



Lori A. Shibinette  
Commissioner

Patricia M. Tilley  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4501 1-800-852-3345 Ext. 4501  
Fax: 603-271-4827 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

26 Mar

May 24, 2022

The Honorable Karen Umberger, Chairman  
Fiscal Committee of the General Court and

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

**REQUESTED ACTION**

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Public Health Services to accept and expend federal funds from the Federal Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) to fund the Maternal Infant and Early Childhood Home Visiting (MIECHV) program in the amount of \$571,277 effective July 1, 2022 upon approval by the Fiscal Committee and Governor and Executive Council through June 30, 2023, and further authorize the funds to be allocated as follows. 100% Federal Funds.

05-95-90-902010-24510000-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY & HEALTH SERVICES, ARP – MIEC HOME VISITING  
SFY23

Class-Account	Description	Current Adjusted Authorized	Requested Action	Revised Adjusted Authorized
<b>Revenue</b>				
000-408114-16	Federal Funds	\$212,972	\$571,277	\$784,249
	General Funds	\$0	\$0	\$0
<b>Total Revenue:</b>		<b>\$212,972</b>	<b>\$571,277</b>	<b>\$784,249</b>
<b>Expense</b>				
020-500200	Current Expenses	\$0	\$26,934	\$26,934
041-500801	Audit Fund Set Aside	\$284	\$571	\$855
070-500704	In State Travel	\$0	3,379	\$3,379
074-500589	Grants for Pub Asst and Relief	\$212,688	\$540,393	\$753,081
<b>Total Expense:</b>		<b>\$212,972</b>	<b>\$571,277</b>	<b>\$784,249</b>

**EXPLANATION**

This request is being made to accept additional American Rescue Plan Act funds awarded from the Federal Department of Health & Human Services, Health Resources and Services Administration (HRSA), to support the

Maternal, Infant and Early Childhood Home Visiting Program. The New Hampshire Division of Public Health Services (NH DPHS) Home Visiting Program recognizes the need to support families in New Hampshire. During the COVID-19 pandemic, home visitors not only continued to provide high-quality evidence based parenting support and child development education, they were a lifeline for many families, delivering supplies and providing support to families who were significantly impacted all while continuing to utilize an evidence-based curriculum and model to provide high quality services to families.

The funds are to be budgeted as follows:

- |           |  |
|-----------|--|
| Class 020 | This new class line is being requested in order to purchase supplies and materials to support implementation of this grant award, approved emergency supplies such as COVID-19 test kits for families and staff of Local Implementing Agencies (LIAs), as well as costs to support training and development.   |
| Class 041 | The funds will be used to pay for audit fund set aside per state requirement.  |
| Class 070 | This new class line is being requested in order to pay for in-state travel to Local Implementing Agencies (LIAs) and families for home visits to support implementation of this grant award.   |
| Class 074 | The funds will be used to contract for evidence-based home visiting services provided through the Healthy Families America model. These services are provided statewide to eligible families and have demonstrated improvements in maternal and child health, reductions in child maltreatment, improvements in school readiness and achievement, family economic self-sufficiency, and coordination and referrals. Funding can be used to support service delivery, hazard pay or other staff costs, home visitor training, and technology, emergency supplies, coordination with diaper banks, and prepaid grocery cards for families. |

In response to the anticipated two-part question, "Can these funds be used to offset General Funds?" and "What is the compelling reason for not offsetting General Funds?" the Division offers the following information: The funds are provided for a specified purpose by the HRSA as defined in the Notice of Grant Award and cannot be used to offset general funds.

Area Served: Statewide

Source of Funds: 100% Federal from the Federal Department of Health & Human Services, Health Resources and Services Administration (HRSA) provided through one-time funding made available under section 9101 of the American Rescue Plan Act (ARP), P.L. 117-2. Attached is the Notice of Grant Award. These funds were not added to the FY22-FY23 operating budget because they are new and were not anticipated at the time the budget was developed.

In the event that these Federal funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Lori A. Shibinette  
Commissioner



Department of Health and Human Services  
Health Resources and Services Administration

Notice of Award

FAIN# X1145263

Federal Award Date: 03/28/2022

Recipient Information

1. Recipient Name  
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
129 PLEASANT ST  
CONCORD, NH 03301-3852
2. Congressional District of Recipient  
02
3. Payment System Identifier (ID)  
102600061883
4. Employer Identification Number (EIN)  
026000618
5. Data Universal Numbering System (DUNS)  
011040545
6. Recipient's Unique Entity Identifier  
LA2HR1U97VC6
7. Project Director or Principal Investigator  
Aurelia Moran  
Supervisor  
aurelia.moran@dhhs.nh.gov  
(603)491-8176
8. Authorized Official  
Aurelia Moran  
aurelia.moran@dhhs.nh.gov  
(603)491-8176

Federal Agency Information

9. Awarding Agency Contact Information  
LaToya Ferguson  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
lferguson@hrsa.gov  
(301) 443-1440
10. Program Official Contact Information  
Amy Adams  
Region I Project Officer  
Maternal and Child Health Bureau (MCHB)  
aadams2@hrsa.gov  
(240) 381-5365

Federal Award Information

11. Award Number  
6 X11MC45263-01-01
12. Unique Federal Award Identification Number (FAIN)  
X1145263
13. Statutory Authority  
Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L. 115-123), Title VI, Subtitle A.  
American Rescue Plan Act (P.L. 117-2)  
42 USC § 711(c) (Title V, § 511(c) of the Social Security Act) and 42 U.S.C. 711A(c) (Title V, § 511A(c) of the Social Security Act, as added by § 9101 of the American Rescue Plan Act of 2021 (P.L. 117-2))
14. Federal Award Project Title  
American Rescue Plan Act Funding for Home Visiting
15. Assistance Listing Number  
93.870
16. Assistance Listing Program Title  
Maternal, Infant and Early Childhood Homevisiting Grant Program
17. Award Action Type  
Administrative
18. Is the Award R&D?  
No

Summary Federal Award Financial Information

19. Budget Period Start Date 12/01/2021 - End Date 09/30/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$571,277.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$571,277.00
26. Project Period Start Date 12/01/2021 - End Date 09/30/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$571,277.00

28. Authorized Treatment of Program Income  
Addition

29. Grants Management Officer - Signature  
LaToya Ferguson on 03/28/2022

30. Remarks



Notice of Award  
Award Number: 6 X11MC45263-01-01  
Federal Award Date: 03/28/2022

## Maternal and Child Health Bureau (MCHB)

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																															
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<b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b> a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																																																	
<b>39. ACCOUNTING CLASSIFICATION CODES</b> <table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>22 - 389A100</td> <td>93.870</td> <td>22X11MC45263C6</td> <td>\$0.00</td> <td>\$0.00</td> <td>N/A</td> <td>22X11MC45263C6</td> </tr> </tbody> </table>				FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	22 - 389A100	93.870	22X11MC45263C6	\$0.00	\$0.00	N/A	22X11MC45263C6																																
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## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

### Grant Specific Term(s)

1. This revised Notice of Award is issued to accept the submission provided in response to the COVID-19 public health emergency as supported by the American Rescue Plan Act. With this action funds allocated under this award are now available and may be drawn down from the Payment Management System. Grant funding must be used in accordance with all associated federal regulations and organizational policies. Funds may be rebudgeted up to 25% into approved budget categories without prior approval.

All prior terms and conditions remain in effect unless specifically removed.

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Aurelia Moran	Program Director, Authorizing Official, Point of Contact	aurelia.moran@dhhs.nh.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).