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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HEALTH EQUITY

Lori A. Weaver
Commissioner

Reuben T. Hampton
Director

97 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-3986 1-800-852-3345 Ext. 3986
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September 26, 2023

The Honorable Ken Weyler, 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

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Office of Health Equity, to accept and expend Federal funds in the amount of \$649,347 from the Administration for Children & Families, Office of Refugee Resettlement. These funds were awarded to provide Cash and Medical assistance to Afghan and Ukrainian populations, effective upon Fiscal Committee and Governor and Council approval through September 30, 2024, and further authorize the allocation of these funds in the accounts below. 100% Federal Funds.

05-095-095-950010-72090000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS; HHS: COMMISSIONERS OFFICE; OFFICE OF THE COMMISSIONER; REFUGEE SERVICES

Class/Object	Class Title	SFY 24 Current Authorized Budget	Requested Change	SFY 24 Adjusted Authorized Budget
Revenue				
000-408181-16	Federal Funds	\$ 8,405,465	\$ 649,347	\$ 9,054,812
Total Revenue:		\$ 8,405,465	\$ 649,347	\$ 9,054,812
Expense				
010-500100	Regular Officers and Employees	\$ 222,259		\$ 222,259
018-500106	Overtime	\$ 4,000		\$ 4,000
020-500200	Current Expenses	\$ 400		\$ 400
030-500301	Equipment	\$ 900		\$ 900
039-500180	Telecommunications	\$ 1,000		\$ 1,000
041-500801	Audit Set Aside	\$ 4,870	\$ 649	\$ 5,519
042-500620	Additional Fringe Benefits	\$ 19,678		\$ 19,678
050-500109	Personal Services Temp	\$ 38,089		\$ 38,089
059-500117	Temporary Full Time	\$ 49,940		\$ 49,940
060-500601	Benefits	\$ 146,567		\$ 146,567

066-500544	Employee Training	\$ 1,960		\$ 1,960
070-500704	In State Travel	\$ 1,800		\$ 1,800
080-500714	Out of State Travel	\$ 3,000		\$ 3,000
085-588545	Interagency Transfer out of Fed Funds	\$ 900,000	\$ 648,698	\$ 1,548,698
102-500731	Program Contracts	\$ 7,011,002		\$ 7,011,002
Total Expense:		\$ 8,405,465	\$ 649,347	\$ 9,054,812

EXPLANATION

The Refugee Cash and Medical Assistance (CMA) grant reimburses states for two main services: Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA). Associated administrative costs for each are also covered. Federal Office of Refugee Resettlement (ORR)-eligible populations determined ineligible for Temporary Assistance for Needy Families (TANF) and/or Medicaid are eligible for RCA and/or RMA for up to 12 months from their date of eligibility for ORR benefits and services. RCA benefits are generally equivalent to public cash benefit levels established by State governments. RCA helps individuals meet their most basic needs, such as for food, shelter, and transportation.

Refugee Cash and Medical Assistance is also extended to Afghans and Ukrainians who arrived to the United States under humanitarian parole status. To date, NH has resettled 210 Afghans through the NH Refugee Program (over 50 of those out-migrated to other States to join family and friends) and 923 Ukrainians have been sponsored by private NH residents. These funds will support immediate cash and medical coverage needs for up to 12 months unless employment earnings determine them ineligible during that 12-month time period.

Funds are being budgeted in class 041 (Audit Set-Aside) per State requirements and Class 085 (Interagency Transfer Out of Federal Funds) for reimbursement of Refugee Cash and Medical payments made by the Bureau of Family Assistance and Division of Medicaid Services. Area Served: Statewide.

Source of Funds: 100% Federal from the Administration for Children & Families, Office of Refugee Resettlement.

In the event that federal funds become no longer available, general funds will not be requested to support the program expenditures.

CFDA: 93.566 CAN: G99UKCM and G992207

Respectfully Submitted,



Lori A. Weaver
 Commissioner



Recipient Information

1. **Recipient Name**
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
129 Pleasant St
Office of Minority Health and Refugee Affairs
Concord, NH 03301-3852
[NO DATA]
2. **Congressional District of Recipient**
02
3. **Payment System Identifier (ID)**
1026000618B3
4. **Employer Identification Number (EIN)**
026000618
5. **Data Universal Numbering System (DUNS)**
011040545
6. **Recipient's Unique Entity Identifier (UEI)**
LA2HR11J97VC6
7. **Project Director or Principal Investigator**
Financial Manager
FM@GSDEVNH.org
999-999-9999
8. **Authorized Official**
Ms. Barbara Seebart
State Refugee Coordinator
barbara.seebart@dohs.nh.gov
603-271-6361

Federal Agency Information

ACF/ORR Office of Mandatory Grants

9. Awarding Agency Contact Information

Ms. Merrill A Burckart
Financial Operation Specialist
merrill.burckart@acf.hhs.gov
617-565-1116

