

# Table of Contents

Table of Contents	1
Form NHCT-31: Community Benefits Plan Report	2
(Submission #: HQG-GSTZ-8SZG4, version 1)	2
Details	2
Form Input	2
Section 1: Entity Information	2
Section 2: Mission & Community Served	3
Section 3.1: Community Needs Assessment	4
Section 3.2: Community Needs Assessment (1 of 10)	4
Section 3.2: Community Needs Assessment (2 of 10)	5
Section 3.2: Community Needs Assessment (3 of 10)	5
Section 3.2: Community Needs Assessment (4 of 10)	5
Section 3.2: Community Needs Assessment (5 of 10)	6
Section 3.2: Community Needs Assessment (6 of 10)	6
Section 3.2: Community Needs Assessment (7 of 10)	6
Section 3.2: Community Needs Assessment (8 of 10)	7
Section 3.2: Community Needs Assessment (9 of 10)	7
Section 3.2: Community Needs Assessment (10 of 10)	8
Section 4: Community Benefit Activities	8
Section 5: Community Building Activities	10
Section 6: Medicare	11
Section 7: Summary Financial Measures	11
Section 8: Community Engagement in the Community Benefits Process	12
Section 9: Charity Care Compliance	12
Section 10: Certification	13
Attachments	13
Status History	13
Processing Steps	13

# Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQG-GSTZ-8SZG4, version 1)

## Details

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**Submitted** 1/14/2026 (146 days ago) by Shely Grace

**Submission ID** HQG-GSTZ-8SZG4

**Status** Issued

## Form Input

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### Section 1: Entity Information

**Entity Name**

Speare Memorial Hospital

**State Registration #**

6823

**Federal ID #**

020226774

**Fiscal Year Beginning**

07/01/2024

**Entity Address**

16 Hospital Road  
Plymouth, New Hampshire 03264

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

<http://www.spearehospital.com>

**Chief Executive Officer (first, last name)**

First Name	Last Name	Phone Type	Number	Extension
Michelle	McEwen	Business	603-238-2230	
<b>Email</b> mmcewen@spearehospital.com				

**Board Chair (first, last name)**

First Name	Last Name	Phone Type	Number	Extension
Steven	Camerino	Mobile	603-412-2273	
<b>Email</b> steven.camerino@gmail.com				

**Community Benefits Plan - Contact (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Shelvy	Grace	
<b>Title</b>		
Executive Assitant-Administration		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-238-2231	
<b>Email</b>		
sgrace@spearehospital.com		

**1. Is the entity's community benefits plan on the organization's website?**

Yes

**2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?**

No

**Section 2: Mission & Community Served**

**1. Mission Statement**

To work together to serve the needs of our patients and community.

**2. 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.

**1. Did the primary service area cover ALL of New Hampshire?**

No

**Please select service area Counties (NH), if applicable**

Grafton  
Belknap  
Carroll

**Please select service area municipalities (NH), if applicable**

ALEXANDRIA  
ASHLAND  
BRISTOL  
BRIDGEWATER  
CAMPTON  
CENTER HARBOR  
DORCHESTER  
ELLSWORTH  
GROTON  
HEBRON  
HOLDERNESS  
LINCOLN  
MEREDITH  
MOULTONBOROUGH  
PLYMOUTH  
RUMNEY  
SANDWICH  
THORNTON  
WARREN  
WATERVILLE VALLEY  
WENTWORTH  
WOODSTOCK

**Service Population Description**

Serves the General Population

**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)**

2023

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

[CNHHP-CHNA-Final-Report-2023.pdf - 10/21/2025 02:32 PM](#)

**Comment**

NONE PROVIDED

**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**

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  
2.1: Medicaid  
2.3: Medicare  
E2: Grants  
A5: Dedicated Staff costs

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

SMH Provides Financial Assistance through our Community Care program, and a dedicated Financial Counselor can provide them with assistance through the application process. They are also a certified to provide assistance to help with applying for insurance. Each year, SMH dedicates funds to provide Grants to community partners, who's missions, or initiatives align with the needs identified in the CHNA.

**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.**

A1: Community Health Education

A3: Health Care Support Services

A5: Dedicated Staff costs

C8: Behavioral Health Services

E2: Grants

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

SMH Provides grant funding to community health resources who provide support and access to mental health services. SMH also has worked to increase the number of BH providers on staff, that can see patients of all ages in multiple locations.

**Section 3.2: Community Needs Assessment (3 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.**

A1: Community Health Education

A3: Health Care Support Services

E2: Grants

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

SMH provides grant funding to community partners who provide assistance and community resources for substance abuse disorders. SMH also provides educational materials about substance abuse at community health fairs. SMH also has drug disposal bags available to patients.

SMH Provider speaks at many substance abuse conferences and meetings to provide education to the public.

**Section 3.2: Community Needs Assessment (4 of 10)**

**3. Area of Community Need / Concern**

33. Affordable Housing

**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.**

Not Applicable

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (5 of 10)**

**3. Area of Community Need / Concern**

5. Cancer Prevention / Treatment

**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

A5: Dedicated Staff costs

A3: Health Care Support Services

C5: Women's and Children's Services

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

Provides free cervical and breast cancer screenings in OBGYN office. Provide community health education on the importance of preventative cancer screenings including colonoscopy, mammography, and other services. Onsite Oncology/infusion clinic for easy access to cancer treatment options in the community.

