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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN SERVICES

Lori A. Shibinette
 Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9546 1-800-852-3345 Ext. 9546
 Fax: 603-271-4912 TDD Access: 1-800-735-2964
 www.dhhs.nh.gov

Joseph E. Ribsam, Jr.
 Director

August 26, 2020

The Honorable Mary Jane Wallner, Chairman
 Fiscal Committee of the General Court

His Excellency, Governor Christopher T. Sununu
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Pursuant to the provisions of RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division for Children, Youth and Families to accept and expend the John H. Chafee Foster Care Independence (CHAFEE (ILP)) Program under Title IV-E of the Social Security Act in the amount of \$276,638 effective upon date of Fiscal Committee and Governor and Executive Council approval through June 30, 2021, and further authorize the allocation of these funds in the accounts below.

05-95-42-421010-29700000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES, CHILD PROTECTION, TEEN INDEPENDENT LIVING

Class/Object	Class Title	Current Authorized Budget	Requested Change	Adjusted Budget
Revenue				
000-404171	Federal Funds	\$ 409,802	\$ 256,491	\$ 666,293
Sub Total Revenue:		\$ 409,802	\$ 256,491	\$ 666,293
Expense				
010-500100	Personal Services Perm	\$ 76,633	\$ -	\$ 76,633
020-500200	Current Expenses	\$ 63,125	\$ 55,950	\$ 119,075
039-500191	Telecommunications	\$ 2,758	\$ 2,000	\$ 4,758
041-500801	Audit Fund Set Aside	\$ 385	\$ 282	\$ 667
050-500109	Personal Services Temp Appoin	\$ -	\$ 94,937	\$ 94,937
060-500601	Benefits	\$ 45,901	\$ 8,115	\$ 54,016
070-500700	In State Travel Reimb	\$ 3,500	\$ 1,500	\$ 5,000
080-500710	Out Of State Travel Reimb	\$ 3,500	\$ 1,000	\$ 4,500
102-500731	Contracts For Program Svcs	\$ 114,000	\$ 92,707	\$ 206,707
502-500891	Payments to Providers	\$ 100,000	\$ -	\$ 100,000
Sub Total Expense:		\$ 409,802	\$ 256,491	\$ 666,293

**05-95-42-421010-29720000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT
 OF, HHS: HUMAN SERVICES, CHILD PROTECTION, ADOLESCENT PURCHASED SERVICE**

Class/Object	Class Title	Current Authorized Budget	Requested Change	Adjusted Budget
Revenue				
000-404171	Federal Funds	\$ 65,882	\$ 20,147	\$ 86,029
Sub Total Revenue:		\$ 65,882	\$ 20,147	\$ 86,029
Expense				
041-500801	Audit Fund Set Aside	\$ 66	\$ 21	\$ 87
502-500891	Payments to Providers	\$ 65,816	\$ 20,126	\$ 85,942
Sub Total Expense:		\$ 65,882	\$ 20,147	\$ 86,029
Grand Total Revenue:		\$ 475,684	\$ 276,638	\$ 752,322
Grand Total Expense:		\$ 475,684	\$ 276,638	\$ 752,322

EXPLANATION

This request is being made to accept the additional grant funds available for SFY 2021 to administer the John H. Chafee Foster Care Independence (CHAFEE (ILP)) Program under Title IV-E of the Social Security Act in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Department regulations, and OMB Circulars.

Funds are being budgeted in:

Current expenses (class 020) to cover program materials for Youth aging out of Foster Care.

Telecommunications (class 039) to cover cell phones for program staff.

Audit costs (class 041) per state requirements.

Personal Services Temp (class 050) to cover part time staff salary.

Benefits (class 060) benefits for part time staff.

In State Travel (class 070) and Out of State Travel (class 080) for the purpose of staff to attend meetings and conferences pertaining to improvements of adult living preparation process and to participate in permanency planning for youth.

Contracts for program services (class 102) to fund contracts for ongoing educational and training opportunities specific to children and families served by the Division.

The Department of Health and Human Services uses these funds to provide Adolescent Aftercare Services providing case management and services to eligible young adults between 18-21 years of age that have aged out of the Division for Children, Youth and Families care or have left care for adoption or guardianship on or after the age of 16. These services support young adults in their pursuit of post care needs and goals related to housing, employment, education, well-being and life skills as outlined in their self-sufficiency plan. This plan includes ongoing case management and financial assistance to assist with housing security deposits, rent and other basic needs that include food, clothes and transportation.

Area served: Statewide.

The Honorable Mary Jane Wallner, Chairman and
His Excellency, Governor Christopher T. Sununu
August 26, 2020
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Source of Funds: 100% Federal Funds.

If Federal Funds become no longer available, General Funds will not be requested to support the program expenditures.

Respectfully submitted,


Lori A. Shibinette
Commissioner



ADMINISTRATION FOR CHILDREN & FAMILIES

Office of Grants Management 330 C St., S.W., Washington DC 20201

September 11, 2019

Director
Department of Health & Human Services
Division of Children, Youth & Families
129 Pleasant Street
CONCORD, NEW HAMPSHIRE 03301

Re: Notice of Grant Award - FY 2019

Dear Grantee:

The grant award listed below is available for obligation beginning 10-01-2018 and ending 09-30-2020 in accordance with your approved application under the John H. Chafee Foster Care Independence (CHAFEE (ILP) Program under Title IV-E of the Social Security Act. (42 U.S.C. 677 et. seq.). The grantee must liquidate all obligations incurred under this award no later than 90 days after the end of the funding period.

