



Lori Shabinette  
Commissioner

Lisa M. Morris  
Director

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**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  
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www.dhhs.nh.gov

April 20, 2020

The Honorable Mary Jane Wallner, 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 the provisions of RSA 14:30-a, VI, Additional Revenues, authorize the Department of Health and Human Services, Division of Public Health Services, to accept and expend federal funds in the amount of \$420,445 from the Administration for Children and Families to fund the Community Collaborations to Strengthen and Preserve Families in NH Program effective upon date of approval by the Fiscal Committee and Governor and Council through June 30, 2021 and further authorize the funds to be allocated as follows. 100% Federal Funds.

**05-95-90-902010-7047 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, COMMUNITY COLLABORATION**

**SFY 2020**

| Class/Object | Class Title          | Current Modified Budget | Increase (Decrease) Amount | Revised Modified Budget |
|--------------|----------------------|-------------------------|----------------------------|-------------------------|
| 000-400146   | Federal Funds        | \$527,785               | \$51,400                   | \$579,185               |
|              | Total Revenue        | \$527,785               | \$51,400                   | \$579,185               |
| 020-500200   | Current Expense      | \$1,000                 | \$0                        | \$1,000                 |
| 030-500301   | Equipment            | \$250                   | \$0                        | \$250                   |
| 037-500173   | Technology-Hardware  | \$1,264                 | \$0                        | \$1,264                 |
| 038-500175   | Technology- Software | \$0                     | \$200                      | \$200                   |
| 039-500188   | Telecommunications   | \$920                   | \$650                      | \$1,570                 |
| 041-500801   | Audit Cost Set Aside | \$550                   | \$0                        | \$550                   |
| 059-500117   | Temp Full Time       | \$50,954                | \$21,262                   | \$72,216                |
| 060-500601   | Benefits             | \$17,894                | \$29,288                   | \$47,182                |

|                       |                                   |                  |                 |                  |
|-----------------------|-----------------------------------|------------------|-----------------|------------------|
| 070-500707            | In State Travel Reimbursement     | \$6,000          | \$0             | \$6,000          |
| 080-500717            | Out-of-State Travel Reimbursement | \$9,680          | \$0             | \$9,680          |
| 102-500731            | Contracts for Program Services    | \$439,273        | \$0             | \$439,273        |
| <b>Total Expenses</b> |                                   | <b>\$527,785</b> | <b>\$51,400</b> | <b>\$579,185</b> |

**SFY 2021**

| Class/Object          | Class Title                       | Current Modified Budget | Increase (Decrease) Amount | Revised Modified Budget |
|-----------------------|-----------------------------------|-------------------------|----------------------------|-------------------------|
| 000-400146            | Federal Funds                     | \$410,516               | \$369,045                  | \$779,561               |
|                       | Total Revenue                     | \$410,516               | \$369,045                  | \$779,561               |
| 020-500200            | Current Expense                   | \$1,000                 | \$0                        | \$1,000                 |
| 030-500301            | Equipment                         | \$250                   | \$0                        | \$250                   |
| 037-500173            | Technology-Hardware               | \$0                     | \$0                        | \$0                     |
| 038-500175            | Technology- Software              | \$0                     | \$1,200                    | \$1,200                 |
| 039-500188            | Telecommunications                | \$600                   | \$2,000                    | \$2,600                 |
| 041-500801            | Audit Cost Set Aside              | \$550                   | \$0                        | \$550                   |
| 059-500117            | Temp Full Time                    | \$53,177                | \$22,257                   | \$75,434                |
| 060-500601            | Benefits                          | \$18,939                | \$28,873                   | \$47,812                |
| 066-500546            | Employee Training                 | \$0                     | \$500                      | \$500                   |
| 070-500707            | In State Travel Reimbursement     | \$6,000                 | \$0                        | \$6,000                 |
| 080-500717            | Out-of-State Travel Reimbursement | \$10,000                | \$12,215                   | \$22,215                |
| 102-500731            | Contracts for Program Services    | \$320,000               | \$302,000                  | \$622,000               |
| <b>Total Expenses</b> |                                   | <b>\$410,516</b>        | <b>\$369,045</b>           | <b>\$779,561</b>        |

**EXPLANATION**

The Community Collaborations to Strengthen and Preserve Families (CCSPF) program will establish integrated community planning and evidence-based services to reduce child maltreatment, reduce entry into foster care, improve parent-child interactions, improve skills for regulating behavior and coping adaptively and facilitate improved coordination of services and referrals for high risk families with children ages 0-8. As determined by the Federal cooperative agreement, planning and family support services will be located in the City of Manchester and the Winnepesaukee Public Health Region (Belmont, Franklin, Laconia and Tilton). These communities were selected due to increased rates of poverty, child maltreatment, and other appropriate measures of social vulnerability. Funds from the CCSPF will enable the two communities, with guidance from the Department of Health and Human Services, to develop Community Implementation Teams (CITs) using the Boundary Spanning Leadership Model. These CITs will then coordinate the planning and implementation of evidence based family strengthening and community planning services.

