Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPP-X99J-HKP8Z, version 1)

Details

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Form Input

Section 1: Entity Information

Entity Name
Exeter Hospital, Inc.

State Registration #
6273

Federal ID #
22-2674014

Fiscal Year Beginning
10/01/2021

Entity Address

5 Alumni Drive
Exeter, NH 03833

Entity Website (must have a prefix such as "http://www.")
http://www.exeterhospital.com/

Chief Executive Officer (first, last name)

First Name	Last Name	
Kevin	*Callahan*	
Phone Type	**Number**	**Extension**
Business	6035806691	

Email
kcallahan@ehr.org

Board Chair (first, last name)

First Name	Last Name	
Rob	*Eberle*	
Phone Type	**Number**	**Extension**
Business	6033800913	

Email
Eberle.rob@gmail.com

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Mark	*Whitney*	

Title
VP Strategy

Phone Type	Number	Extension
Business	6035807437	

Email
mwhitney@ehr.org

1. Is the entity's community benefits plan on the organization's website?
No

2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?
No

Section 2: Mission & Community Served

1. Mission Statement
The mission of Exeter Hospital is to improve the health of the community. This mission will be principally accomplished without compromising Exeter Hospital's own sustainability through the provision of health services and information to the community in collaboration with Exeter Health Resources' other affiliates which share this mission.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-l)?
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.

1. 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
ATKINSON
BRENTWOOD
BARRINGTON
CANDIA
CHESTER
DANVILLE
DEERFIELD
DURHAM
EAST KINGSTON
EPPING
EXETER
FREMONT
GREENLAND
HAMPSTEAD
HAMPTON
HAMPTON FALLS
KENSINGTON
KINGSTON
LEE
MADBURY
NEW CASTLE
NEWFIELDS
NEWMARKET
NEWTON
NORTH HAMPTON
NORTHWOOD
NOTTINGHAM
PLAISTOW
PORTSMOUTH
RAYMOND
RYE
SANDOWN
SEABROOK
SOMERSWORTH
SOUTH HAMPTON
STRATHAM

Service Population Description
Exeter Hospital is a 100-bed, community-based hospital serving New Hampshire's Seacoast Region. The hospital's scope of care includes comprehensive medical and surgical health care services including, but not limited to: breast health, maternal/child and reproductive medicine, cardiovascular, gastroenterology, sleep medicine, occupational and employee health, oncology, orthopedics and emergency care services.

Section 3.1: Community Needs Assessment

1. 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)
2022

Please attach a copy of the needs assessment if completed in the past year
NONE PROVIDED
Comment
The community NEEDS identified here represent those identified in the 2019 Community Health Needs Assessment Report and not the 2022 assessment. The community benefit spending included in this report directly relates to the 2019 identified needs. The 2023 filing will reflect spending for those NEEDS identified in the 2022 assessment.

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

Section 3.2: Community Needs Assessment (1 of 10)

3. Area of Community Need / Concern
24. Substance Use

4. Is the need identified in the Community Needs Assessment?
Yes

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

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
E1: Cash Donations
C10: Other Subsidized Health Services

7. Brief description of major strategies or activities to address this need (optional)
We did sponsorships in support of local area not for profits that address suicide prevention. We did provide funding to the State's drug and alcohol fund. Ongoing Community Calls and outreach to support organizations involved with addressing gaps in substance misuse.

Section 3.2: Community Needs Assessment (2 of 10)

3. Area of Community Need / Concern
20. Mental Health

4. Is the need identified in the Community Needs Assessment?
Yes

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

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A3: Health Care Support Services
A2: Community-Based Clinical Services
C10: Other Subsidized Health Services

7. Brief description of major strategies or activities to address this need (optional)
Subsidized emergency department access program with Seacoast Mental Health. Support for expansion of access and local support services in concert with Seacoast Mental Health and IDN.

Section 3.2: Community Needs Assessment (3 of 10)

3. Area of Community Need / Concern
1. Financial Barriers to Care; Cost of Care / Insurance

4. Is the need identified in the Community Needs Assessment?
Yes

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

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
1: Financial Assistance
2.3: Medicare
2.1: Medicaid

7. Brief description of major strategies or activities to address this need (optional)
Continuance of existing Financial Assistance Plan including catastrophic coverage at EH. Participation in broad spectrum of Medicare and Medicaid programs below the cost of care or existing market rates.

