



Lori A. Shibiakette  
Commissioner

Karen E. Hebert  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF ECONOMIC & HOUSING STABILITY*

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9474 1-800-852-3345 Ext. 9474  
Fax: 603-271-4230 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 21, 2021

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**

1. Pursuant to the provisions of RSA 14:30-a, VI, Additional Revenues, authorize the Department of Health and Human Services, Bureau of Housing Supports to accept and expend the Youth Homelessness Demonstration Grant award in the amount of \$110,000 effective upon date of Fiscal Committee and Governor and Executive Council approval through June 30, 2023, and further authorize the allocation of these funds in the accounts below. 100% Federal Funds.
2. Contingent upon approval of Requested Action #1, pursuant to the provisions of RSA 124:15, Positions Restricted, authorize the Department of Health and Human Services, Bureau of Housing Supports, to establish one (1) full-time temporary (Class 059) position at the following level: Program Specialist IV, labor grade 25 utilizing funds from the Youth Homelessness Demonstration Grant award effective upon date of approval by Fiscal Committee and Governor and Council through June 30, 2023. 100% Federal Funds.

**05-95-42-423010-79270000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: HUMAN SERVICES, HOMELESS & HOUSING, HOUSING - SHELTER PROGRAM**

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

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Class/Object	Class Title	Current Authorized Budget	Requested Change	Adjusted Budget
<b>Revenue</b>				
000-408072	Federal Funds	\$ 17,338,287	\$ 110,000	\$ 17,448,287
	General Funds	\$ 6,199,716	\$ -	\$ 6,199,716
Total Revenue:		\$ 23,538,003	\$ 110,000	\$ 23,648,003
<b>Expense</b>				
010-500100	Personal Services Perm Class	\$ 384,300	\$ -	\$ 384,300
018-500106	Overtime	\$ 1	\$ -	\$ 1
020-500200	Current Expenses	\$ 5,160	\$ -	\$ 5,160
026-500251	Organizational Dues	\$ 1,750	\$ -	\$ 1,750
030-500301	Equipment - New	\$ 500	\$ -	\$ 500
037-500173	Technology-Hardware	\$ 1	\$ -	\$ 1
038-500175	Technology-Software	\$ 1	\$ -	\$ 1
039-500190	Telecommunications	\$ 2,200	\$ -	\$ 2,200
040-500800	Indirect Costs	\$ 21,898	\$ -	\$ 21,898
041-500801	Audit Fund Set Aside	\$ 5,860	\$ 110	\$ 5,970
042-500620	Additional Fringe Benefits	\$ 32,281	\$ -	\$ 32,281
050-500109	Personal Service Temp Appoi	\$ 38,365	\$ -	\$ 38,365
057-500535	Books Periodicals Subscriptions	\$ 1	\$ -	\$ 1
059-500117	Temp Full Time	\$ -	\$ 64,558	\$ 64,558
060-500602	Benefits	\$ 202,306	\$ 45,332	\$ 247,638
070-500704	In State Travel	\$ 2,000	\$ -	\$ 2,000
074-500589	Grants for Pub Asst and Rel	\$ 7,478,252	\$ -	\$ 7,478,252
080-500714	Out of State Travel	\$ 6,000	\$ -	\$ 6,000
102-500731	Contract for Prog Svcs	\$ 15,357,127	\$ -	\$ 15,357,127
Total Expense:		\$ 23,538,003	\$ 110,000	\$ 23,648,003

### EXPLANATION

The Bureau of Housing Supports has been awarded federal funding to create a new program – A Coordinated Community Plan to Prevent and End Youth Homelessness. This project will support developing a Continuum of Care System specific to creating a Coordinated Community Plan to prevent and end youth homelessness through the Youth Homelessness Demonstration Program (YHDP). The YHDP falls under the US Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program Interim Rule and the rules set forth in the Youth Homelessness Demonstration Program Notice of Funding Opportunity. A core component of YHDP is authentic youth engagement through the development of a Youth Action Board, which is an advisory team of youth and young adults with lived experience in homelessness. YHDP requires that the Youth Action Board be a part of the planning and decision making team, and that they be paid for their time working on the Coordinated Community Plan.