Funds are budgeted as follows:

Class 038 - Technology Software purchase of Tableau license, ZOOM license, and Quick base license.

Class 039 – Telecommunications to pay for cellular service and hotspot for the Program Specialist IV.

Class 059 - Full Time Temporary Personnel and Class 060 - Benefits to fully support the Program Specialist IV position (Position #9T2954) that manages the grant. The original request had salary and benefit projections for a new hire at step 1. The position was filled with a current state employee who was at a higher step, requiring additional funding in Class 059 and Class 060.

Class 066 - Employee Training to pay for Program Evaluation training for the Program Manager.

Class 080 – Out-of-State Travel to pay for 3 site visits to Nebraska; Hagerstown, Maryland; and Alleghany, PA. 2-3 team members to visit promising jurisdictions. Budget includes 2 nights hotel, airfare and per diem. These site visits will be used to inform service innovations and drive community collaborations design.

Class 102 – Contracts for Program Services to continue with contracts in place. UNH contract's purpose is to measure the reduction of incidences of child abuse and neglect through the evaluation of CCSPF contracts in the City of Manchester and the Winnepesaukee Public Health Region. UNH will collect and analyze qualitative and quantitative data to document how this is achieved. Additional costs include data storage, backups, archiving, physical hosting, two virtual machines, enhanced security specific to HHS security requirements, desktop computing, advanced data processing and support for data visualizations for interim data reporting; data transfers and technical support for end users. The goal of the community contracts with Amoskeag Health and the Winnepesaukee Public Health Region is to provide services that strengthen and preserve families, prior to entering the child welfare system, and implement a community-based approach to responding to the needs families have through increasing "protective factors". Additional costs include community coordinator, data collection platform licensing and site visits to promising jurisdictions.

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: These funds may not be used to offset General Funds as they are specifically granted to the State for the purpose of providing the services described above.

These funds will not change the program eligibility levels.

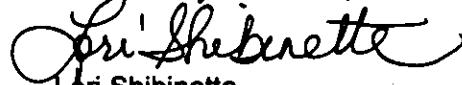
Area served: City of Manchester and the Winnepesaukee Public Health Region

Source of funds: These funds are 100% Federal from the Administration for Children and Families to fund the Community Collaborations to Strengthen and Preserve Families in NH. Attached is the Notice of Grant Award and award history. The total grant award was not added to the operating budget in error.

The Honorable Mary Jane Wallner, Chairman and  
His Excellency, Governor Christopher T. Sununu  
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In the event that these Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

A handwritten signature in cursive script that reads "Lori Shabinette".

Lori Shabinette  
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
NOTICE OF AWARD**

BAI NUMBER:

PMB DOCUMENT NUMBER:

|  |  |  |                             |
|--|--|--|-----------------------------|
| <b>1. AWARDING OFFICE:</b><br>ACYF - Children's Bureau | <b>2. ASSISTANCE TYPE:</b><br>Coop Agreement | <b>3. AWARD NO.:</b><br>90CA1858-02-00 | <b>3a. AMEND. NO.:</b><br>0 |
|--|--|--|-----------------------------|

|                          |   |  |
|--------------------------|---|--|
| <b>4. FAD#: 90CA1858</b> | <b>6. TYPE OF ACTION:</b><br>Non-Competing Continuation | <b>7. AWARD AUTHORITY:</b><br>42 USC 5101, Sec. 105(a) |
|--------------------------|---|--|

|  |   |   |
|--|---|---|
| <b>8. BUDGET PERIOD:</b><br>09/30/2019 THRU 09/29/2020 | <b>9. PROJECT PERIOD:</b><br>09/30/2019 THRU 09/29/2023 | <b>10. CFDA NO.:</b><br>93.670 - Child Abuse and Neglect Discretionary Activities |
|--|---|---|

