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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES

Lori A. Silbinette
Commissioner

Joseph E. Ribsam, Jr.
Director

129 PLEASANT STREET, CONCORD, NH 03301-3887
603-271-4451 1-800-852-3345 Ext. 4451
FAX: 603-271-4729 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

March 31, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Children, Youth and Families to accept and expend the Adoption and Legal Guardianship Incentive Grant in the amount of \$25,361, effective upon date of Governor and Executive Council approval through June 30, 2020, and further authorize the allocation of these funds in the accounts below.

05-95-42-421010-29740000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES, CHILD PROTECTION, ADOPTION SERVICES

| Class/Object | Class Title | Current Authorized Budget | Requested Change | Adjusted Budget |
|----------------|----------------------|---------------------------|------------------|-----------------|
| Revenue | | | | |
| 000-404865 | Federal Funds | \$ 29,138 | \$ 25,361 | \$ 54,499 |
| Total Revenue: | | \$ 29,138 | \$ 25,361 | \$ 54,499 |
| Expense | | | | |
| 020-500200 | Current Expenses | \$ 600 | \$ 5,000 | \$ 5,600 |
| 041-500801 | Audit Fund Set Aside | \$ 17 | \$ 25 | \$ 42 |
| 102-500731 | Contract Services | \$ 28,521 | \$ 20,336 | \$ 48,857 |
| Total Expense: | | \$ 29,138 | \$ 25,361 | \$ 54,499 |

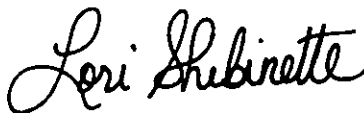
EXPLANATION

This request is being made to accept the additional grant funds available for SFY 2020 to administer the Adoption Services supports that provide services to adoptive families. Funds will be used to provide training services in the area of Structured methodology to social workers in order to increase the ability to assess and evaluate families, evaluate and strengthen families who have applied to become foster or adoptive parents. Additionally, funds will be used for training materials as well as to assist with families with high needs adoptive children. Funds are used to provide trauma informed training for staff and providers who work with children who have experienced trauma. Area served: Statewide.

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. Shbinette
Commissioner



ADMINISTRATION FOR
CHILDREN & FAMILIES

Div. for Children Youth and Families
State Office

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

RECEIVED

OCT 05 2018

September 10, 2018

Director
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
Division for Children, Youth and Families
129 Pleasant St
Concord, NH 03301-3852

Re: Notice of Award
Adoption and Legal Guardianship Incentive Payments

Program

FY 2018

Dear Grantee:

The following award is for the program year indicated for the Program in accordance with Sec 473A of the Social Security Act. These funds are to be expended for costs under part B (including post-adoption services) and part E of title IV of the Act.

| | |
|----------------------|--------------------|
| Award Amount: | \$21,153.00 |
|----------------------|--------------------|

| Catalog of Federal Domestic Assistance (CFDA) Program Number | Entity Identification Number (EIN) | Appropriation Number | Grant Document Number (GDN) | Common Accounting Number (CAN) |
|--|------------------------------------|----------------------|-----------------------------|--------------------------------|
| 93.603 | 102800081883 | 75-1819-1536 | 1801NHAIPP | 2018Q99A118 |

These funds must be obligated no later than 09/30/2021 (See Sec 473A(e) of the Act) and liquidated no later than 12/31/2021 (See 45 CFR 92.23(b)). The final financial report for this award must be submitted no later than the liquidation deadline stated above.

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.

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at <https://www.acf.hhs.gov/grants/terms-and-conditions>.

Grant funds are made available through the HHS Payment Management System (PMS). Questions concerning payments should be directed to: Division of Payment Management, PO Box 6021, Rockville, Maryland 20852 (Internet web site: <http://www.dpm.psc.gov>), to the PMS Help Desk at (877) 614-6533. Other questions concerning this award should be directed to the Regional Program Manager, Administration for Children and Families.

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

Sincerely,

Ms. Monica Evans
Grants Officer



ADMINISTRATION FOR CHILDREN & FAMILIES

Office of Grants Management, 390 O Street, S.W., Washington DC 20201

December 21, 2018

Director
NEW HAMPSHIRE DEPT OF HEALTH AND HUMAN SERVICES
Division for Children, Youth and Families
128 Pleasant St
Concord, NH 03301-3852

Re: Notice of Award

Adoption and Legal Guardianship Incentive Payments

FY 2018

Dear Grantee:

The following award is for the program year indicated for the Program in accordance with Sec 473A of the Social Security Act. These funds are to be expended for costs (under part B (including post-adoption services) and part E of the IV of the Act.

Award Amount: \$33,347.00

| | | | | | |
|--|------------|------------------------------|------------|----------------------------|-----------|
| Agency of Federal Origin | 03.603 | Agency Identification Number | 1029006183 | Grant Account Number (CAF) | 201839418 |
| Agency Reference (CFDA) Program Number | 1029006183 | Agency Reference Number | 73129-1532 | Grant Account Number (CAF) | 1807WALP |

These funds must be obligated no later than 09/30/2021 (See Sec 473(e) of the Act) and liquidated no later than 12/31/2021 (See 45 CFR 92.2301). The final financial report for this award must be submitted later than the liquidation deadline stated above.

With the acceptance of this award, you agree to administer the 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 requirements 31 CFR Part 206, implementing the Best Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to limit the request in accordance with the actual, firm budget requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at <https://www.ehrs.gov/terms-and-conditions>.

Grant funds are made available through the HHS Payment Management System (PMS). Questions concerning payments should be directed to: Division of Payment Management, P.O. Box 6021, Rockville, Maryland 20852 (Internet web site: <https://www.dpm.dhs.gov>). For the PMS Help Desk at (877) 814-5533. Other questions concerning this award should be directed to the Regional Program Manager, Administration for Children and Families.

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

Sincerely,

[Signature]

Mt. Monitor Evans
Grant Officer

AIPP Grant

| | | |
|------------|---------------|-------------------|
| 1801NHAIPP | 54,500 | 10/1/17 - 9/30/21 |
| | - | Spent by 6/30/19 |
| | <u>54,500</u> | Available |

SFY 2020 Available 54,500

SFY 20 Amount Appropriated 29,139

| | |
|-------------------------------------|---------------|
| Amount Requested this Action | 25,361 |
|-------------------------------------|---------------|

| SFY 20 Appropriations: | | | | | |
|-------------------------------|-------------|-------------------|--------|-------------|----------------|
| 10-042-4210-29740000 | 2020 Budget | Balance Forwarded | Total | This Action | Revised Budget |
| Revenue | 18,617 | 10,522 | 29,139 | 25,361 | 54,500 |
| Expense | 18,617 | 10,522 | 29,139 | 25,361 | 54,500 |