The development of this program requires a six month planning period that includes coordination with a number of partners and stakeholders, including, but not limited to: four federal technical assistance teams, the Youth Action Board, homeless services providers, local school districts, and other community providers dedicated to ending youth homelessness. Upon completion of the planning period, the Bureau will have access to the new federal dollars, specific to carrying out the plan to prevent and end youth homelessness, which will be including as part of the States CoC program. The Bureau will need to include the work of the YHDP in its CoC program, including, the annual application, the billing/invoicing, contracts, annual monitoring, etc. as well as the additional HUD requirements for a Continuum of Care, including Coordinated Entry, and the ending youth homelessness initiatives. Additional CoC requirements include developing policy and procedure manuals in accordance with 24 CFR part 578, and monitoring the system for compliance with those policies. These initiatives all work towards preventing and ending homelessness in New Hampshire and the Department needs additional staff to be successful.

Funds are being budgeted as follows:

Class 041 – The funds will be used to pay for audit fund set aside per state requirements.

Class 059 – The funds will be used to pay for a new temporary full-time position.

Class 060 – The funds will be used to pay for the benefits associated with the new temporary full-time position.

The following information is provided in accordance with the Comptroller's instructional memorandum dated September 21, 1981:

- 1) List of personnel involved: Temporary Full-Time Program Specialist IV, LG 25, Position #9T3170
- 2) Nature, need and duration: The Program Specialist IV position is being established to coordinate the implementation of grants for the new federally funded program "A Coordinated Community Plan to Prevent and End Youth Homelessness."
- 3) Relationship to existing agency programs: The activities will enhance existing agency programming as well as help align cross Department work.
- 4) Has similar program been requested of the Legislature and denied? No.
- 5) Why wasn't funding included in the agency's budget request? These funds were awarded September 30, 2021. It was not known that these funds would be available at the time the agency established its SFY 2022-2023 biennial budget.
- 6) Can portions of the grant funds be utilized for other purposes? Federal funds allocated to the State cannot be used for other purposes.
- 7) Estimate the funds required to continue this position:

Position (Salary & Benefits)	<u>FY 2022</u>	<u>FY 2023</u>
Program Specialist IV	\$29,178	\$80,712

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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.

Area served: Statewide.

Source of Funds: 100% Federal Funds.

Attached are the Division of Personnel authorization and the Notice of Grant Award.

If Federal Funds become no longer available, General Funds will not be requested to support the program expenditures.

Respectfully submitted,

A handwritten signature in black ink, reading "Lori Shibinette". The signature is fluid and cursive, with the first name "Lori" and last name "Shibinette" clearly distinguishable.

Lori A. Shibinette  
Commissioner



*State Of New Hampshire*  
**DIVISION OF PERSONNEL**  
Department of Administrative Services  
54 Regional Drive, Suite 5  
Concord, New Hampshire 03301

**CHARLES M. ARLINGHAUS**  
Commissioner  
(603) 271-3201

**LORRIE A. RUDIS**  
Director of Personnel  
(603) 271-3261

12/9/2021

Ms. Marilyn Doe— Director  
Bureau of Human Services - DHHS  
129 Pleasant Street  
Concord, NH 03301

Regarding: Request to establish a full-time temporary Program Specialist IV, LG 25, pay schedule A000 – position # 9T3170

Dear Ms. Mann:

The Division of Personnel approves your request received on 11/10/2021 for the Department of Health and Human Services to establish position # 9T3170 as a full-time temporary Program Specialist IV, LG 25, pending funding approval.