|  |  |
|--|--|
| <b>11. RECIPIENT ORGANIZATION:</b><br>HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF<br>129 Pleasant St<br>Concord, NH 03301-3852<br>Grantee Authorizing Official: Christine Tappan, Associate Commissioner Human Services | <b>12. PROJECT / PROGRAM TITLE:</b><br>Community Collaboration to Strengthen and Preserve Families in NH: A Prevention, Public Health, Cross-Sector Approach |
|--|--|

|                                 |                                |   |
|---------------------------------|--------------------------------|---|
| <b>13. COUNTY:</b><br>Merrimack | <b>14. CONGR. DIST.:</b><br>02 | <b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b><br>Rhonda Siegel |
|---------------------------------|--------------------------------|---|

| 16. APPROVED BUDGET:         |               | 17. AWARD COMPUTATION:                             |                       |
|------------------------------|---------------|--|-----------------------|
| Personnel.....               | \$ 69,000.00  | A. NON-FEDERAL SHARE.....                          | \$ 0.00 0%            |
| Fringe Benefits.....         | \$ 66,407.00  | B. FEDERAL SHARE.....                              | \$ 649,999.00 100%    |
| Travel.....                  | \$ 5,800.00   | <b>18. FEDERAL SHARE COMPUTATION:</b>              |                       |
| Equipment.....               | \$ 0.00       | A. TOTAL FEDERAL SHARE.....                        | \$ 649,999.00         |
| Supplies.....                | \$ 3,580.00   | B. UNOBLIGATED BALANCE FEDERAL SHARE.....          | \$ 0.00               |
| Contractual.....             | \$ 320,000.00 | C. FED. SHARE AWARDED THIS BUDGET PERIOD...        | \$ 0.00               |
| Facilities/Construction..... | \$ 0.00       | <b>19. AMOUNT AWARDED THIS ACTION:</b>             | \$ 649,999.00         |
| Other.....                   | \$ 78,412.00  | <b>20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:</b> | \$ 1,099,999.00       |
| Direct Costs.....            | \$ 649,999.00 | <b>21. AUTHORIZED TREATMENT OF PROGRAM INCOME:</b> |                       |
| Indirect Costs.....          | \$ 0.00       | Additional Costs                                   |                       |
| In Kind Contributions.....   | \$ 0.00       | <b>22. APPLICANT EIN:</b>                          | <b>23. PAYEE EIN:</b> |
| Total Approved Budget.....   | \$ 649,999.00 | 026000618  | 1026000618B3          |
|                              |               | <b>24. OBJECT CLASS:</b><br>41.45                  |                       |

| 26. FINANCIAL INFORMATION: |              |               |           | DUNS         | 011040845         |
|----------------------------|--------------|---------------|-----------|--------------|-------------------|
| ORGN                       | DOCUMENT NO. | APPROPRIATION | CAN NO.   | NEW AMT.     | UNOBLIG. NONFED % |
|                            | 90CA185802   | 75-19-1536    | 9-G994180 | \$649,999.00 |                   |

**26. REMARKS: (Continued on separate sheets)**  
Indirect costs of \$78,412 restricted pending the submission of an approved current indirect cost rate agreement to this office. A current indirect cost proposal must be submitted by the grantee to its cognizant audit agency within 90 days.

Assigned Grants Management Specialist: Taina Bennett-Reed, (202) 401-4608 or Taina.bennett@acl.hhs.gov

|   |                                  |  |
|---|----------------------------------|--|
| <b>27. SIGNATURE - ACF GRANTS OFFICER</b><br>Ms. Bridget Shea Westfall<br>370 L'Enfant Promenade, S.W.<br>6th floor, East<br>Washington, DC 20447<br>Phone: N/A | <b>ISSUE DATE:</b><br>05/30/2019 | <b>28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY</b><br>Nicole Miles<br>05/22/2019 |
|---|----------------------------------|--|

|   |                            |
|---|----------------------------|
| <b>29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)</b><br>Mr. Jerry Milner - Associate Commissioner | <b>DATE:</b><br>05/30/2019 |
|---|----------------------------|

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
NOTICE OF AWARD**

BAI NUMBER:

