



Lori Shibinette

Lisa M. Morris 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

September 28, 2020

The Honorable Mary Jane Wallner, Chairman Fiscal Committee of the General Court State House Concord, New Hampshire 03301

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

Informational Item

Pursuant to RSA 21-P:43, RSA 4:45, RSA 4:47, and Executive Order 2020-04 as extended by Executive Order 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17 and 2020-18, Governor Sununu has authorized the Department of Health and Human Services, Division of Public Health Services to:

accept and expend funds from the Assistant Secretary for Preparedness and Response (ASPR), entitled New Hampshire's Hospital Preparedness (HPP) under the Coronavirus Aid, Relief, and Economic Security Act in the amount of \$1,231,221 effective retroactive to July 1, 2020 upon your approval through June 30, 2021, and further authorize the allocation of these funds in the accounts below. 100% Federal Funds.

05-095-090-902510-22390000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: PUBLIC HEALTH DIVISION, BUREAU INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS

| nsrapnan except ti | RSEDES AWARD NOTICE of hat any additions or restriction in effect unless specifically re | na previously imposed | DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSISTANT SECRETARY FOR PREPAREDNESS & RESPONSE | | | | | | |
|--|--|--|--|--|---------------------------|---------------------|----------------|--|--|
| 2, CFDA NO. 93.889 - National Bioterrorism Hospital Prepare | edness Program | | ASSI | SIANI SECREIART F | OK PKEPAI | KENNES | S & RESPUNSE | | |
| 3. ASSISTANCE TYPE Formula Grant | <u> </u> | | | 200 | C Street, SW | | | | |
| 4. GRANT NO. 6 U3REP190580-01-04 | 6. TYPE OF AWARD | | \dashv | | igton, DC 200 | 24 | | | |
| Formerty | Other | | | | | | | | |
| 4a, FAIN U3REP190580 | Sa. ACTION TYPE Pos | t Award Amendment | | | | | | | |
| 6. PROJECT PERIOD MM/DD/YYYY | | MM/DD/YYYY | | NOTIC | E OF AW | ARD | | | |
| From 07/01/2019 | AUTHORIZATION (Legislation/Regulations) | | | | | | | | |
| 7. BUDGET PERIOD ###/DD/YYYY From 07/01/2019 | Through | MM/DO/YYYY 08/30/2021 | Pub. L. 109-148 119 Stat. 2680, 2786 (2005) | | | | | | |
| 8. TITLE OF PROJECT (OR PROGRAM) New Hampshire's Hospital Preparedness Pro | gram (HPP) for FY 2019 (190 | 01-01 BP1) | | | | | | | |
| 94. GRANTEE NAME AND ADDRESS | | <u> </u> | 9b. GRANT | EE PROJECT DIRECTOR | | | | | |
| HEALTH AND HUMAN SERVICES, NEW H | IAMPSHIRE DEPT OF | | | rnthia Richard | | | | | |
| 129 Pleasant St | | | | zen Drive Health Services | | | | | |
| Concord, NH 03301-3852 | | | | rd, NH 03301-8510 | | | | | |
| | | | | : 603-271-4493 | | | | | |
| 10a. GRANTEE AUTHORIZING OFFICIAL | | | 10b. FEDEI | AL PROJECT OFFICER | | | | | |
| Ms. Cynthia Richard | | | CAPT Patricia A Pettis | | | | | | |
| 29 Hazen Drive | | | 200 C Street SW | | | | | | |
| Public Health Services | | | ASPR Washington, DC 20024-nutl | | | | | | |
| Concord, NH 03301-6510 | | | Phone: 617-549-2623 | | | | | | |
| | | ALL AMOUNTS ARE S | | | | | | | |
| 11. APPROVED BUDGET (Excludes Direct Assist | | | | COMPUTATION | - 10 441 | | 2,329,838.00 | | |
| I Financial Assistance from the Federal Awarding Agency Only II Total project costs including grant funds and all other financial participation | | | | of Federal Financial Assistance (from abligated Balance From Prior Budge | | | 0.00 | | |
| | | | | nulative Prior Award(s) This Budget | Period _ | | 1,378,180.00 | | |
| ## B## | | 44,314.00 | d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | | | | | | |
| b. Fringe Benefits | | 13. Total Federal Funds Awarded to Date for Project Period 2,329,838 | | | | | | | |
| c. Total Personnel Costs | | 143,719.00 | (Subject to the availability of funds and satisfactory promotes of the project): | | | | | | |
| d. Equipment | ******* | | YEAR | TOTAL DIRECT COSTS | YEAR | TOTA | L DIRECT COSTS | | |
| 6. Supplies | | 18,666.00 | a. 2 | TOTAL DIRECT GOSTS | d. 5 | 1017 | - DIRECT COSTS | | |
| f. Travel | | 13,218.00 | b. 3 | | e. 6 | | | | |
| g. Construction | | 0.00 | c. 4 | | f. 7 | | | | |
| h. Other | | 1,418,621.70 | | INCOME SHALL BE USED IN ACCORD WITH | ONE OF THE FOLLOW | MNG | | | |
| - | | 845,475.00 | ALTERNATIVE & | DEDUCTION | | | | | |
| | | 2,439,699.70 | b. c. | ADDITIONAL COSTS MATCHING | | | b | | |
| j. TOTAL DIRECT COSTS | | · | d. ●, | OTHER (See REMARKS) | | | | | |
| k. INDIRECT COSTS | · - | 0.00 | | ID IS BASED ON AN APPLICATION SUBMIT! | | | | | |
| I. TOTAL APPROVED BUDGET | | 2,439,899.70 | OR BY REFERI | NCE IN THE FOLLOWING: The grant program legislation The grant program regulations. | | | | | |
| m. Federal Share | | 2,329,838.00 | e. | This award notice including terms and condition Federal administrative requirements, cost print | ciples and audit requiren | nenta applicable to | | | |
| n. Non-Federal Share | | 109,881.70 | prevall. Accep | era are conflicting or otherwise inconsistent tance of the grant terms and conditions is a the grant payment system. | | | | | |
| REMARKS (Other Terms and Conditions This award is amended to add COVID-19 F | | | No) | | | | | | |
| | | | | | | | | | |

