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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver  
Commissioner

Patricia M. Tilley  
Director

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December 28, 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 the provisions of RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Public Health Services, to accept and expend federal funds in the amount of \$396,059 from the Centers for Disease Control and Prevention (CDC) to fund Behavioral Risk Factor Surveillance System effective upon approval by the Fiscal Committee and the Governor and Executive Council approval through June 30, 2025, and further authorize the funds to be allocated as follows. 100% Federal Funds.

**05-095-090-900510-86670000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: PUBLIC HEALTH DIVISION, BUREAU OF INFORMATICS, BEHVL RK FACT SRVL SUR (BRFSS)**

SFY 2024

Class-Account	Description	Current Adjusted Authorized	Requested Action	Revised Adjusted Authorized
000-403096-16	Federal Funds	\$569,264	\$396,059	\$965,323
005-401716-18	Other Funds	\$60,000	\$0	\$60,000
<b>Total Revenue</b>		<b>\$629,264</b>	<b>\$396,059</b>	<b>\$1,025,323</b>
010-500100	Personal Services - Perm	\$73,963	\$0	\$73,963
020-500200	Current Expense	\$600	\$0	\$600
022-500255	Rent-Leases Other than State	\$200	\$0	\$200
041-500801	Audit Fund Set Aside	\$470	\$400	\$870
042-500620	Additional Fringe Benefits	\$7,871	\$0	\$7,871
060-500601	Benefits	\$36,915	\$0	\$36,915
080-500179	Out-of-State Travel	\$4,038	\$0	\$4,038
519-500360	BRFSS Behavior Risk Factor	\$508,446	\$395,659	\$904,105
<b>Total Expenses</b>		<b>\$632,503</b>	<b>\$396,059</b>	<b>\$1,028,562</b>

**EXPLANATION**

This request is being made to accept additional grant funding and extend the New Hampshire Behavioral Risk Factor Surveillance System (NH BRFSS) Program, as the Centers for Disease Control and

The Honorable Ken Weyler, Chairman  
His Excellency, Governor Christopher T. Sununu  
December 28, 2023  
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Prevention (CDC) has awarded additional funding and amended the current grant program from a 3-year award to a 4-year award.

The NH BRFSS is a statewide, random telephone survey of adults that has been conducted annually in New Hampshire for the past twenty years. The survey period begins in January of each year and continues for the next twelve consecutive calendar months. This additional funding will support conducting over 6,000 telephone health interviews.

The objective of the NH BRFSS is to measure the prevalence of specific health risk behaviors among New Hampshire citizens as well as to understand their knowledge of both the health risks and health benefits that can be influenced by individual behavior. The telephone survey provides information about health-related behaviors at the state and county levels and specifically for the Cities of Manchester and Nashua.

Information is collected about the prevalence of health conditions such as asthma, diabetes, and cardiovascular disease. The information from the survey is used by the Department of Health and Human Services to identify high-risk segments of the population and to plan, implement and evaluate strategies and activities to promote health and prevent disease. This information is then used to inform policy makers and the public to assist with setting health program priorities. No personally identifiable information is collected, and participation in the survey is voluntary. The Behavioral Risk Factor Surveillance System is the only comprehensive source of data for measuring general health status, behavior, prevention, and screening in the adult population in New Hampshire.

The funds are to be budgeted as follows:

Class 041 - Funds will be used for Audit Fund Set Aside per State requirement.

Class 519 - Funds will be used for contracts for telephone and health survey and data collection services, tracking health conditions and risk behaviors.

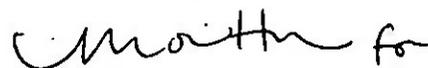
In response to the anticipated two-part question, "Can these funds be used to offset General Funds?" and "What is the compelling reason for not offsetting General Funds?" the Department offers the following information: The funds are provided for a specified purpose as defined in the Notice of Grant Award and cannot be used to offset General Funds.

Area served: Statewide

Source of funds: 100% Federal Funds from the Centers for Disease Control and Prevention.

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

Respectfully Submitted,



Lori A. Weaver  
Commissioner



**Recipient Information**

**1. Recipient Name**

NEW HAMPSHIRE DEPARTMENT OF HEALTH  
& HUMAN SERVICES  
129 Pleasant St  
New Hampshire DHHS DPHS Tobacco Prevention  
and Cessation Program  
Concord, NH 03301-3852

**2. Congressional District of Recipient**

02

**3. Payment System Identifier (ID)**

1026000618C3

**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**

Dr. Kim Lim  
kim.lim@dhhs.nh.gov  
603-271-4671

**8. Authorized Official**

Dr. Kim Lim  
kim.lim@dhhs.nh.gov  
603-271-4671

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Uliecia Bolton  
Grants Management Specialist  
uaj0@cdc.gov  
678-475-4805