This position is being established to coordinate the implementation of grants for the new federally funded program "A Coordinated Community Plan to Prevent and End Youth Homelessness." This position will implement and provide oversight of the 1915(i) Medicaid State Plan Amendment for Supportive Housing Services and the Healthcare for the Homeless and implement a Coordinated Entry System, as required by the US Department of Housing and Urban Development for a Continuum of Care. Further, this position will provide technical assistance and compliance training for Coordinated Entry and the Supportive Housing Benefit, oversee the preparation of federal and state grant applications, and liaison with state and federal government officials, service providers, advocacy, and support groups.

This position number will be inactive until you receive funding approval from the Fiscal Committee per RSA 124:15.

It will be your responsibility to bring the request for funding before the Fiscal Committee. You may use this letter as confirmation of our decision. Once you have obtained Fiscal Committee approval, please notify the Division of Personnel Operations Section at [CentralHRProcessing@nh.gov](mailto:CentralHRProcessing@nh.gov).

Sincerely,

Marianne Rechy  
Classification & Compensation Administrator

Cc: Lorrie Rudis, Director of Personnel  
Laurie Spring, Assistant Director of Human Services

**Tax ID No.: 02-6000618**  
**Community: New Hampshire Balance of State CoC**  
**Grant Number (FAIN): NH0130Y1T002000**  
**Effective Date: 09/30/21**  
**DUNS No.: 011040545**

**YOUTH HOMELESSNESS DEMONSTRATION GRANT AGREEMENT**  
**(Assistance Listing #14.276)**

This Grant Agreement (this Agreement) is made by and between the United States Department of Housing and Urban Development (HUD) and State of New Hampshire (the Recipient). Under the authority of the Consolidated Appropriations Act, 2019 (Pub. L. 116-6), the Further Consolidated Appropriations Act, 2020 (Pub. L. 116-94), and the Consolidated Appropriations Act, 2021 (Pub. L. 116-260), and pursuant to the Youth Homelessness Demonstration Program Notice of Funding Opportunity, published May 24, 2021 (the NOFO), HUD selected 33 communities to participate in the Youth Homelessness Demonstration. Recipient was designated by the Community listed above the title of this Agreement to apply for funding for the project(s) identified on the attached Scope of Work (the Project), which is to be carried out within the geographic area of the Community.

The terms "Grant" or "Grant Funds" mean the funds that are provided under this Agreement. The term "Application" means the application submissions on the basis of which the Grant was approved by HUD, including the certifications, assurances, and any information or documentation required to meet any Grant award condition. All other terms shall have the meaning given in the NOFO. If a term is not defined in the NOFO, then the term shall have the meaning given in the Continuum of Care Program regulation, 24 CFR part 578 (the Regulation).

The Application is incorporated herein as part of this Agreement, except as modified on the attached Scope of Work exhibit attached hereto as Exhibit 1 and made a part hereof. In the event of any conflict between the Application and any provision contained in this Agreement, this Agreement shall control.

The use of Grant Funds under this Agreement is subject to the requirements imposed by the NOFO.

*Amendments to 2 CFR part 200.* The Recipient must comply with the applicable requirements at 2 CFR part 200, as amended.

*Effective Date and Period of Performance.* This Agreement shall be effective upon execution by HUD. The Period of Performance/Budget Period (collectively referred to as the Period of Performance or performance period) shall begin on the date of execution by HUD, and shall end on the date identified in the Scope of Work. Except for Grants for planning costs, the Grant may be eligible for one (1) year renewals through the CoC Program. Grants for planning

costs are nonrenewable. Performance period extensions may be made, consistent with 2 CFR 200.308 and 2 CFR 200.309.

**Environmental Review.** No funds may be drawn down by Recipient until HUD has approved site control pursuant to the Environmental Requirements of the NOFO.