GRANTS MANAGEMENT OFFICIAL:

Virginia Simmons, Chief Grants Management Officer

200 independence Ave., S.W.

Room 538-G

Washington, DC 20201

Phone: 202-260-0400

| 17.0BJ CLA | SS 41.51 | 18a. VENDOR CODE | 1026000618B3 | 18b. EIN | 026000618 | 19. DUNS | 011040545 | 20. C | ONG. DIST. 02 | |
|-----------------------------|-----------------|------------------|---------------------|----------|---------------------|----------|-----------------|-------|-----------------|--|
| FY-ACCOUNT NO. DOCUMENT NO. | | Α. | ADMINISTRATIVE CODE | | AMT ACTION FIN ASST | | APPROPRIATION | | | |
| 21. a. | 0-199C009 | b. U3REP0580CV | | c. | c. HOS07 | | d. \$953,678.00 | | e. 75-2024-0140 | |
| 22. a. | | b. | | с. | | d. | | e. | | |
| 23. a. | | b. | | c. | | ď. | | ė, | | |

| 1. DATE ISSUED MM/DD/YYYY 1a. SUPERSEDES AWARD NOTICE dated 07/31/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded | | | | | DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSISTANT SECRETARY FOR PREPAREDNESS & RESPONSE | | | | | |
|--|--|---|---------------------|---|--|-------------------------|---------------------|-----------------------------|--|--|
| 2. CFDA NO. 93.889 - National Bioten | rorism Hospital Prepared | dness Program | | ASSI | SIANI SECRETARY FO | IK PKEPAI | KEDNESS | & RESPUNSE | | |
| 3. ASSISTANCE TYPE F | ormula Grant | | | = | 200 0 | Street, SW | | | | |
| 4. GRANT NO. 6 U3REP190580-01-02 5. TYPE OF AWARD | | | | | | ton, DC 200 | | | | |
| Formerly Other | | | | | | | | | | |
| 4a. FAIN U3REP190580 | | 5a. ACTION TYPE P | ost Award Amendment | | | • | | | | |
| 8. PROJECT PERIOD MMDD/YYYY MMOD/YYYY | | | | | NOTICE OF AWARD | | | | | |
| From | 07/01/2019 | Through | 06/30/2024 | AUTHORIZATION (Legislation/Regulations) | | | | | | |
| 7. BUDGET PERIOD MM/DD/YYYY MM/DD/YYYY | | | | | Pub. L. 109-148 11 | 9 Stat. 2680 | , 2786 (200 | 5) | | |
| From | 07/01/2019 | Through | 06/30/2021 | | | | | | | |
| 8, TITLE OF PROJECT (C New Hampshire's Hosp | | ram (HPP) for FY 2019 (1 | 901-01 BP1) | | | | | | | |
| 9a. GRANTEE NAME AND | ADDRESS | | | 9b. GRANT | TEE PROJECT DIRECTOR | | | | | |
| | N SERVICES, NÉW HA | MPSHIRE DEPT OF | | | ynthia Richard | | | | | |
| 129 Pleasant St Concord, NH 03301-3 | 2862 | | | | leasant St : Health Services | | | | | |
| College, Nri 033015 | ,032 | | | | ord, NH 03301-3852 | | | | | |
| | | | | Phone | e: 603-290-8965 | | | | | |
| 10a. GRANTEE AUTHOR | IZING OFFICIAL | | | 10b, FEDEI | RAL PROJECT OFFICER | | | | | |
| Ms. Cynthia Richard | | | 1 | CAPT Patricis A Pettis | | | | | | |
| 129 Pleasant St | | | | 200 C Street SW | | | | | | |
| Public Health Service | | | | ASPR Washington, DC 20024-null | | | | | | |
| Concord, NH 03301-3 | 3852 | | | Phone: 617-549-2623 | | | | | | |
| | | | ALL AMOUNTS ARE S | HOWNIN | IED. | | | | | |
| 11. APPROVED BUDGET | (Evolution Direct Assista | (eon | | | COMPUTATION | | | | | |
| I Financial Assistance from | | | | | of Federal Financial Assistance (from | tem 11m) | | 1,376,180.00 | | |
| Il Total project costs includ | ling grant funds and all c | other financial participation | <u> </u> | b. Less Und | obligated Balance From Prior Budget F | eriods | | 0.00 | | |
