

Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPG-2MP3-AJNTG, version 1)

Details

Submitted 3/21/2022 (0 days ago) by Elizabeth Swanton

Alternate Identifier Alice Peck Day Memorial Hospital

Submission ID HPG-2MP3-AJNTG

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

7/1/2020

Organization Name

Alice Peck Day Memorial Hospital

Street Address

10 Alice Peck Day Drive

Lebanon, NH 03766

Federal ID #

20222791

State Registration #

6329

Website address (must have a prefix such as "http://www.")

<https://www.alicepeckday.org>

Is the organization's community benefit plan on the organization's website?

Yes

Chief Executive

First Name **Last Name**

Susan *Mooney*

Phone Type **Number** **Extension**

Business 6033080081

Email

mooneys@apdmh.org

Board Chair

First Name **Last Name**

Greg *Lange*

Phone Type **Number** **Extension**

Other 6037380042

Email

lange.gregw@gmail.com

Community Benefits Plan Contact

First Name	Last Name	
Elizabeth	Swanton	
Title		
Community Health & Engagement Officer		
Phone Type	Number	Extension
Business	6033080821	
Email		
swantone@apdmh.org		

Does this report include community benefit information for affiliated or subsidiary organizations?

No

Section 2: Mission & Community Served

Mission Statement

It is the mission of Alice Peck Day Memorial Hospital (APD) to improve the health and wellbeing of our community.

Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-I)?

Yes

Service Area

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

NONE PROVIDED

Please select service area municipalities (NH), if applicable

LEBANON
HANOVER
CANAAN
CORNISH
CROYDON
DORCHESTER
ENFIELD
GRAFTON
GRANTHAM
LYME
NEWPORT
ORANGE
ORFORD
PIERMONT
PLAINFIELD
WARREN

Service Population Description

<Serve the general population>

Section 3.1: Community Needs Assessment

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? (Please attach a copy of the needs assessment below if completed in the past year)

2019

Please attach a copy of the needs assessment if completed in the past year

[FY19_DH_APD_VNH_Community_Health_Needs_Assessment_with_Appendix.pdf - 03/10/2022 10:02 AM](#)

Comment

NONE PROVIDED

Was the assessment conducted in conjunction with other health care charitable trusts in your community?

Yes

Section 3.2: Community Needs Assessment (1 of 11)

Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

E1: Cash Donations

Brief description of major strategies or activities to address this need (optional)

In-kind donation of space on the APD campus to the Good Neighbor Health Clinic, a free medical clinic;

Charity Care, financial assistance, and payment plans;

Medicaid enrollment assistance through the Primary Care Social Worker (who is certified to make NH Medicaid Presumptive Eligibility determinations); Marketplace health insurance counseling during Open Enrollment (and for individuals eligible for SEP)

Section 3.2: Community Needs Assessment (2 of 11)

Area of Community Need / Concern

20. Mental Health

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

E3: In-Kind Assistance

A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)

Mental health services through Behavioral Health Specialist for patients who screen positively for depression or anxiety;

Participation in the Integrated Delivery Network;

Emergency Department Rapid Referral Program through partnership with West Central Behavioral Health

Section 3.2: Community Needs Assessment (3 of 11)

Area of Community Need / Concern

24. Substance Use

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

E1: Cash Donations

E3: In-Kind Assistance

Brief description of major strategies or activities to address this need (optional)

In-kind donation of space and coffee on the APD campus to AA, Al-Annon, and other recovery efforts (suspended in FY21 due to pandemic);

Narcan distribution through the ED;

Primary Care Medication Assisted Treatment Program with Behavioral Health Services;

Advanced Transit marketing campaign regarding tobacco use

Section 3.2: Community Needs Assessment (4 of 11)

Area of Community Need / Concern

14. Domestic Abuse / Child Abuse

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A4: Other Community Health Improvement Services

E1: Cash Donations

Brief description of major strategies or activities to address this need (optional)

Participation in regional Strong Families Strong Starts initiative including evidence informed staff education and ReachOut and Read enrollment;

Cash donation to Waypoint (Child and Family Services)

Section 3.2: Community Needs Assessment (5 of 11)

Area of Community Need / Concern

2. Access to Prescription Medications / Prescription Assistance

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)

Prescription Assistance Program to uninsured and underinsured patients needing help paying for medications;

Pharmacy voucher program for low-income uninsured patients with acute medication needs;

Medicaid enrollment assistance through the Primary Care Social Worker

(who is certified to make NH Medicaid Presumptive Eligibility determinations)

Section 3.2: Community Needs Assessment (6 of 11)

Area of Community Need / Concern

3. Access to Primary Care

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

E3: In-Kind Assistance

A1: Community Health Education

A3: Health Care Support Services

Brief description of major strategies or activities to address this need (optional)

In-kind donation of space on the APD campus to the Good Neighbor Health Clinic, a free medical clinic;