**Applicable Regulations.** Although the Grant is not a Continuum of Care program Grant, the NOFO made Continuum of Care program requirements applicable to the use of Grant funds. The Grant is subject to the following provisions of the Regulation, as may be amended from time to time, except where they conflict with the NOFO requirements, activities that the Recipient will implement and are authorized pursuant to I.A.C.I.a. or b. of Appendix A of the NOFO, waivers issued by HUD and identified in this Agreement, or with the proviso that Grant funds may only be used to serve homeless youth, age twenty-four (24) and younger: 24 CFR 578.3, 578.15, 578.23(a), 578.25, 578.27, 578.29, 578.37, 578.43, 578.45, 578.47, 578.49, 578.51, 578.53, 578.55, 578.57, 578.59, 578.61, 578.63, 578.73(c), 578.75, 578.77, 578.79, 578.81, 578.83, 578.85, 578.87, 578.89, 578.89, 578.91, 578.93, 578.95, 578.97, 578.99, 578.103(a)(3) - (18) and (b) - (e), 578.107 and 578.109. The requirements of 2 CFR 200.306, as may be amended from time to time, with the exception of 200.306(b)(5) apply. Grants for planning costs are subject to 24 CFR 578.7(c) and (d) and 578.39(b) and (c), as may be amended from time to time, but Grant funds may only be used for costs of planning related to preventing and ending youth homelessness in the Community.

**Matching Requirements.**

☐ The Recipient was exempted from matching requirements.

☒ The Recipient or Subrecipient must match all Grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. The 25 percent match must be provided on a Grant-by-Grant basis. Match must be used for the costs of activities that are eligible under subpart D of 24 CFR part 578. If program income will be used as a source of match it must have been shown in the Application.

**HMIS.** Unless the Grant is for the costs of coordinated entry or planning costs, Recipient must participate in the Community's HMIS system and contribute data to it. Victim service providers must use a comparable database that complies with HUD's HMIS requirements.

**Indirect cost rate.**

☒ The Recipient will not use an indirect cost rate to charge its indirect costs to the grant.

☐ The attached indirect cost rate(s) listed on Exhibit 2, the Indirect Cost Rate Schedule, are incorporated into and made part of this Agreement, provided that each rate identified meets the applicable requirements under 2 CFR part 200 (including appendices).

The Recipient must only charge indirect costs to the grant as provided by the applicable requirements in 2 CFR part 200 (including appendices) and 24 CFR 578.63, as may be amended from time to time. The Recipient must immediately notify HUD of any change in the Recipient's indirect cost methodology or rate(s), so that HUD can amend the Grant Agreement if necessary, to reflect that change.

***Consistency with the Community Plan.*** Projects must be consistent with the Community's HUD-approved Coordinated Community Plan (the Plan) to prevent and end youth homelessness. If the Community has developed and obtained HUD approval of the Plan in response to the NOFO, Recipient represents that the Project funded by this Grant is consistent with the Plan. Operating a Project in a manner that is inconsistent with the HUD-approved Plan constitutes a material breach of this Agreement, for which HUD may declare Recipient in default of the Agreement and seek remedies available pursuant to 24 CFR 578.107. Planning grants are not required to be consistent with the Plan because they are used to develop the Plan.

***Grant and project changes.*** Recipient may not make any significant changes to the Project without prior HUD approval, evidenced by a Grant amendment signed by HUD and the Recipient. Significant changes include a change of Recipient; a shift in a single year of more than 10 percent of the total amount awarded under the Grant for one approved eligible activity category to another activity; a permanent change in the subpopulation served by the Project funded under the Grant; and a permanent proposed reduction in the total number of units funded under the Agreement. Approval of substitution of the Recipient is contingent on the new Recipient meeting the capacity criteria in the NOFO. Approval of shifting funds between activities and changing subpopulations is contingent on the change being necessary to better serve eligible homeless youth within the Community. Any changes not requiring a Grant amendment must be fully documented in the Recipient's or Subrecipients' records.

***Program Evaluation.*** Recipient agrees to participate in HUD-funded research and evaluation studies of the Youth Homelessness Demonstration Program; to cooperate with the persons performing the studies; and to promptly contribute requested information and data to the studies.