### **Section 3.2: Community Needs Assessment (6 of 10)**

**3. Area of Community Need / Concern**

36. Other Community Health Need

**If "Other" please describe here:**

Access to Childcare

**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.**

Not Applicable

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (7 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
- A3: Health Care Support Services
- A5: Dedicated Staff costs
- C10: Other Subsidized Health Services
- F6: Coalition Building

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

SMH Provides Grant funding to community resources who provide support for seniors including transportation, housing, and food services.  
SMH provides community health education through resources handed out to the community.  
SMH provides Falls Risk screenings through Rehabilitation Services  
SMH provides a Parkinsons support group that meets monthly

**Section 3.2: Community Needs Assessment (8 of 10)**

**3. Area of Community Need / Concern**

23. Dementia, including Alzheimer's Disease

**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
- A5: Dedicated Staff costs

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

SMH provides community health education through handouts

SMH Patient Care Management department staff work directly with local resources to ensure patients/families with dementia have the resources needed to succeed at home.

**Section 3.2: Community Needs Assessment (9 of 10)**

**3. Area of Community Need / Concern**

7. Diabetes

**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
- F6: Coalition Building
- A5: Dedicated Staff costs

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

SMH holds an annual Diabetes Day, that coincides with World Diabetes Day, to provide resources for patients for diabetes management, screening, and detection.

SMH provides educational materials through community events in diabetes management and prevention.

Primary care clinic has software that is used in chronic care management to identify patients with chronic disease (COPD, Diabetes, Heart Disease) and ensure they receive the care needed.

## Section 3.2: Community Needs Assessment (10 of 10)

### 3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Heart Disease

### 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

A5: Dedicated Staff costs

A3: Health Care Support Services

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

SMH provides access to cardiology services through a partnership with Cardiovascular Specialists of New England onsite clinic 1-2 days per month.

SMH provides onsite cardiopulmonary services.

SMH provides educational materials at community events

Primary care clinic has software that is used in chronic care management to identify patients with chronic disease (COPD, Diabetes, Heart Disease) and ensure they receive the care needed.

## 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 (\$)

85779957

#### (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	674091	0	674091	0.8%	718438

#### (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	12164524	7326289	4838235	5.6%	12265000

#### (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 (\$)
NONE PROVIDED	NONE PROVIDED	12838615	7326289	5512326	6.4%	12983438

**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	41816	0	41816	0%	43000

**(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	0	0	0	0%	0

**(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	221036	0	221036	0.3%	230000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	111449	0	111449	0.1%	112000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	374301	0	374301	0.4%	385000

**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 (\$)
NONE PROVIDED	NONE PROVIDED	13212916	7326289	5886627	6.9%	\$13368438

**Section 5: Community Building Activities****Total expense (\$; entered at top of Section 4)**

85779957

**(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	6200	0	6200	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	41816	0	41816	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 (%)
NONE PROVIDED	NONE PROVIDED	48016	0	48016	0.1%

**Section 6: Medicare**

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

31936724

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

36165146

**3. Medicare surplus (shortfall)**

\$-4228422

**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.**

NONE PROVIDED

**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 to charge ratio

**Section 7: Summary Financial Measures**

**1. Gross Receipts from Operations (\$)**

188383537

**2. Net operating costs (\$)**

85779957

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

2.196

**Unreimbursed Community Benefit Costs**

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

5512326

**5. Other Community Benefit Costs (\$)**

374301

**6. Community Building Activities (\$)**

48016

**7. Total Unreimbursed Community Benefit Expenses (\$)**

5934643

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

6.92%

**Other Community Benefits (optional)**

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**1. Leveraged Revenue for Community Benefit Activities (\$)**

0

**2. Medicare Shortfall (\$)**

\$-4228422

**Section 8: Community Engagement in the Community Benefits Process**

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**1. Please list below**

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Community Action Program Belknap-Merrimack Counties	Yes	Yes	Yes	No
Lakes Region Mental Health Center	Yes	Yes	Yes	No
Mid-State Health Center	Yes	Yes	Yes	No
Newfound Area Nursing Association	No	No	No	No
Pemi Baker Hospice and Home Health	Yes	Yes	Yes	No
Communities for Alcohol and Drug free Youth (CADY)	Yes	Yes	Yes	No

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

Methods used to receive community input included surveys of community residents made available through social media, email distribution and website links through multiple channels throughout the region. There was paper surveys available due to the COVID 19 pandemic. Direct Email survey to key stakeholders and community leaders representing multiple community sectors. Community discussion groups and individual interviews were conducted. Information that was collected sought to focus assessment 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.

**Section 9: Charity Care Compliance**

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**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**      **Last Name**

Shelvy              Grace

**Title**

Executive Assistant

**Email**

sgrace@spearehospital.com

NHCT-31 (September 2022)

## Attachments

Date	Attachment Name	Context	User
10/21/2025 2:32 PM	CNHHP-CHNA-Final-Report-2023.pdf	Attachment	Shelvy Grace

## Status History

	User	Processing Status
10/21/2025 2:22:08 PM	Shelvy Grace	Draft
1/14/2026 4:19:32 PM	Shelvy Grace	Submitting
1/14/2026 4:19:48 PM	Shelvy Grace	Submitted
1/15/2026 8:40:22 AM	Linda Bartlett	Issued

## Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Shelvy Grace	1/14/2026 4:19:48 PM