Appropriation 75-19-1545	CAN 2019,G994415	Allotment \$500,000	This Action \$125,000	Cumulative \$500,000
EIN:	1026000618B3	Fiscal Year:	2019	
Document Number:	G-1901NHCILP	CFDA #:	93.674	

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533.

Fiscal reporting questions regarding this grant should be directed to Deborah Bell, Administration for Children and Families, (202) 401-4611. The electronic Terms and Conditions to support this program can be found on the website at <https://www.acf.hhs.gov/grants/terms-and-conditions>.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Sincerely,

Janice Caldwell
Director, Family Protection & Resilience Portfolio



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2001NHCLP
FAIN# 2001NHCLP
Federal Award Date: February 14, 2020

RECEIVED

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Div. for Children Youth and Families
State Office

Recipient Information
New Hampshire
Division of Children, Youth & Families
129 Pleasant Street
CONCORD, NEW HAMPSHIRE 03301
Employer Identification Number (EIN): XXXXXXXXXXXXX
Data Universal Numbering System (DUNS): 011040545
Recipient's Unique Entity Identifier: *See Remarks
Object Class: 41.15

Financial Information

Appropriation	CAN	Allotment	Award this action	Cumulative Grant		Document Number	Funding Type
				Award to Date			
75-20-1545	2020.G994415	\$500,000	\$250,000	\$250,000		G-2001NHCLP	Formula

Terms and Conditions

This grant is hereby awarded in accordance with your approved application under the John H. Chafee Foster Care Independence (CHAFEE (ILP) Program under Title IV-E of the Social Security Act. (42 U.S.C. 677 et. seq.). The grantee must liquidate all obligations incurred under this award no later than 90 days after the end of the funding period.

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The electronic Terms and Conditions to support this program can be found on the website at <https://www.acf.hhs.gov/grants/terms-and-conditions>.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.



Recipient Information

- 1. Recipient Name
New Hampshire
Division of Children, Youth & Families
129 Pleasant Street

CONCORD, NEW HAMPSHIRE 03301
- 2. Congressional District of Recipient
*See Remarks
- 3. Payment Account Number and Type
*See Remarks
- 4. Employer Identification Number (EIN)
XXXXXXXXXXXX
- 5. Data Universal Numbering System (DUNS)
011040545
- 6. Recipient's Unique Entity Identifier
*See Remarks
- 7. Project Director or Principal Investigator
CHRISTINE ADAMSKI was not active jan 17

cadamski@dhhs.state.nh.us
603-271-4586
- 8. Authorized Official
*See Remarks

Federal Agency Information

- 9. Awarding Agency Contact Information
Janice Caldwell
Director, Family Protection & Resilience Portfolio
MGM_Grantor@grantsolutions.gov
N/A

- 10. Program Official Contact Information
Jerry Milner
Program Authorizing Official
ACYF - Children's Bureau
MGM_Grantor@grantsolutions.gov
111-111-1111

Federal Award Information

- 11. Award Number
2001NHCILP
- 12. Unique Federal Award Identification Number (FAIN)
2001NHCILP
- 13. Statutory Authority
Section 477 of SSA
- 14. Federal Award Project Title
*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number
93.674
- 16. CFDA Program Title
Chafee Foster Care Independent Living
- 17. Award Action Type
New
- 18. Is the Award R&D?
*See Remarks

Summary Federal Award	Financial Information
19. Budget Period Start Date 10-01-2019	End Date 09-30-2021
20. Total Amount of Federal Funds Obligated by this Action	\$250,000
20a. Direct Cost Amount	*See Remarks
20b. Indirect Cost Amount Administrative Offset	*See Remarks
21. Authorized Carryover	*See Remarks
22. Offset	*See Remarks
23. Total Amount of Federal Funds Obligated this budget period	\$250,000
24. Total Approved Cost Sharing or Matching, where applicable	*See Remarks
25. Total Federal and Non-Federal Approved	*See Remarks
26. Project Period Start Date 10-01-2019 -	End Date 09-30-2021
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching	*See Remarks

- 28. Authorized Treatment of Program Income
*See Remarks
- 29. Grants Management Officer - Signature

Janice Caldwell
Director, Family Protection & Resilience Portfolio

Footnotes

Independent Living - CHAFEE

1901NHCILP	500,000	10/1/18 - 9/30/20
	247,678	Spent by 6/30/19
	252,322	Available

2001NHCILP	500,000	10/1/19 - 9/30/21
	-	Spent by 6/30/19
	500,000	Available

SFY 2021 Available 752,322

SFY 21 Amount Appropriated 475,684

Amount Requested this Action 276,638

SFY 21 Appropriations:						
10-042-4210-29700000 & 29720000	2021 Budget	Balance Forwarded	Total	This Action	Revised Budget	
Revenue	449,559	26,125	475,684	276,638	752,322	
Expense	449,559	26,125	475,684	276,638	752,322	