***Notice.*** HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Application, unless HUD is otherwise advised in writing. Recipient notifications to HUD shall be to [youthdemo@hud.gov](mailto:youthdemo@hud.gov). No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

***Recipient integrity and performance matters.*** Recipient is subject to the terms and conditions in Appendix XII to 24 CFR part 200, which are incorporated into and made a part of this Agreement.

The Agreement constitutes the entire agreement between the parties hereto, and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states or units of local government certify that they are following a current HUD-approved CHAS (Consolidated Plan).



This agreement is hereby executed on behalf of the parties as follows:

**UNITED STATES OF AMERICA,**  
**Secretary of Housing and Urban Development**

BY: \_\_\_\_\_

(Signature)

Jemine A. Bryon, Deputy Assistant Secretary, Office of Special Needs

9/3/21  
\_\_\_\_\_  
(Date)

southdemo@hush.gov  
(Contact Information)

**RECIPIENT**

State of New Hampshire

(Name of Organization)

BY: \_\_\_\_\_

(Signature of Authorized Official)

Melissa Hatfield, Bureau Chief

\_\_\_\_\_  
(Typed Name and Title of Authorized Official)

10.1.2021

\_\_\_\_\_  
(Date)

**EXHIBIT 1  
SCOPE OF WORK  
YOUTH HOMELESSNESS DEMONSTRATION PROGRAM**

1. Recipient will carry out the Project within: (*check the applicable category*)
- ☐ the geographic area of the Continuum of Care that is the Community listed above the title of this Scope of Work.
- ☒ counties in the State of New Hampshire which comprise the Community.
2. Recipient *may not* use up to 10 percent of the funding awarded under this Grant Agreement in the Community to serve homeless households with children and youth defined as homeless under other Federal statutes who are unstably housed (paragraph 3 of the definition of homeless at 24 CFR 578.3).
3. HUD agrees, subject to the terms of this Agreement, to provide the Grant funds for the Project(s). HUD's total funding obligation for this Grant is \$110,000.00 allocated between eligible activity categories as follows:

a. Planning costs	<u>\$110,000.00</u>
b. Acquisition	\$ _____
c. Rehabilitation	\$ _____
d. New construction	\$ _____
e. Leasing	\$ _____
f. Rental assistance	\$ _____
g. Supportive services	\$ _____
h. Operating costs	\$ _____
i. Homeless Management Information System	\$ _____
j. Administrative costs	\$ _____
k. Relocation costs	\$ _____
l. Housing relocation and stabilization services	\$ _____
m. Other	\$ _____

Recipient is prohibited from moving more than 10% from one eligible activity category to another without a written amendment to this Agreement.

4. In connection with awarding this Grant,
- ☒ no waivers were issued.

☐ HUD, upon finding of good cause, waived applicability of 24 CFR 578.(insert reg #) in a waiver memorandum dated (insert date).

☐ Recipient provided notice to the Deputy Assistant Secretary for Special Needs on (insert date) that Recipient will implement the following Youth Homeless Demonstration Program activities (insert activity number from section I.C.1.a. of

Appendix A of the NOFO) as provided in Appendix A of the FY 2019/FY 2020 Youth Homeless Demonstration Program NOFO.

☐ Recipient received approval from the Deputy Assistant Secretary for Special Needs on (insert date) of the following built-in exceptions to the FY 2019/FY 2020 Youth Homeless Demonstration Program NOFO (insert built-in exception number from section I.C.I.b. of Appendix A of the NOFO).

5. Grant Term 12 Months. The performance period for the Project begins 10/01/21 and ends 09/30/22. No funds for new projects may be drawn down by Recipient until HUD has approved site control pursuant to §578.21 and §578.25.
6. Recipient agrees to carry out the Project described in the Application [optional: except that, (if what HUD is approving differs from how the project is described in the application, explain the differences here)].