More efficient new patient registration to improve and hasten access to primary care services;

Online COVID-19 prevention education;

Patient support services including gas and transportation coordination for appointments for patients in need

Section 3.2: Community Needs Assessment (7 of 11)

Area of Community Need / Concern

16. Aging Population / Senior Services

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A5: Dedicated Staff costs

A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)

Senior Care Team provides home-based primary care program for frail elderly in the local community;
Elder Forum, a networking/educational forum for health and human services organizations focused on the elderly, hosted monthly at APD;
Elder Friend program that aims to match frail elders referred by Senior Care team staff to volunteers who make home visits;
Lifecare, senior living at APD, which includes four levels of care: independent, assisted, supported, and memory care.

Section 3.2: Community Needs Assessment (8 of 11)

Area of Community Need / Concern

33. Affordable Housing

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A4: Other Community Health Improvement Services

A5: Dedicated Staff costs

Brief description of major strategies or activities to address this need (optional)

Screen NH Medicaid patients for housing needs and assist patients with applications for local resources and make referrals;
Participation in local networks discussing community housing needs and solutions

Section 3.2: Community Needs Assessment (9 of 11)

Area of Community Need / Concern

4. Oral Health

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A2: Community-Based Clinical Services

A5: Dedicated Staff costs

Brief description of major strategies or activities to address this need (optional)

Upper Valley Smiles, a school based oral health program for children at Upper Valley elementary schools - program was suspended during FY21 due to the pandemic

Section 3.2: Community Needs Assessment (10 of 11)

Area of Community Need / Concern

27. Healthy Eating / Nutrition / Food Insecurity

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

E1: Cash Donations

A5: Dedicated Staff costs

E3: In-Kind Assistance

Brief description of major strategies or activities to address this need (optional)

Lebanon Lunch Friends, a summer meals program for low-income children in Lebanon;
Donation of prepared foods from APD Kitchen to LISTEN Community Services

Section 3.2: Community Needs Assessment (11 of 11)

Area of Community Need / Concern

28. Physical Activity / Active Living

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A5: Dedicated Staff costs

A4: Other Community Health Improvement Services

F1: Physical Infrastructure Improvement

E1: Cash Donations

Brief description of major strategies or activities to address this need (optional)

FitScripts, a program for adult primary care patients who can receive a "prescription" from their primary care provider for monthly memberships at local fitness centers;

Mascoma River Greenway Access Trail paving and maintenance;

APD Public Nature Trails Maintenance;

Cash donation to Upper Valley Trails Alliance

Section 4: Community Benefit Activities

Optional Section 4 completion tool

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

[Community Benefits Reporting Worksheets](#)

Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)

77197260

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	556765	0	556765	0.7%	560000

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	7812629	3378885	4433744	5.7%	4435000

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(4) Total Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	8369394	3378885	4990509	6.5%	4995000

Community Benefit Services

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
11	NONE PROVIDED	79228	0	79228	0.1%	80000

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
1	NONE PROVIDED	8000	0	8000	0%	8000

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
9	NONE PROVIDED	33067	0	33067	0%	35000

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
21	0	120295	0	120295	0.2%	123000

Total

(11) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
21	0	8489689	3378885	5110804	6.6%	\$5118000

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)

77197260

(1) Physical improvements and housing

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
2	NONE PROVIDED	5434	0	5434	0%

(2) Economic development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
1	NONE PROVIDED	5947	0	5947	0%

(3) Community support

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(4) Environmental improvements

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(5) Leadership development and training for community members

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
1	NONE PROVIDED	780	0	780	0%

(6) Coalition building

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(7) Community health improvement advocacy

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
1	NONE PROVIDED	9626	0	9626	0%

(8) Workforce development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(9) Other

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

Total

(10) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
5	0	21787	0	21787	0%

Section 6: Medicare

Enter total revenue received from Medicare (\$ – including DSH and IME)

35505419

Enter Medicare allowable costs of care relating to payments specified above (\$)

21663919

Medicare surplus (shortfall)

\$13841500

Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.

NONE PROVIDED

Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

NONE PROVIDED

Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

80639444

Net operating costs (\$)

77197260

Ratio of gross receipts from operations to net operating costs

1.045

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs (\$)

4990509

Other Community Benefit Costs (\$)

120295

Community Building Activities (\$)

21787

Total Unreimbursed Community Benefit Expenses (\$)

5132591

Net community benefit costs as a percent of net operating costs (%)
6.65%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)
NONE PROVIDED