Section 3.2: Community Needs Assessment (4 of 10)

3. Area of Community Need / Concern
16. Aging Population / Senior Services

4. Is the need identified in the Community Needs Assessment?
Yes

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

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A1: Community Health Education
C1: Emergency and Trauma Services
A4: Other Community Health Improvement Services

7. Brief description of major strategies or activities to address this need (optional)
Ongoing Community Calls and outreach to support organizations involved with addressing gaps in aging population.

Section 3.2: Community Needs Assessment (5 of 10)

3. Area of Community Need / Concern
31. Transportation Services

4. Is the need identified in the Community Needs Assessment?
Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
1: Financial Assistance
A6: Community Needs/Asset Assessment
A3: Health Care Support Services

7. Brief description of major strategies or activities to address this need (optional)
Hospital supported limited subsidized transportation program via taxi voucher program. Support for TASC Taxi voucher program with Seacoast Mental Health Center. Community Calls and outreach to support organizations involved with addressing gaps in transportation.

Section 3.2: Community Needs Assessment (6 of 10)

3. Area of Community Need / Concern
21. Suicide Prevention

4. Is the need identified in the Community Needs Assessment?
Yes

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

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
C10: Other Subsidized Health Services

7. Brief description of major strategies or activities to address this need (optional)
Continuation of Zero Suicide programming across affiliates. On-going community outreach and social media support. Active participation with NAMI an d Governors Council on Suicide Prevention

Section 3.2: Community Needs Assessment (7 of 10)

3. Area of Community Need / Concern
25. Access to Substance Use Disorder Services

4. Is the need identified in the Community Needs Assessment?
Yes

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

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A5: Dedicated Staff costs
C10: Other Subsidized Health Services

7. Brief description of major strategies or activities to address this need (optional)
Community Calls and outreach support organizations involved with addressing gaps in substance misuse.

Section 3.2: Community Needs Assessment (8 of 10)

3. Area of Community Need / Concern
7. Diabetes

4. Is the need identified in the Community Needs Assessment?
No

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
C7: Subsidized Continuing Care

7. Brief description of major strategies or activities to address this need (optional)
Comprehensive, convenient diabetes education and training is provided through individual consultations, group education classes, insulin pump and continuous glucose monitoring programs, the diabetes fitness program, and community education.

Section 3.2: Community Needs Assessment (9 of 10)

3. Area of Community Need / Concern
12. Family/Parent Support Services

4. Is the need identified in the Community Needs Assessment?
No

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

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
C5: Women's and Children's Services

7. Brief description of major strategies or activities to address this need (optional)
The Family Center offers the very best in pediatric care for newborns and pediatric inpatients through a clinical collaboration with MassGeneral for Children, a nationally recognized leader in pediatric services. Pediatricians from MassGeneral for Children are available 24/7 at Exeter Hospital to provide care to both pediatric inpatient as well as in the emergency department.

Section 3.2: Community Needs Assessment (10 of 10)

3. Area of Community Need / Concern
34. Education / Job Training

4. Is the need identified in the Community Needs Assessment?
No

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
B1: Provision of Clinical Setting for Undergraduate Education

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

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 ($)
303155408

(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	379913	0	379913	0.1%	383712

(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	21299099	0	21299099	7%	22151063

(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	21679012	0	21679012	7.2%	22534775

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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)
NONE PROVIDED	NONE PROVIDED	1338088	15639	1322449	0.4%	1375347

(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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)
NONE PROVIDED	NONE PROVIDED	1708769	0	1708769	0.6%	1777120

(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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)

(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	6687702	468356	6219346	2.1%	6468120

(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	489322	24970	464352	0.2%	482926

(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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)
NONE PROVIDED	NONE PROVIDED	510314	0	510314	0.2%	530727

(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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)
0	0	10734195	508965	10225230	3.4%	10634240

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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)
0	0	32413207	508965	31904242	10.5%	$33169015

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
303155408

(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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	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	124456	0	124456	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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	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 (%)
0	0	124456	0	124456	0%

Section 6: Medicare

1. Total revenue received from Medicare ($ -- including DSH and IME)
94079597

2. Medicare allowable costs of care relating to payments specified above ($)
140693890

3. Medicare surplus (shortfall)
$-46614293

4. 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.
Net Medicare Revenue - Medicare Costs = Net Loss

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

Section 7: Summary Financial Measures

1. Gross Receipts from Operations ($)
306485828

2. Net operating costs ($)
303155408

3. Ratio of gross receipts from operations to net operating costs
1.011

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs ($)
21679012

5. Other Community Benefit Costs ($)
10225230

6. Community Building Activities ($)
124456

7. Total Unreimbursed Community Benefit Expenses ($)
32028698

8. Net community benefit costs as a percent of net operating costs (%)
10.57%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities ($)
0