**EXHIBIT 2**  
**INDIRECT COST RATE SCHEDULE**

Agency/Dept./Major Function	Indirect cost rate	Type of Direct Cost Base
See attached PACP and SAM Approval-MH		

Instructions: This schedule must include each indirect cost rate that will be used to calculate the Recipient's indirect costs under the grant. The schedule must also specify the type of direct cost base to which each included rate applies (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rate information for subrecipients. For government entities, enter each agency or department that will carry out activities under the grant, the indirect cost rate applicable to each department/agency (including if the de minimis rate is used per 2 CFR §200.414), and the type of direct cost base to which the rate will be applied. For nonprofit organizations that use the Simplified Allocation Method for indirect costs or elects to use the de minimis rate of 10% of Modified Total Direct Costs in accordance with 2 CFR §200.414, enter the applicable indirect cost rate and type of direct cost base in the first row of the table. For nonprofit organizations that use the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the grant, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Program Support Center  
Financial Management Service  
Division of Cost Allocation**

**26 Federal Plaza, Room 41-123  
New York, New York 10373  
Phone: (212) 264-2069  
Fax: (212) 264-6471**

**May 24, 2010**

**Mr. James P. Fredyma  
Controller  
Office of Business Operations  
State of New Hampshire  
Department of Health and Human Services  
129 Pleasant Street  
Concord, New Hampshire 03301-3837**

**Dear Mr. Fredyma:**

**This is to advise you of the approval of the annual update to the Department of Health and Human Services, Public Assistance Cost Allocation Plan (PACAP), submitted under letter dated May 29, 2009. The updated plan, which was submitted in compliance with 45 CFR Part 95, Subpart E, is effective July 1, 2007.**

**This approval shall remain in effect until such time as the bases and methods used for allocating costs in the plan become outdated due to organizational changes, changes in Federal law or regulations, or there is a significant change in program composition that would affect the validity of approved cost allocation procedures.**

**The plan is approved and costs claimed in accordance with the plan are subject to the following conditions:**

- 1. The approval is based on information provided by the State and is void if the information is later found to be materially incomplete or inaccurate.**
- 2. The costs claimed for Federal Financial Participation must be allowable under the law, the cost principles contained in 2 CFR Part 225 (OMB Circular A-87) and program regulations.**

May 24, 2010

3. Section 4.1.5: Depreciation and Use Allowances. This section of the plan states: "The state's equipment capitalization level for financial statement purposes is \$25,000. The Department has a policy to capitalize and depreciate the costs of all purchased equipment following OMB Circular A-87 guidelines or grant agency regulations." The Administration for Children and Families (ACF) has advised us that the stated equipment capitalization threshold of \$25,000 may not be in compliance with agency guidelines issued in ACF Action Transmittal AT-94-5 (issued July 22, 1994) and ACF OCSE Action Transmittal AT-06-03 (issued August 11, 2006). These guidelines require states to depreciate any individual piece of ADP equipment costing in excess of \$5,000 over its expected useful life. It is required that the NH DHHS review and amend its PACAP, as necessary, to ensure compliance with Federal regulations regarding the capitalization and depreciation of ADP equipment.

Nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans, or Federal legislation or regulations.

The implementation of the cost allocation plan approved by this document may from time to time be reviewed by authorized Federal staff. The disclosure of inequities during such reviews may necessitate changes to the plan.

Sincerely,

  
Robert L. Aaronson  
Director, Division of  
Cost Allocation

cc: Borkas, J., CMS  
Borsetti, R., ACF  
Gilbert, F., SSA-DPB  
Messner, K., USDA/FNS  
Pepin, J., ED/REA  
Smith, G., ACF/ORR

0564/14



Nicholas A. Tompkins  
Commissioner

Sheri J. Rockburn  
Chief Financial Officer

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF BUSINESS OPERATIONS

129 PLEASANT STREET, CONCORD, NH 03301-3457  
603-271-9404 1-800-852-3345 Ext. 9404  
Fax: 603-271-4232 TDD Access: 1-800-735-2964 www.dhha.nh.gov

