



Lori A. Weaver
Commissioner

Karen E. Hebert
Director

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

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9474 1-800-852-3345 Ext. 9474
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August 22, 2023

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 Economic Stability, Bureau of Child Support Services, to accept and expend Federal grant funds from the United States Department of Health and Human Services – Administration for Children and Families in the amount of \$49,119, to administer the Access and Visitation Program, effective upon Governor and Council approval through September 30, 2023, and further authorize the allocation of these funds in the accounts below. 100% Federal Funds.

05-95-42-427010-79330000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: HUMAN SERVICES, CHILD SUPPORT SERVICES, ACCESS AND VISITATION

Class / Object	Class Title	Current Authorized Budget	Requested Change	Adjusted Budget
SFY24				
000-404691-16	Federal Funds	\$ 100,450	\$ 49,119	\$ 149,569
TOTAL REVENUE		\$ 100,450	\$ 49,119	\$ 149,569
072-500575	Grants Federal	\$ 100,450	\$ 49,119	\$ 149,569
TOTAL EXPENSES		\$ 100,450	\$ 49,119	\$ 149,569

EXPLANATION

This request is being made to accept grant funds to administer the Access and Visitation Program under the Social Security Act, 42 U.S.C. 669b Grants to States for Access and Visitation Programs. The notice of funds awarded was received on November 23, 2021. These funds were previously contracted in SFY 22 under G&C 9/29/21 #16. The original contract had two vendors. One vendor ended their Supervised Visitation Program before the contract expired, which was subsequently terminated in SFY 2023. This resulted in the federal grant funds becoming available.

By accepting these funds, the Department will be able to modify the scope of services and add funding for the other vendor to provide annual information session(s) for Bureau of Child Support Services staff, which include the mediation and referral process, and helping to facilitate parents having access to and visitation with their children.

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and the Honorable Council

August 22, 2023

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Funds are being budgeted as follows:

Class 072 – The funds will be used to pay for the Access and Visitation Program as established for the purpose of increasing responsible parents' access to and time with their children.

Funds are not being budgeted in Class 041 (Audit Fund Set Aside) per State requirements because audit fund set aside for Child Support Services have already been budgeted in an accounting unit 79290000.

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,



Lori A. Weaver
Commissioner

Fiscal Situation
Grants to States for Access and Visitation Programs

	2201NHSAVP	2301NHSAVP	TOTAL
Award Ending 9/30/2023	100,000		100,000
Award Ending 9/30/2024		100,000	100,000
Expended Through 6/30/2023	<u>(48,700)</u>	<u>-</u>	<u>(48,700)</u>
Available Award Balance	51,300	100,000	151,300
Less: SFY 24 Appropriations	-	100,000	100,000
Available To Accept	51,300	-	<u>51,300</u>
Amount Requested This Action	49,119	-	<u>49,119</u>

SFY 24 Appropriations:

10-042-4270-79330000	2024 Budget	Balance Forwarded	Total	This Action	Revised Budget
			-		-
Revenue	100,000	450	100,450	49,119	149,569
Expense	100,000	450	100,450	49,119	149,569



Recipient Information

1. Recipient Name

New Hampshire
129 Pleasant St

CONCORD, NEW HAMPSHIRE 03301 3857

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1026000618B3

5. Data Universal Numbering System (DUNS)

011040545

6. Recipient's Unique Entity Identifier

*See Remarks

7. Project Director or Principal Investigator

Laura Bartlett

laura.bartlett@dhhs.nh.gov

(603) 223-4828

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Janice Realeza

Grants Management Officer

janice.realeza@acf.hhs.gov

2158614007

10. Program Official Contact Information

Scott Lekan

Program Authorizing Official

Office Of Child Support Enforcement

Lekan.Scott@acf.hhs.gov

111-111-1111

Federal Award Information

11. Award Number

2201NHSAVP

12. Unique Federal Award Identification Number (FAIN)

2201NHSAVP

13. Statutory Authority

469B of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.597

16. CFDA Program Title

Grants to States for Access and Visitation Programs

17. Award Action Type

New

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2021

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2021 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2023

\$100,000.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$100,000.00

*See Remarks

*See Remarks

End Date 09-30-2023

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Janice Realeza

Grants Management Officer

Footnotes



Recipient Information

New Hampshire
129 Pleasant St
CONCORD, NEW HAMPSHIRE 03301 3857
Employer Identification Number (EIN): XXXXXXXXXXXXX
Data Universal Numbering System (DUNS): 011040545
Recipient's Unique Entity Identifier: *See Remarks
Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-X-1501	2022,G9922AV	\$100,000.00	\$100,000.00	\$100,000.00	2201NHSAVP	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2201NHSAVP

FAIN# 2201NHSAVP

Federal Award Date: November 23, 2021

By acceptance of awards for this program, the grantee agrees to comply with the requirements included in both the General and supplemental Terms and Conditions for this program.

