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Form NHCT31, Community Benefits Reporting
version 1.14
(Submission #: HPH-EN4E-HFET3, version 1)

Details

Originally Started By  lisa cohen
Alternate Identifier  The New London Hospital Association, Inc.
Submission ID  HPH-EN4E-HFET3
Status  Submitting
Active Steps  Form Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning
7/1/2020

Organization Name
The New London Hospital Association, Inc.

Street Address
  273 County Rd
  New London, NH 03257

Federal ID #
020222171

State Registration #
6881

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

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

Chief Executive

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin</td>
<td>Manion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Type</th>
<th>Number</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td>6035262911</td>
<td></td>
</tr>
</tbody>
</table>

Email
tom.manion@newlondonhospital.org
Section 2: Mission & Community Served

Mission Statement
Providing safe quality care for every patient, every time in partnership with patients, family, and healthcare providers.

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
Sullivan
Merrimack

Please select service area municipalities (NH), if applicable
ANDOVER
SUNAPEE
NEW LONDON
NEWBURY
NEWPORT
GRANTHAM
SUTTON
BRADFORD
DANBURY
WILMOT
WASHINGTON
SPRINGFIELD
LEMPSTER
GOSHEN
CROYDON
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)
2021

Please attach a copy of the needs assessment if completed in the past year
Community-Health-Needs-Assessment-2021.pdf - 05/05/2022 11:19 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 6)

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

Brief description of major strategies or activities to address this need (optional)
NLH provides financial assistance to patients and offers assistance in applying for insurance coverage

Section 3.2: Community Needs Assessment (2 of 6)

Area of Community Need / Concern
22. Access to Mental Health 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.
E4: Resource Development Assistance
A2: Community-Based Clinical Services
C8: Behavioral Health Services
C10: Other Subsidized Health Services

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

Section 3.2: Community Needs Assessment (3 of 6)
Section 3.2: Community Needs Assessment (4 of 6)

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.
A2: Community-Based Clinical Services
A3: Health Care Support Services
C10: Other Subsidized Health Services

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

Section 3.2: Community Needs Assessment (5 of 6)

Area of Community Need / Concern
35. Other Social Determinants of 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.
A1: Community Health Education
E2: Grants
F7: Community Health Advocacy

Brief description of major strategies or activities to address this need (optional)
Socioeconomic conditions affecting health and well-being such as housing affordability, access to transportation, healthy foods, and affordable, dependable childcare.

Section 3.2: Community Needs Assessment (6 of 6)

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.
A2: Community-Based Clinical Services
A3: Health Care Support Services
C10: Other Subsidized Health Services
B1: Provision of Clinical Setting for Undergraduate Education
B4: Other Health Professions Education Support

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

<table>
<thead>
<tr>
<th>Area of Community Need / Concern</th>
<th>Is the need identified in the Community Needs Assessment?</th>
<th>Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?</th>
<th>Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.</th>
<th>Brief description of major strategies or activities to address this need (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Aging Population / Senior Services</td>
<td>Yes</td>
<td>Yes</td>
<td>A3: Health Care Support Services, F7: Community Health Advocacy</td>
<td>NONE PROVIDED</td>
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**Section 4: Community Benefit Activities**

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

<table>
<thead>
<tr>
<th>Total Functional Expenses for the Reporting Year ($)</th>
<th>7197450</th>
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<tbody>
<tr>
<td>(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
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<tbody>
<tr>
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<td>647010</td>
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(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

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<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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<td>7367598</td>
<td>5337974</td>
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(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

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<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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</thead>
<tbody>
<tr>
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</table>

(4) Total Financial Assistance and Means-Tested Government Programs
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<th>(b) Persons served</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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### Community Benefit Services

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

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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

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<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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<td>12734003</td>
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<td>1930000</td>
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(8) Research (if using the optional Excel tool, refer to Worksheet 7)

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<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
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<tbody>
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<td>0</td>
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(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

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<thead>
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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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</table>

(10) Total Other Benefits

<table>
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<th>(a) Number of activities or programs</th>
<th>(b) Persons served</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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<tbody>
<tr>
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<td>12734003</td>
<td>2518661</td>
<td>3.5%</td>
<td>2527500</td>
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</table>

Total
### Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)  
71974350

#### (1) Physical improvements and housing

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

#### (2) Economic development

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>NONE PROVIDED</td>
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<td>0</td>
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<td>0%</td>
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</table>

#### (3) Community support

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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<tbody>
<tr>
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<td>0</td>
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<td>0%</td>
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</table>

#### (4) Environmental improvements

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
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</tbody>
</table>

#### (5) Leadership development and training for community members

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

#### (6) Coalition building

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
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<tbody>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

#### (7) Community health improvement advocacy

---

Estimated expense of activities projected for the next Fiscal Year ($)  
$5207500
### Section 6: Medicare

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

25269170

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

26693208

Medicare surplus (shortfall)

$-1424038

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:

- Cost to charge ratio

### Section 7: Summary Financial Measures

- **Gross Receipts from Operations ($)**
  
  119123582

- **Net operating costs ($)**
  
  71974350

- **Ratio of gross receipts from operations to net operating costs**
  
  1.655

- **Unreimbursed Community Benefit Costs**
Financial Assistance and Means-Tested Government Programs ($)  
2676634

Other Community Benefit Costs ($)  
2518661

Community Building Activities ($)  
0

Total Unreimbursed Community Benefit Expenses ($)  
5195295

Net community benefit costs as a percent of net operating costs (%)  
7.22%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities ($)  
NONE PROVIDED

Medicare Shortfall ($)  
$-1424038

Section 8: Community Engagement in the Community Benefits Process

Please list below

<table>
<thead>
<tr>
<th>Community Organizations, Local Government Officials and other Representatives of the Public:</th>
<th>Identification of Need</th>
<th>Prioritization of Need</th>
<th>Development of the Plan</th>
<th>Commented on Proposed Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Coordinators (6)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Community Health Workers (4)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Food Insecurity (2)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Regional Public Health (2)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Substance Use Recovery Coaches (7)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Medication Assisted Treatment (5)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Chamber of Commerce (5)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Rural Community Residents (6)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Individuals with Complex Health Needs (4)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Seniors</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

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

The committee and our community partners successfully convened 10 different community discussion groups to allow input on health issues that matter to the community, ongoing challenges including COVID-19, observations on past community improvement efforts, and suggestions for new or continuing areas of focus.

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.
N/A

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa</td>
<td>Cohen</td>
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</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Financial Officer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:Lisa.cohen@newlondonhospital.org">Lisa.cohen@newlondonhospital.org</a></td>
</tr>
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NHCT-31 (December 2020)

Attachments

<table>
<thead>
<tr>
<th>Date</th>
<th>Attachment Name</th>
<th>Context</th>
<th>Confidential?</th>
<th>User</th>
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Status History

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<th>Processing Status</th>
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<td>lisa cohen</td>
<td>Draft</td>
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<td>5/6/2022 1:08:16 PM</td>
<td>lisa cohen</td>
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Processing Steps

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<tr>
<th>Step Name</th>
<th>Assigned To/Completed By</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form Submitted</td>
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</tbody>
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