August 13, 2015

Mr. Arif "Mak" Karim  
Director, Cost Allocation Services  
U.S. Department of Health & Human Services  
26 Federal Plaza - Room 41-122  
New York, New York 10278

Dear Mr. Karim,

Pursuant to OMB 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Appendix VI to Part 200 - Public Assistance Cost Allocation Plans, and previously, the Code of Federal Regulations, Title 45 - Public Welfare and Human Services, Part 95 Grant Programs, Subpart E - Cost Allocation Plans, Section 95.509 (45CFR95.509), I write to notify you that the New Hampshire Department of Health and Human Services (NHDHHS) has continued financial operations under its last federally approved Public Assistance Cost Allocation Plan (PACAP), authorized per Robert Aaronson's letter dated May 24, 2010.

Addenda to this PACAP were previously submitted to your office, one on March 31, 2014 which explained our detailed work on IV-E with the Administration for Children and Families (ACF) and included a three-page enclosure that detailed the NHDHHS management of Job Numbers, and associated allocation methodologies, as the primary tools of our cost allocation processes.

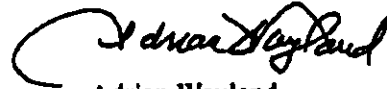
The second addendum was submitted on June 30, 2014 and contained a 40-page amendment to the Random Moment Sampling (RMS) system used to allocate the costs of Child Protective Services Workers (CPSWs), Juvenile Probation and Parole Officers (JPPOs), and Fiscal Specialists within the NHDHHS Division of Children, Youth and Families (DCYF) in revised Exhibits D and F of our PACAP, replacing the old Exhibits D, F, and G1.

To date, no further communication has been received from your office regarding the submitted amendments. We are now in the planning stages for some organizational restructuring which, when completed will result in an update of our PACAP. Until that time, our financial operations and cost allocation methods continue as certified.

As required by 45 CFR 95.507(b)(8), we have enclosed a signed Public Assistance Cost Allocation Plan Certification.

Please contact me at (603) 271-9302 if I can provide you with any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Adrian Wayland". The signature is fluid and cursive, with a large initial "A" that loops around the first part of the name.

Adrian Wayland  
Director of Financial Operations  
Office of Business Operations

cc: Sheri Rockburn, Chief Financial Officer  
Steven Kiander, Director of Finance




# Public Assistance Cost Allocation Plan

## CERTIFICATION

I certify that in accordance with 45 CFR 95.507(b)(8) that:

- (1) The information contained in the New Hampshire Department of Health and Human Services Public Assistance Cost Allocation Plan (PACAP) is prepared in conformance with OMB 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, previously Office of Management and Budget A-87.
- (2) The costs are accorded consistent treatment through the application of generally accepted accounting principles appropriate to the circumstances.
- (3) An adequate accounting and statistical system exists to support claims that will be made under the cost allocation plan; and
- (4) The information provided in support of the proposed cost allocation plan is accurate.

New Hampshire Department of Health and Human Services  
Government Unit

  
Signature

Sheri L. Rockburn  
Name of Official

Chief Financial Officer  
Title

August 13, 2015  
Date



<b>Entity Registration</b>
Core Data
Business Information
Entity Types
Financial Information
Points of Contact
Assertions
Reps and Certs
<b>Exclusions</b>

## HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF

<b>DUNS</b> Unique Entity ID 011040348	<b>Expiration Date</b> Aug 24, 2021	<b>Registration Status</b> Active
<b>SAM</b> Unique Entity ID LA3HRSU07VCA	<b>Purpose of Registration</b> All Awards	
<b>CAGE/NCAGE</b> 37QNT		
<b>Physical Address</b> 120 Pleasant ST Concord, New Hampshire 03301-3852, United States	<b>Mailing Address</b> 120 Pleasant ST Concord, New Hampshire 03301-3852, United States	
*The DUNS number is currently the official Unique Entity ID		