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

Jeffrey A. Meyers
Commissioner

Joseph E. Ribsam, Jr.
Director

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November 13, 2019

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

REQUESTED ACTION

For inclusion on the Governor and Council Consent Calendar, pursuant to MOP 1200, I. D., authorize the Department of Health and Human Services, Division for Children, Youth and Families to pay the to pay the American Public Human Services Association, 1101 Wilson Blvd, Arlington, VA 20153 (Vendor #168677-B001) the amount of \$3,500 for annual membership dues effective upon Governor and Executive Council approval for the period January 1, 2020 through December 31, 2020 35% Federal Funds; 65% General Funds.

05-95-42-421010-29560000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: CHILDREN, YOUTH & FAMILIES, CHILD PROTECTION, OFFICE OF DIRECTOR - DCYF

SFY	Class/Object	Job #	Class Title	Amount
2020	026-500251	42105840	Memberships	\$3,500

EXPLANATION

The purpose of this request is to pay annual membership dues to the American Public Human Services Association for the period of January 1, 2020 through December 31, 2020.

The American Public Human Services Association is a national bipartisan information and advocacy group representing the needs of human social services. The work of the Association supports the entire range of programs administered by the Department. The Association is a reliable and invaluable source of timely and accurate information on federal programs, federal funding, future directions, and interpretation of proposed laws and rules.

The Association represents the State before Congress and federal agencies on matters of concern to New Hampshire. With the many changes to federal programs being passed by Congress each year, it is increasingly important to have current information about those changes, their consequences, and the potential impact to the State. The most accurate and readily available information of this type is necessary for the efficient administration of our programs.

Listed below are answers to standard questions required for Governor and Executive Council organization dues and membership approval submissions.

1. How long has this organization been in existence and how long has this agency been a member of this organization?

APHSA was founded in 1930 as the American Public Welfare Association and changed its name to APHSA in 1997. The New Hampshire Department of Health and Human Services has been a member since 1990 and the NH Department of Health and Welfare was a member in the years prior to that.

2. Is there any other organization which provides the same or similar benefits which your agency belongs to?

No

3. How many other states belonging to this organization and is your agency the sole New Hampshire state agency that is a member?

Agencies from all 50 states are members as well as the District of Columbia and US territories. The Department is the sole New Hampshire agency belonging to the Association. All Divisions and Offices benefit from this membership.

4. How is the dues structure established? (Standard fee for all states, based on population, based on other criteria, etc.)

APHSA's dues based on population were reset for 2012 to reflect 2010 census data.

5. What benefit does the state receive from participating in this membership?

APHSA is the only association of the nation's top government human service executives from all 50 states, the District of Columbia, and the territories, including their key state program managers and hundreds of county-level directors of human services throughout the nation, for the exchange of knowledge, data, best practices, policy review and development, networking and advocacy.

6. Are training or educational/ research materials included in the membership? If so, is the cost included? Explain in detail.

Yes. Included in the cost are educational/research materials the Department receives including, but are not limited to, *This Week in Washington*, Legislative Summaries, Policy Papers, Testimonies, E-mail Alerts and Technical Assistance.

7. Is the membership required to receive any federal grants or required in order to receive or participate in licensing or certification exams? Explain.

No.

8. Is there any travel included with this membership fee? Explain in detail any travel to include the number of employees involved, the number of trips, destination if known and purposes of membership supported trips.

No.

9. Which state agency employees are directly involved with this organization? (Indicate if they are members, voting members, committee members, and/or officers of the organization.

There are no state agency employees directly involved with this organization.

10. Explain in detail any negative impact to the State if the Agency did not belong to this organization.

Should the Governor and Executive Council not approve this request, the Department may not have access to timely and accurate information about federal programs, federal funding, future directions, and interpretation of proposed laws and rules, which may affect the Department's ability to efficiently manage its programs. Continuation of membership in the

American Public Human Services Association is the most efficient means for procuring this important information.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner



November 5, 2019

First Notice
Federal I.D: 36-2166948 /D.U.N.S: 07-480-9344

Mr. Joseph Ribsam
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

APHSA Annual Membership Renewal Notice

Due on Receipt

Renewal Period January 1, 2020 - December 31, 2020

PLEASE INCLUDE A COPY OF THIS INVOICE WITH ALL PAYMENTS

Please pay the amount below to renew your annual membership with APHSA.
If you have questions about your membership services or benefits, contact Donna Jarvis-Miller at memberservice@aphsa.org.

Please notify us of any changes in your agency contact information by e-mailing memberservice@aphsa.org.
Payments made in the last 30 days may not be reflected at the time of this mailing.

APHSA Member ID: 14505

Invoice #: 40121

NAPCWA Assessment

\$3,500.00

Balance Due

\$3,500.00

**Make checks payable to American Public Human Services Association
and reference APHSA member ID on all payments.**

Mail to: PO Box 221542, Chantilly, VA 20153-1542

or send wire transfer to: United Bank ABA: 056001066 Account: 157106335

Credit Card Payment: MC AMEX VISA Credit Card No. _____

Expiration Date: _____ Name as it appears on credit card: _____

Telephone No: _____ Fax: _____ Email: _____

THANK YOU FOR YOUR PAYMENT!

American Public Human Services Association, 1101 Wilson Boulevard • 6th Floor • Arlington, VA 22209
Tel: (202) 682-0100 • Fax: (202)204-0071 • www.aphsa.org

