Prices are Subjected to Change Due to the Volatility of the Markets.

TOTAL $6,111.45

This form is not a "quote" for materials or labor. Unforeseen Structural, Electrical, Plumbing Mechanical defects, material shortages, and or unexpected labor will be additional. Any products purchased by the Customer Having defects or damages is the customers responsibility. Approval to proceed with work agreeing to the terms and figures above. Sign below and email back to be scheduled.

THANK YOU.

All invoices are due within 14 days of the invoice date. Invoices 30 days past due from the invoice date will incur a late fee of $75 Plus 2.5% of the total due and a $25 Admin Fee Plus 2.5% monthly thereafter(Accrued Daily). Past Due Balance will be further subject to any costs incurred by R.A. Jett Construction LLC in collection activities should they become necessary. This includes but is not limited to: Attorneys Fees, Company representative down time costs. This will be the responsibility of the person signing this agreement. Failure to pay in full after 60 days will result in application of a mechanic's lien on property where work was completed.

We Accept Online Credit Card Payment (5% Processing fee will be added), Bank Payment(No Fee)

Approval_____

_____

Accepted By

Accepted Date

This form is not a "quote" for materials or labor. Unforeseen Structural, Electrical, Plumbing Mechanical defects, material shortages, and or unexpected labor will be additional. Any products purchased by the Customer Having defects or damages is the customers responsibility. Approval to proceed with work agreeing to the terms and figures above. Sign below and email back to be scheduled.

HOWARDSYSTEMS LLC

A Technology Design & Integration Company

16 Quarry Drive Rochester, NH 03867

To:	Homeless Center for Strafford County 202 Washington Street Rochester, NH 03869 Attn: Rachel Gilman Board Vice President	**From:**	Everett Howard 16 Quarry Drive Rochester, NH 03867

Project Kitchen windows replacement **Location** Rochester, NH

Owner Homeless Center for Strafford County **Date:** November 17, 2023

Project 2311009 **CC:**

☑ **Urgent** ☑ **For Review** ☐ **Please Comment** ☐ **Please Reply**

New Requests as follows:

1. Replace two (2) windows in the kitchen at HCSC Building. Remove window casing, siding, j channel and windows. Howard Systems will provide and install two (2) new construction windows, 36 in. x 36 in. white painted clad wood right-handed crank casement window with colonial grids/grilles. Reinstall j-channel, siding and inside window trim. All windows Include full painting, and sealing with the repair or replacement of window trim as needed. Includes framing and siding as needed. The price includes a finished install product and warranty. Windows will be verified before ordering .

   Price as above: **$3,859.00**

Terms: Standard Terms Apply

ACCEPTED BY:
Printed Name: _____

Signature: _____ Date: _____

Title: _____