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Jeffrey A. Meyers Commissioner

Joseph E. Ribsam, Jr. Director

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

129 PLEASANT STREET, CONCORD, NH 03301-3857 603-271-4451 1-800-852-3345 Ext. 4451 FAX: 603-271-4729 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

August 14, 2019

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 John H. Chafee Foster Care Independence (CHAFEE (ILP)) Program grant in the amount of \$20,000, effective upon date of Governor and Executive Council approval through September 30, 2020, and further authorize the allocation of these funds in the accounts below.

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

Class/Object	Class Title	Current Authorized Budget		Requested Change		Adjusted Budget	
Revenue							
000-404213	Federal Funds	\$	8,292	\$	20,000	\$	28,292
	Total Revenue:	\$	8,292	\$	20,000	\$	28,292
Expense					_		
041-500801	Audit Set Aside	\$	8	\$	20	\$	28
502-500891	Payments to Providers	<u>\$</u>	8,284	\$	19,980	<u>\$</u>	28,264
	Total Expense:	\$	8,292	\$	20,000	\$	28,292

EXPLANATION

This purpose of this request is to budget grant funds carried forward from FY 19 under the John H. Chafee Foster Care Independence (CHAFEE (ILP)) Program under Title IV-E of the Social Security Act.

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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.

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,

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Jeffrey A. Meyers Commissioner

The Department of Health and Human Services' Mission is to join communities and families In providing opportunities for citizens to achieve health and independence.



ADMINISTRATION FOR

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

RECEIVED

APR 01 2019

Div. for Children Youth and Families

State Office

March 26, 2019

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

C. 👾

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	CAN	Allotment	This Action	Cumulătive
75-19-1545	2019,G994415	\$500,000	\$125,000	\$375,000
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

Jennifer Richards Director of Division Mandatory Grants