The administration of this program is authorized by Part D of Title IV section 469B of the Social Security Act. The program is codified at 42 U.S.C. §.669b and program-specific implementing regulations can be found at 45 CFR §303.109. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, guidance in subpart C (except for 75.202), does not apply to this program. All other 45 CFR Part 75 subparts apply without exception.

Additional applicable regulations and requirements can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

For this program, States are required to provide 10 percent of total program funding. See 42 U.S.C. §.669b. (The requirement to provide a 10 percent share of total program expenditures is not applicable to Guam or the Virgin Islands.) The State share of funding may include funds appropriated by the State legislature, local funds or cash or in-kind contributions.

Financial Reporting form and submission. The expenditure reporting form used is the SF-425 Federal Financial Report. This report is submitted annually and must be submitted no later than December 30 - 90 days following the end of each Federal Fiscal year. SF-425 reports must be submitted each grant year funds are available. These annual reports must be submitted electronically through the HHS Payment Management System (PMS).

Grantees are required by federal statute 42 U.S.C. 669b to monitor, evaluate, and report on programs funded through the Access and Visitation Grant Program on an annual basis – in accordance with regulations prescribed by the Secretary of the Department of Health and Human Services (45 CFR §303.109). All program reports will be submitted no later than 90 days following the end of the Federal Fiscal Year online via the Access and Visitation (AV) portal on the Federal Parent Locator Service (FPLS). Grantees must use the OMB approved (OMB Control No: 0970 – 0204) reporting forms and reporting manual produced by OCSE.

Real Property Reports (SF-429s): The SF-429 Real Property Reporting forms are not applicable to this program. Purchase, construction, and major renovation are not an allowable activity or expenditure under this grant.

These program specific Supplemental Terms and Conditions will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation, or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures or restrictions is amended, revised, altered, or repealed.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.



Recipient Information

1. Recipient Name

HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
129 Pleasant St

CONCORD, NEW HAMPSHIRE 03301 3857

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1026000618B3

5. Data Universal Numbering System (DUNS)

011040545

6. Recipient's Unique Entity Identifier

LA2HR1U97VC6

7. Project Director or Principal Investigator

Laura Barlett

laura.bartlett@dhhs.nh.gov

(603) 223-4828

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Sona Cook

Grants Management Officer

sona.cook@acf.hhs.gov

214-767-2973

10. Program Official Contact Information

Tangler Gray

Commissioner, OCSE

Office Of Child Support Enforcement

OCSE.Tribal@acf.hhs.gov

816-426-2269

Federal Award Information

11. Award Number

2301NHSAVP

12. Unique Federal Award Identification Number (FAIN)

2301NHSAVP

13. Statutory Authority

469B of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.597

16. CFDA Program Title

Grants to States for Access and Visitation Programs

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

Financial Information

19. Budget Period Start Date 10-01-2022

End Date 09-30-2024

20. Total Amount of Federal Funds Obligated by this Action

\$0

20a. Direct Cost Amount

*See Remarks

20b. Indirect Cost Amount Administrative Offset

*See Remarks

21. Authorized Carryover

*See Remarks

22. Offset

*See Remarks

23. Total Amount of Federal Funds Obligated this budget period

\$100,000.00

24. Total Approved Cost Sharing or Matching, where applicable

*See Remarks

25. Total Federal and Non-Federal Approved

*See Remarks

26. Project Period Start Date 10-01-2022 -

End Date 09-30-2024

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Sona Cook

Grants Management Officer

Footnotes

This award action reflects the correction of the budget and project period end date that was reflected on the original Notice of Award issued on 01 November 2022.



Recipient Information

HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
129 Pleasant St
CONCORD, NEW HAMPSHIRE 03301 3857

Employer Identification Number (EIN): 1026000618B3

Data Universal Numbering System (DUNS): 011040545

Recipient's Unique Entity Identifier: LA2HR1U97VC6

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-X-1501	2023,G9923AV	\$100,000.00	\$0	\$100,000.00	2301NHSAVP	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2301NHSAVP

FAIN# 2301NHSAVP

Federal Award Date: November 3, 2022

By acceptance of awards for this program, the grantee agrees to comply with the requirements included in both the General and supplemental Terms and Conditions for this program.

The administration of this program is authorized by Part D of Title IV section 469B of the Social Security Act. The program is codified at 42 U.S.C. §.669b and program-specific implementing regulations can be found at 45 CFR §303.109. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, guidance in subpart C (except for 75.202), does not apply to this program. All other 45 CFR Part 75 subparts apply without exception.

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Remarks

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Access to your notices of award, at your convenience, is now available through GrantSolutions. You may view a recorded training here or access quick training guides on the Grant Recipient Support and Reference page.

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