**10. Program Official Contact Information**

Ms. Chaity Naik  
Public Health Advisor  
cxn8@cdc.gov  
404-718-6185

**Federal Award Information**

**11. Award Number**

6 NU58DP006886-03-02

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP006886

**13. Statutory Authority**

Sections 301(a) and 1703(a) of the Public Health Service Act

**14. Federal Award Project Title**

New Hampshire BRFS 2024

**15. Assistance Listing Number**

93.336

**16. Assistance Listing Program Title**

Behavioral Risk Factor Surveillance System

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	08/01/2022	<b>- End Date</b>	07/31/2024	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>				\$705,609.00
20a. Direct Cost Amount				\$658,423.00
20b. Indirect Cost Amount				\$47,186.00
<b>21. Authorized Carryover</b>				\$0.00
<b>22. Offset</b>				\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>				\$592,822.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>				\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>				\$1,298,431.00
<b>26. Period of Performance Start Date</b>	08/01/2020	<b>- End Date</b>	07/31/2024	
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>				\$2,282,130.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Natasha Jones  
Grants Management Officer

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006886-03-02  
FAIN# NU58DP006886  
Federal Award Date: 08/01/2023

<b>Recipient Information</b>	
<b>Recipient Name</b> NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES 129 Pleasant St New Hampshire DHHS DPHS Tobacco Prevention and Cessation Program Concord, NH 03301-3852 <b>Congressional District of Recipient</b> 02	
<b>Payment Account Number and Type</b> 1026000618C3	
<b>Employer Identification Number (EIN) Data</b> 026000618	
<b>Universal Numbering System (DUNS)</b> 011040545	
<b>Recipient's Unique Entity Identifier (UEI)</b> LA2HR1U97VC6	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (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	\$81,501.00
b. Fringe Benefits	\$57,816.00
c. Total Personnel Costs	\$139,317.00
d. Equipment	\$0.00
e. Supplies	\$510.00
f. Travel	\$8,076.00
g. Construction	\$0.00
h. Other	\$509,653.00
i. Contractual	\$539,796.00
j. TOTAL DIRECT COSTS	\$1,197,352.00
k. INDIRECT COSTS	\$101,079.00
l. TOTAL APPROVED BUDGET	\$1,298,431.00
m. Federal Share	\$1,298,431.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GRJ	20NU58DP006886	DP	41.51	93.336	\$0.00	75-2124-0943
3-93900ZR	20NU58DP006886	DP	41.51	93.336	\$522,995.00	75-23-0948
3-93900ZS	20NU58DP006886	DP	41.51	93.336	\$157,348.00	75-23-0948
3-9390AVT	20NU58DP006886	DP	41.51	93.336	\$25,266.00	75-23-0947
2-9390GVT	20NU58DP006886	DP	41.51	93.336	\$0.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP006886-03-02

FAIN# NU58DP006886

Federal Award Date: 08/01/2023

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES

6 NU58DP006886-03-02

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## 1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Supplemented Extension:** The purpose of this amendment is to approve a 12-month extension with supplemental funds per the request submitted by your organization dated May 12, 2023. The budget and project period end dates have been extended from July 31, 2023 to July 31, 2024.

Additional funds in the amount of \$705,609 are authorized and have been distributed as indicated in the approved budget of this Notice of Award.

**Component/Project Funding:** The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount,
Core/Optional	\$ 680,342
Asthma Call Back	\$ 25,267

**Budget Revision Requirement:** By September 1, 2023, the recipient must submit a revised budget with a narrative justification based on the approved funding amount of \$705,609. Recipient should also include the itemized Fringe Benefits according to the CDC budget guidelines to include calculations for FICA percentage, Health Insurance percentage, Dental Insurance percentage and Retirement percentage. Recipient will also need to provide the itemization for Supply Costs by itemizing the cost for the computer and supplies according to the CDC budget guidelines. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

**Indirect Costs:** Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated September 30, 2021.

**Annual Federal Financial Report (FFR SF-425):** Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of August 1, 2022 to July 31, 2023 must be submitted by October 31, 2023.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report (PPER):** This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

**Final Federal Financial Report (FFR; SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the form can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

**Final Invention Statement:** A Final Invention Statement must be submitted. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>.

If no inventions were conceived under an assistance award, a negative report is required. This statement may be included in a cover letter.

**AWARD HISTORY**  
**BRFSS**  
**AU 86670000**

<b>A</b>	Behavioral Risk Factor Surveillance System 1 NU58DP006886 Expanded Authority allowed	
<b>B</b>	Award Ending 07/31/2021 1 NU58DP006886-01-00 Year 1	405,160
	Award Ending 07/31/2022 1 NU58DP006886-02-00 Year2	545,000 33,539 Covid
	Award Ending 07/31/2023 1 NU58DP006886-03-00 Year3 6NU58DP006886-03-02 extends to 07/31/2024	581,343 11,479 Covid
	Award Ending 07/31/2024 1 NU58DP006886-04-00 Year4 6NU58DP006886-03-02 extends to 07/31/2024	705,609 no covid
<b>C</b>	Expended through 6/30/23	(1,215,765)
<b>D</b>	Unobligated Balance Unable to Spend	<u>          -</u>
<b>E</b>	Award Balance 7/1/23	<b>\$ 1,066,365</b>
<b>F</b>	SFY 24 Appropriation FF	(538,384)
<b>G</b>	Balance Forward	<u>(30,880)</u>
<b>H</b>	Available to Accept	497,101
<b>I</b>	Amount Requested this Action	<u><u>396,059</u></u>