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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
603-271-4524 1-800-852-3345 Ext. 4524
Fax: 603-271-8705 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

Lori A. Shibinette
Commissioner

Lisa M. Morris
Director

March 17, 2021

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 of Public Health Services, to accept and expend federal funds in the amount of $75,086 from Health Resources and Services Administration to fund the Grants to States for Operation of Offices of Rural Health effective upon Governor and Council approval through June 30, 2021, and further authorize the funds to be allocated as follows. 100% Federal Funds.

05-95-90-901010-79650000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY & PERFORMANCE, RURAL HLTH & PRIMARY CARE

SFY 2021

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404535	Federal Funds	$514,743	$75,086	$589,829
009-407079	Other Funds	$830,950		$830,950
	General Funds	$6,560,852		$6,560,852
Total Revenue		**$7,906,545**	**$75,086**	**$7,981,631**
010-500100	Personal Serv - Perm	$197,081		$197,081
020-500200	Current Expenses	$7,764		$7,764
026-500261	Organizational Dues	$2,225		$2,225
037-500173	Technology-Hardware	$7,100		$7,100
038-500175	Technology-Software	$5,200		$5,200
039-500188	Telecommunications	$100		$100
041-500801	Audit Fund Set Aside	$515	$86	$601
042-500620	Additional Fringe Benefits	$18,417		$18,417
050-500109	Personal Service Temp Appoi	$22,545		$22,545
060-500601	Benefits	$90,367		$90,367
070-500707	In State Travel Reimb	$2,000		$2,000
073-500578	Grants Non Federal	$830,950		$830,950

080-500717	Out-of-State Travel Reimb	$3,280		$3,280
102-500731	Contracts for Program Servi	$361,418		$361,418
103-502507	Contracts for Op Services	$6,357,583	$75,000	$6,432,583
Total Expenses		**$7,906,545**	**$75,086**	**$7,981,631**

EXPLANATION

The purpose of this request is to use the carry over funds to support more intensive work with specific clinics in the Rural Health Clinic Technical Assistance Network as identified in the Needs Assessment that was completed in the first year of the contract. These additional federal funds will be used to contract for the ongoing Technical Assistance (TA) Network targeting all certified NH Rural Health Clinics (RHC) for communication, learning and assessment, in order to equip them with the tools and resources necessary to effectively and efficiently serve their rural populations. The TA Network will support innovative and effective access to quality health care services with a focus on the rural, low income, uninsured, Medicare and Medicaid populations of NH. This work is currently contracted with the Healthcare Management Associates in Lansing, MI.

Funds are budgeted as follows:

Class 103 – Contracts for Op Services – to support a contract for the ongoing Technical Assistance (TA) Network targeting all certified NH Rural Health Clinics

Class 041 - Audit Set Aside per state requirements.

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. No new program will be established with the acceptance of these funds

Area served: Statewide

Source of Funds: CFDA #93.913, FAIN # H95RH00149

These funds are 100% Federal from Health Resources and Services Administration to fund the Grants to States for Operation of State Offices of Rural Health. Attached is the Notice of Grant Award and award history. Notice of these funds was received on December 7, 2020. They were not added to the operating budget because they are from a carryover request submitted on November 30, 2020.

In the event that these Federal funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Lori A. Shibinette
Commissioner

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H9500149
Federal Award Date: 12/07/2020

Recipient Information

1. Recipient Name
NH ST DEPARTMENT OF HEALTH & HUMAN SERVICES
Division Line: OFFICE OF COMMUNITY AND PUBLIC HEALTH
29 Hazen Drive
Concord, NH 03301-6504

2. Congressional District of Recipient
02

3. Payment System Identifier (ID)
102600061883

4. Employer Identification Number (EIN)
026000618

5. Data Universal Numbering System (DUNS)
011040545

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator
Alisa Druzba
alisa.druzba@dhhs.nh.gov
(603)271-5934

8. Authorized Official
Richelle R Swanson
Finance Director
Richelle.Swanson@dhhs.nh.gov
(603)271-4613

Federal Agency Information

9. Awarding Agency Contact Information
James H Padgett
Grants Management Specialist
Health Resources and Services Administration
jpadgett@hrsa.gov
(301) 443-0207

10. Program Official Contact Information
Suzanne Stack
Health Resources and Services Administration
sstack@hrsa.gov
(301) 443-4043

Federal Award Information

11. Award Number
6 H95RH00149-28-02

12. Unique Federal Award Identification Number (FAIN)
H9500149

13. Statutory Authority
Public Health Service Act, Title III, Section 338J
Public Health Service Act, Section 338J (42 U.S.C. 254r), as amended.
42 U.S.C. §254r
42 U.S.C. § 254(r) (§ 338J of the Public Health Service Act)

14. Federal Award Project Title
STATE OFFICE OF RURAL HEALTH

15. Assistance Listing Number
93.913

16. Assistance Listing Program Title
Grants to States for Operation of Offices of Rural Health

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2020 - End Date 06/30/2021	
20. Total Amount of Federal Funds Obligated by this Action	$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	$86,349.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$230,000.00
24. Total Approved Cost Sharing or Matching, where applicable	$690,644.00
25. Total Federal and Non-Federal Approved this Budget Period	$1,006,993.00
26. Project Period Start Date 07/01/2016 - End Date 06/30/2021	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$3,726,784.00

28. Authorized Treatment of Program Income
Cost Sharing or Matching

29. Grants Management Officer – Signature
Inge Cooper on 12/07/2020

30. Remarks

Prior Approval Request Tracking Number PA-00092433. Prior Approval Request Type: Carryover

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 6 H95RH00149-28-02
Federal Award Date: 12/07/2020

Health Resources and Services Administration

31. APPROVED BUDGET: (Excludes Direct Assistance)

[ ] Grant Funds Only

[X] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$38,010.00
b.	Fringe Benefits:	$20,950.00
c.	Total Personnel Costs:	$58,960.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$7,331.00
g.	Travel:	$5,680.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$49,504.00
j.	Consortium/Contractual Costs:	$885,518.00
k.	Trainee Related Expenses:	$0.00
l.	Trainee Stipends:	$0.00
m.	Trainee Tuition and Fees:	$0.00
n.	Trainee Travel:	$0.00
o.	TOTAL DIRECT COSTS:	$1,006,993.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
q.	TOTAL APPROVED BUDGET:	$1,006,993.00
	i. Less Non-Federal Share:	$690,644.00
	ii. Federal Share:	$316,349.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	$316,349.00
b.	Less Unobligated Balance from Prior Budget Periods	
	i. Additional Authority	$86,349.00
	ii. Offset	$0.00
c.	Unawarded Balance of Current Year's Funds	$0.00
d.	Less Cumulative Prior Award(s) This Budget Period	$230,000.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	$0.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	$0.00

35. FORMER GRANT NUMBER
CSHS00053

36. OBJECT CLASS
41.51

37. BHCMIS#

38. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
20 - 3704111	93.913	16H95RH00149	$0.00	$0.00		16SORH

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of $86,349.00 from budget period 7/1/2019 - 6/30/2020 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Richelle R Swanson	Authorizing Official	richelle.swanson@dhhs.nh.gov
Kira L Hageman	Business Official	kira.hageman@dhhs.nh.gov
Alisa Druzba	Program Director	alisa.druzba@dhhs.nh.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).