10. Program Official Contact Information

Kenneth T Tota
Deputy Director, ORR
kenctih.tota@acf.hhs.gov

Federal Award Information

11. **Award Number**
1301NHRCMA-00
12. **Unique Federal Award Identification Number (FAIN)**
2301NHRCMA
13. **Statutory Authority**
Section 412(e)(5) of P.L. 82-414, the Immigration and Nationality Act (8 USC 1522)
14. **Federal Award Project Title**
GY 2023 ORR Refugee Cash and Medical Assistance
15. **Assistance Listing Number**
93.566
16. **Assistance Listing Program Title**
Refugee and Entrant Assistance State Administered Programs
17. **Award Action Type**
New
18. **Is the Award R&D?**
No

ACCEPTING \$198,661

Summary Federal Award Financial Information

19. Budget Period Start Date	10/01/2022	- End Date	09/30/2023
20. Total Amount of Federal Funds Obligated by this Action			\$505,815.00
20a. Direct Cost Amount			
20b. Indirect Cost Amount			
21. Authorized Carryover			
22. Offset			
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$505,815.00
26. Period of Performance Start Date	10/01/2022	- End Date	09/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$505,815.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Amy Menefee-Longs
Grants Management Officer

30. Remarks

***** Batch Remarks***** This grant awards REA funds (CAN G994008 or G99TCF3), ASA Funds (CAN G992207), and Ukraine Supplemental Funds (G99UKCM).



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award# 2301NHRCMA-00
FAIN# 2301NHRCMA
Federal Award Date: 11/10/2022

Recipient Information
Recipient Name HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF 129 Pleasant St Office of Minority Health and Refugee Affairs Concord, NH 03301-3852 [NO DATA] Congressional District of Recipient 02 Payment Account Number and Type 1026000618B3 Employer Identification Number (EIN) Data 026000618 Universal Numbering System (DUNS) 011040545 Recipient's Unique Entity Identifier (UEI) LA2HRIU97VC6
31. Assistance Type Block grant 32. Type of Award Mandatory

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$505,815.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$505,815.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$505,815.00
m. Federal Share	\$505,815.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
3-0992207	2301NHRCMA	ACCORR	41.15	93.566		\$156,720.00	75-2223-1503
3-0994008	2301NHRCMA	ACCORR	41.15	93.566	AFG UKB	\$341,941.00	75-2223-1503
3-0994008	2301NHRCMA	ACCORR	41.15	93.566		\$307,154.00	75-2223-1503



Recipient Information

- 1. Recipient Name**
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
129 Pleasant St
Office of Minority Health and Refugee Affairs
Concord, NH 03301-3852
[NO DATA]
- 2. Congressional District of Recipient**
02
- 3. Payment System Identifier (ID)**
1026000618B3
- 4. Employer Identification Number (EIN)**
026000618
- 5. Data Universal Numbering System (DUNS)**
011040545
- 6. Recipient's Unique Entity Identifier (UEI)**
LA2HR1U97VC6
- 7. Project Director or Principal Investigator**
Financial Manager
FM@GSDEVNH.org
999-999-9999
- 8. Authorized Official**
Ms. Barbara Seebart
State Refugee Coordinator
barbara.seebart@dhs.nh.gov
603-271-6361

Federal Agency Information

ACF/ORR Office of Mandatory Grants

9. Awarding Agency Contact Information

Qiana Curry
Grants Management Specialist
qiana.curry@acf.hhs.gov
215-861-4051

10. Program Official Contact Information

Kenneth T Tota
Deputy Director, ORR
kenneth.tota@acf.hhs.gov

Federal Award Information

- 11. Award Number**
2301NHRCMA-01
- 12. Unique Federal Award Identification Number (FAIN)**
2301NHRCMA
- 13. Statutory Authority**
Section 412(c)(5) of P.L. 82-414, the Immigration and Nationality Act (8 USC 1522)
- 14. Federal Award Project Title**
GY 2023 ORR Refugee Cash and Medical Assistance
- 15. Assistance Listing Number**
93.566
- 16. Assistance Listing Program Title**
Refugee and Entrant Assistance State Administered Programs
- 17. Award Action Type**
Supplement/Change for Expansion
- 18. Is the Award R&D?**
No

ACCEPTING # 113,816

Summary Federal Award Financial Information

19. Budget Period Start Date	10/01/2022	- End Date	09/30/2023
20. Total Amount of Federal Funds Obligated by this Action			\$420,970.00
20a. Direct Cost Amount			
20b. Indirect Cost Amount			
21. Authorized Carryover			
22. Offset			
23. Total Amount of Federal Funds Obligated this budget period			\$505,815.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$926,785.00
26. Period of Performance Start Date	10/01/2022	- End Date	09/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$926,785.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Amy Menefee-Longs
Grants Management Officer

30. Remarks

***** Batch Remarks*****This grant action awards RCMA funds for Refugee Entrant Assistance (CAN G992316), ASA (CAN G992207), and Ukraine Supplemental (G99UKCM) for FY 2023 Quarter 2.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award# 2301NHRCMA-01
FAIN# 2301NHRCMA
Federal Award Date: 02/23/2023