Medicare Shortfall (\$)
\$13841500

Section 8: Community Engagement in the Community Benefits Process

Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Public Health Council of the Upper Valley	Yes	Yes	No	No
LISTEN Community Services	Yes	Yes	No	No
Upper Valley Haven	Yes	Yes	No	No
West Central Behavioral Health	Yes	Yes	No	No
NAMI NH Upper Valley	Yes	Yes	No	No
Turning Point	Yes	Yes	No	No
Lebanon Housing Authority	Yes	Yes	No	No
Headrest	Yes	Yes	No	No
Twin Pines Housing Trust	Yes	Yes	No	No
Pathways	Yes	Yes	No	No
CCBA	Yes	Yes	No	No
UVAC	Yes	Yes	No	No
UV Community Nursing Project	Yes	Yes	No	No
Lebanon Rotary	Yes	Yes	No	No
WISE	Yes	Yes	No	No
Vital Communities	Yes	Yes	No	No
Good Neighbor Health Clinic	Yes	Yes	No	No
Grafton County Senior Citizens Council	Yes	Yes	No	No
TLC Family Resource Center	Yes	Yes	No	No
The Family Place	Yes	Yes	No	No
Bayada	Yes	Yes	No	No
Lebanon, Hartford, and Hanover Schools	Yes	Yes	No	No
Municipalities of Hanover, Lebanon, and Hartford	Yes	Yes	No	No

Please provide a description of the methods used to solicit community input on community needs:

Methods included a survey of community residents available digitally and in paper; a direct email survey of key stakeholders representing multiple community sectors; a set of community discussion groups; a compilation of results from assessment activities focused on behavioral health; and a review of available population demographics and health status indicators. All information collection activities and analyses sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation. Enhanced efforts were made to understand the needs of these populations through targeted surveys and community conversations including facilitated surveys and discussions at community suppers, a regional free clinic, homeless programs, and other community settings serving economically vulnerable residents.

Section 9: Charity Care Compliance

The valuation of charity does not include any bad debt, receivables or revenue.
Yes

A written charity care policy is available to the public.
Yes

Any individual can apply for charity care.

Yes

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

Notice of the charity care policy is posted in lobbies.

Yes

Notice of the policy is posted in waiting rooms.

Yes

Notice of the policy is posted in other public areas of our facilities.

Yes

Notice of the charity care policy is given to recipients who are served in their home.

Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name	Last Name
Elizabeth	Swanton
Title	
Community Health & Engagement Officer	
Email	
swantone@apdmh.org	

NHCT-31 (December 2020)

Attachments

Date	Attachment Name	Context	Confidential?	User
3/10/2022 10:02 AM	FY19_DH_APD_VNH_Community_Health_Needs_Assessment_with_Appendix.pdf	Attachment	No	Elizabeth Swanton

Category	Description	Unreimbursed Cost
Community Benefit Services		
Community Health Improvement Services and Community Benefit Operations		
• Community Health Education	COVID-19 Prevention Education	\$ 570
• Community Based Clinical Services	Upper Valley Smiles Dental Program - Suspended in FY21	\$ -
• Health Care Support Services	Patient Support Services (Transportation, Gas, etc.)	\$ 372
• Other Community Health Improvement Services	LISTEN Community Services vouchers	\$ 400
	Emergency Pharmacy vouchers	\$ 500
	Reach Out & Read	\$ 502
	FitScripts prescription exercise program	\$ 2,500
	Bike Helmet Summer Giveaway	\$ 266
	APD Nature Trails Maintenance	
• Community Benefit Operations	Grant Writing for Community Health	\$ 1,683
	Dedicated Staff (Salary, Office Supplies, Travel)	\$ 72,435
	Total	\$ 79,228
Health Professions Education		
• Scholarships/Funding for Professions Education	Surgical Tech Training Program Scholarship	\$ 8,000
	Total	\$ 8,000
Financial Contributions		
• Cash Donations	Upper Valley Business Alliance	\$ 5,000
	Take A Bite Out of Hunger/Lebanon Lunch Friends Program	\$ 7,000
	Waypoint (Child and Family Services)	\$ 515
	Rotary Club Event Sponsorship	\$ 800
	Upper Valley Trails Alliance	\$ 500
	JAG Productions	\$ 500
• In-Kind Donations	Meeting space, refreshments for local nonprofit community groups (AA, Al-Anon) - Suspended in FY21	\$ -
	Food donations to Listen from APD Kitchen	\$ 800
	Space for Good Neighbor Health Clinic	\$ 17,952
	Total	\$ 33,067
Community Building Activities		
• Physical Improvements and Housing	Mascoma River Greenway Access Trail Paving and Maintenance	\$ 1,114
	Advance Transit	\$ 4,320
• Community Health Improvement Advocacy	Leadership participation in local and statewide rural health advocacy forums	\$ 9,626
• Support System Enhancements	Clinical staff participation in local and statewide emergency preparedness training	\$ 780
• Economic Development	Upper Valley Business Alliance participation	\$ 5,947
	Total	\$ 21,787

Community Benefit Services Total \$ 120,295
Community Building Activities Total \$ 21,787