PMS DOCUMENT NUMBER:

|  |   |   |  |                             |
|--|---|---|--|-----------------------------|
| <b>1. AWARDING OFFICE:</b><br>ACYF - Children's Bureau                                 |   | <b>2. ASSISTANCE TYPE:</b><br>Coop Agreement                                      | <b>3. AWARD NO.:</b><br>90CA1858-02-00                 | <b>3a. AMEND. NO.:</b><br>0 |
| <b>4. FAIN:</b> 90CA1858   |   |   |  |                             |
| <b>5. TYPE OF AWARD:</b><br>Other  |   | <b>6. TYPE OF ACTION:</b><br>Non-Competing Continuation                           | <b>7. AWARD AUTHORITY:</b><br>42 USC §101, Sec. 108(a) |                             |
| <b>8. BUDGET PERIOD:</b><br>09/30/2019 THRU 09/29/2020                                 | <b>9. PROJECT PERIOD:</b><br>09/30/2018 THRU 09/29/2023 | <b>10. CFDA NO.:</b><br>93.670 - Child Abuse and Neglect Discretionary Activities |  |                             |
| <b>11. RECIPIENT ORGANIZATION:</b><br>HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF |   |   |  |                             |

**STANDARD TERMS**

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.

This includes requirements in Parts I and II (available at <http://www.hhs.gov/grants/grants/policies-regulations/index.html>) of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS.

This award is subject to requirements or limitations in any applicable Appropriations Act.

This award is subject to the requirements of Section 106 (g) of the trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.aaf.hhs.gov/discretionary-pwa-award-requirements>.

This award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>.

This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>.

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

The Administration for Children and Families  
U.S. Department of Health and Human Services  
Office of Grants Management  
ATTN: Grants Management Specialist  
330 C Street, SW., Switzer Building  
Corridor 3200  
Washington, DC 20201

AND

U.S. Department of Health and Human Services  
Office of Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW, Cohen Building  
Room 5527  
Washington, DC 20201

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

|  |   |   |  |                             |
|--|---|---|--|-----------------------------|
| <b>1. AWARDING OFFICE:</b><br>ACYF - Children's Bureau                                 |   | <b>2. ASSISTANCE TYPE:</b><br>Coop Agreement                                      | <b>3. AWARD NO.:</b><br>90CA1858-02-00                 | <b>3a. AMEND. NO.:</b><br>0 |
| <b>4. FAIN:</b> 90CA1858   |   |   |  |                             |
| <b>5. TYPE OF AWARD:</b><br>Other  |   | <b>6. TYPE OF ACTION:</b><br>Non-Competing Continuation                           | <b>7. AWARD AUTHORITY:</b><br>42 USC 5101, Sec. 106(a) |                             |
| <b>8. BUDGET PERIOD:</b><br>09/30/2019 THRU 09/29/2020                                 | <b>9. PROJECT PERIOD:</b><br>09/30/2018 THRU 09/29/2023 | <b>10. CFDA NO.:</b><br>03.670 - Child Abuse and Neglect Discretionary Activities |  |                             |
| <b>11. RECIPIENT ORGANIZATION:</b><br>HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF |   |   |  |                             |

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87.  
This grant is subject to the requirements as set forth in 45 CFR Part 75.  
Attached are terms and conditions, reporting requirements, and payment instructions.  
Initial expenditure of funds by the grantee constitutes acceptance of this award.

**AWARD HISTORY**  
**COMMUNITY COLLABORATION TO STRENGTHEN AND PRESERVE FAMILIES IN NH**  
**90CA1858**

|          |   |                    |
|----------|---|--------------------|
| <b>A</b> | Community Collaboration to Strengthen and Preserve Families in NH<br>90CA1858-01-00 |                    |
| <b>B</b> | Award Ending 09/29/2019   | 550,000            |
| <b>A</b> | 90CA1858-02-00  |                    |
| <b>B</b> | Award Ending 9/29/2020<br>=549999/12*9=412499                                       | 412,499            |
| <b>C</b> | Expended through 6/30/19  | (14,268)           |
| <b>D</b> | Unobligated Balance Unable to Spend   | <u>          -</u> |
| <b>E</b> | Award Balance 7/1/19  | \$ 948,231         |
| <b>F</b> | SFY 20 Appropriation **   | (407,248)          |
| <b>G</b> | Balance Forward   | <u>(120,538)</u>   |
| <b>H</b> | Available to Accept in SFY 20   | 420,445            |
| <b>I</b> | Amount Requested this Action  | <u>420,445</u>     |

\*\* SFY 20 Appropriation

|          | 010-090-70470000  | Current | OYR | Total   | This Action | Revised Budget |
|----------|---|---------|-----|---------|-------------|----------------|
| <b>J</b> | COMMUNITY COLLABORATION TO STRENGTHEN AND PRESERVE FAMILIES IN NH | 420,445 |     | 420,445 | 420,445     | 840,890        |