Recipient Information	
Recipient Name HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF 129 Pleasant St Office of Minority Health and Refugee Affairs Concord, NH 03301-3852	
[NO DATA] Congressional District of Recipient 02	
Payment Account Number and Type 1026000618B3	
Employer Identification Number (EIN) Data 026000618	
Universal Numbering System (DUNS) 011040545	
Recipient's Unique Entity Identifier (UEI) LA2HR1U97VC6	
31. Assistance Type Block Grant	
32. Type of Award Mandatory	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$926,785.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$926,785.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$926,785.00
m. Federal Share	\$926,785.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE.	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-G992207	2301NHRCMA	ACCORR	41.15	93.566	AFG \$50,150.00	75-2221-1503
3-G99000M	2301NHRCMA	ACCORR	41.15	93.566	UKB \$63,666.00	75-2221-1503
3-G992316	2301NHRCMA	ACCORR	41.15	93.566	\$307,154.00	75-2221-1503



Department of Health and Human Services

Administration for Children and Families

Notice of Award

Award# 2301NHRCMA-02

FAIN# 2301NHRCMA

Federal Award Date: 04/19/2023

Ref COM 2018
Ref COM AFOMA
Ref COM UKCMA

158,527 (10/1/22-9/30/23)
14842 (10/1/22-9/30/23)
322008 (10/1/22-9/30/23)

Recipient Information

- 1. Recipient Name
NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES
129 Pleasant St
Office of Minority Health and Refugee Affairs
Concord, NH 03301-3852
[NO DATA]
- 2. Congressional District of Recipient
02
- 3. Payment System Identifier (ID)
1026000618B3
- 4. Employer Identification Number (EIN)
026000618
- 5. Data Universal Numbering System (DUNS)
011040545
- 6. Recipient's Unique Entity Identifier (UEI)
LA2HRIU97VC6
- 7. Project Director or Principal Investigator
Financial Manager
FM@GSDEVNH.org
999-999-9999
- 8. Authorized Official
Ms. Barbara Seebart I
State Refugee Coordinator
barbara.seebart@dhs.nh.gov
603-271-6361

Federal Award Information

- 11. Award Number
2301NHRCMA-02
- 12. Unique Federal Award Identification Number (FAIN)
2301NHRCMA
- 13. Statutory Authority
Section 412(e)(5) of P.L. 82-414, the Immigration and Nationality Act (8 USC 1522)
- 14. Federal Award Project Title
GY 2023 ORR Refugee Cash and Medical Assistance
- 15. Assistance Listing Number
93.566
- 16. Assistance Listing Program Title
Refugee and Entrant Assistance State Administered Programs
- 17. Award Action Type
Supplement/Change for Expansion
- 18. Is the Award R&D?
No

ACCEPTING \$336,870

Summary Federal Award Financial Information

19. Budget Period Start Date	10/01/2022 - End Date 09/30/2023	
20. Total Amount of Federal Funds Obligated by this Action		\$195,397.00
20a. Direct Cost Amount		
20b. Indirect Cost Amount		
21. Authorized Carryover		
22. Offset		
23. Total Amount of Federal Funds Obligated this budget period		\$926,785.00
24. Total Approved Cost Sharing or Matching, where applicable		\$0.00
25. Total Federal and Non-Federal Approved this Budget Period		\$1,422,182.00
26. Period of Performance Start Date	10/01/2022 - End Date 09/30/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance		\$1,422,182.00

Federal Agency Information

ACF/ORR Office of Mandatory Grants

9. Awarding Agency Contact Information

Qiana Curry
Grants Management Specialist
qiana.curry@acf.hhs.gov
215-861-4051

10. Program Official Contact Information

Kenneth T Tota
Deputy Director, ORR
kenneth.tota@acf.hhs.gov

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Amy Menefee-Longs
Grants Management Officer

30. Remarks

***** Batch Remarks*****This grant action awards RCMA funds for Refugee Entrant Assistance (CAN G992316), ASA (CAN G992307), and Ukraine Supplemental (G99UKCM) for FY 2023 Quarter 3.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award# 230INHRCMA-02
FAIN# 230INHRCMA
Federal Award Date: 04/19/2023

Recipient Information

Recipient Name
NEW HAMPSHIRE DEPARTMENT OF HEALTH
& HUMAN SERVICES
129 Pleasant St
Office of Minority Health and Refugee Affairs
Concord, NH 03301-3852
[NO DATA]
Congressional District of Recipient
02
Payment Account Number and Type
1026000618B3
Employer Identification Number (EIN) Data
026000618
Universal Numbering System (DUNS)
011040545
Recipient's Unique Entity Identifier (UEI)
LA2HRIU97VC6

31. Assistance Type
Block Grant
32. Type of Award
Mandatory

33. Approved Budget (Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$1,422,182.00
i. Contractual	\$0.00
J. TOTAL DIRECT COSTS	\$1,422,182.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$1,422,182.00
m. Federal Share	\$1,422,182.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
J-G992207	230INHRCMA	ACCORR	41.15	93.566	Afghan \$14,862.00	75-2223-1503
J-G990KCM	230INHRCMA	ACCORR	41.15	93.566	Ukraine \$322,008.00	75-2223-1503
J-G992316	230INHRCMA	ACCORR	41.15	93.566	REF CDM \$148,529.00	75-2223-1503