| z. Salaries and Wa | geS | | 99,405.00 | | mulative Prior Award(s) This Budget Pr | _ | | 1,098,617.00 | | |
| Farra Dinaka | _ | ******* | 44,314.00 | | T OF FINANCIAL ASSISTANCE THIS | | | 277,543.00 | | |
| - - | | *************************************** | 143,719,00 | | deral Funds Awarded to Date for Pr | oject Period | | 1,378,160.00 | | |
| c. Total Personn | nel Costs | *************************************** | | | MENDED FUTURE SUPPORT the availability of funds and satisfactor | y progress of the | project): | | | |
| d. Equipment | ****************** | **** | 0.00 | | | | -, | OURCET CORTS | | |
| Supplies | ************* | | 18,666.00 | YEAR | TOTAL DIRECT COSTS | YEAR | IOIAL | DIRECT COSTS | | |
| f. Travel | 4********** | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1,3,218.00 | b. 3 | | e. 6 | | | | |
| g. Construction | | | 0.00 | c. 4 | | f. 7 | | | | |
| | | | 464,943.70 | | I INCOME SHALL BE USED IN ACCORD WITH (| NE OF THE FOLLOW | vina | | | |
| h, Other | ************ | | | ALTERNATIVE | | | | | | |
| i. Contractual | ************ | | 845,475.00 | D. C. | ADOITIONAL COSTS MATCHING | | | b | | |
| J. TOTAL DIRE | CT COSTS | | 1,486,021.70 | d. ●. | OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS) | | | | | |
| k. INDIRECT COST | rs | | 0.00 | 16 THE AWAI | RD IS BASED ON AN APPLICATION SUBMITTE | TO, AND AS APPR | OVED BY, THE FEE | ERAL AWARDING AGENCY | | |
| I. TOTAL APPROV | VED BUDGET | _ | 1,486,021.70 | ON THE ABOVE | ETITLED PROJECT AND IS SUBJECT TO THE TE ENCE IN THE FOLLOWING: The grant program legislation | RMS AND CONDITIO | NE INCORPORATE | EITHER DIRECTLY | | |
| | | | | b. G | The grant program regulations, This award notice including terms and conditions | . If any, noted below u | nder REMARKS. | | | |
| m. Federal Share | • | • | 1,376,160.00 | d. In the event th | Federal administrative requirements, cost princip ere are conflicting or otherwise inconsistent p | olicies applicable to | the grant, the abov | e order of precedence shall | | |
| n. Non-Federal Sha | are | | 109,861.70 | prevail. Accep | plance of the grant terms and conditions is act the grant payment system. | nowledged by the g | rantee when funds | are drewn or otherwise | | |
| | Terms and Conditions A d the add an Administrat | | | | \$277,543. Please reference special (| Conditions on 2n | d page of awar | 1. | | |
| GRANTS MANAGE | MENT OFFICIAL: | - | | | | | <u>-</u> <u>-</u> - | | | |

Virginia Simmons, Chief Grants Management Officer

200 Independence Ave., S.W.

Room 638-G

Washington, DC 20201

Phone: 202-260-0400

| 17.OBJ CLAS | BS 41.51 | 18a. V | ENDOR CODE | 1026000618B3 | 18b. EIN | 026000618 | 19. DUNS | 011040545 | 20. C | ONG. DIST. 02 |
|-----------------------------|-----------|--------|---------------------|--------------|-----------------|---------------|----------|--------------|-------|---------------|
| FY-ACCOUNT NO. DOCUMENT NO. | | | ADMINISTRATIVE CODE | | ACTION FIN ASST | APPROPRIATION | | | | |
| 21. a. | 9-199TWQZ | b. | U3REI | P0580A | c. | HOS07 | d. | \$0.00 | θ. | 75-19-0140 |
| 22. a. | 0-199COV8 | b. | U3REP | 10580CV | C. | HO307 | d. | \$277,543.00 | €. | 75-2024-0140 |
| 23. a. | | b. | | | c. | | d. | | е. | |