2. Medicare Shortfall ($)
$-46614293

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Exeter Area YMCA	Yes	Yes	Yes	Yes
Society of St. Vincent de Paul Exeter	Yes	Yes	Yes	Yes
Lamprey Health Care	Yes	Yes	Yes	Yes
Families First Health and Support Center	Yes	Yes	Yes	Yes
Richie-McFarland Children’s Center	Yes	Yes	Yes	Yes
Seacoast Mental Health Center	Yes	Yes	Yes	Yes

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Seacoast Public Health Network	Yes	Yes	Yes	Yes
Foundation for Seacoast Health	Yes	Yes	Yes	Yes
Goodwin Community Health	Yes	Yes	Yes	Yes
Michael Guidi, DO, Core Physicians	Yes	No	No	No
Janine Richards, Director of Student Wellness, SAU 90	Yes	No	No	No
Jon Morgan, Senator, NH	Yes	No	No	No
Tom Sherman, Senator, NH	Yes	No	No	No
Gaby Grossman, Representative Exeter	Yes	No	No	No
Liz McConnell, Representative Brentwood	Yes	No	No	No
Tanisha Johnson, Associate Branch Director, Exeter Area YMCA	Yes	No	No	No
Kristyn LaFleur, Exe Dir, Key Collect, Womenade of Gtr Squamscott Brd Pre	Yes	No	No	No
Kristina Currier, Art Instructor, Timberlane High School, SAU 55	Yes	No	No	No
Russ Dean, Town Manager, Exeter	Yes	No	No	No
Nikki Hill, Assistant Treasurer, Womenade of Greater Squamscott	Yes	No	No	No
Katy Lilly MD, Medical Director, Philips Exeter Academy	Yes	No	No	No

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Travis Harker MD, Medical Director, Appledore Medical Group	Yes	No	No	No
Greg Burwood, Executive Director, Connections Peer Support Center	Yes	No	No	No
Molly Zirillo, Executive Director, Society of St. Vincent de Paul Exeter	Yes	No	No	No
Tony Teixeira, Executive Director, Exeter Housing Authority	Yes	No	No	No
Carol Gulla, Executive Director, TASC	Yes	No	No	No
Maria Kenney, Administrative Director, Seacoast Youth Services	Yes	No	No	No
David O'Connor, Principal, Hampton Academy	Yes	No	No	No
Patti MacKenzie, Volunteer Exe Dir, Hampton Community Coalition Services	Yes	No	No	No
Nita Niemczyk , Volunteer, Hampton Community Coalition Services	Yes	No	No	No
Lois Costa, Principal, Marston School	Yes	No	No	No
John Reagan, Senator NH	Yes	No	No	No
Michael Cahill, State Representative NH	Yes	No	No	No
Public Online via Survey Monkey	Yes	Yes	No	No
Nancy Euchner, CEO, Age Quest	Yes	No	No	No

2. Please provide a description of the methods used to solicit community input on community needs:
In 2019, the operating affiliates of Exeter Health Resources, Exeter Hospital, Inc., Core Physicians LLC, and Rockingham VNA and Hospice, along with their community partners, conducted a Community Needs Assessment which focused on priority health needs that were identified in the 2019 Community Needs Assessment. The purpose of the Assessment was to engage actual community members and to reach out to support agencies to determine the local area health needs.
Methods:
1. University of New Hampshire (UNH) Survey Center Household Telephone Survey
2. Community Forums
a. Exeter Hospital, Inc.
b. Epping Regional Health Center
c. Tuscan Kitchen
d. Seabrook Public Library
3. On Line Surveys conducted through Exeter Hospital, Core Physicians, and Rockingham VNA & Hospice websites
4. Exeter Hospital with community partners released an online health needs survey to the public
5. Key Leader Interviews
6. Multiple Secondary Research Sources

Section 9: Charity Care Compliance

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

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

3. Any individual can apply for charity care.
Yes

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

5. Notice of the charity care policy is posted in lobbies.
Yes

6. Notice of the policy is posted in waiting rooms.
Yes

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

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

Section 10: Certification

Electronic Signature

First Name Ryan
Last Name *Cullen*

Title
Senior Accountant

Email
rcullen@ehr.org

NHCT-31 (September 2022)

Status History

	User	Processing Status
12/13/2022 3:41:22 PM	Ryan Cullen	Draft
12/27/2022 4:13:02 PM	Ryan Cullen	Submitting
12/27/2022 4:13:17 PM	Ryan Cullen	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Ryan Cullen	12/27/2022 4:13:17 PM