



Lori A. Weaver  
Commissioner

Iain N. Watt  
Director

ARC  
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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  
603-271-4501 1-800-852-3345 Ext. 4501  
Fax: 603-271-4827 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

July 23, 2024

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 \$38,558 from the Health Resources and Services Administration (HRSA), to fund the New Hampshire Maternal Child Health (MCH) Data Linkage Project, effective upon approval by Governor and Executive Council through June 30, 2025, and further authorize the funds to be allocated as follows. 100% Federal Funds.

**05-95-90-902010-45260000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIVISION, BUREAU OF FAMILY HEALTH AND NUTRITION, MCH DATA LINKAGE**

SFY 25

Class-Account	Description	FY25 Current Adjusted Authorized	Requested Action	FY25 Revised Adjusted Authorized
000-408065-16	MCH Data Linkage	\$131,701	\$38,558	\$170,259
	<b>Total Revenue</b>	<b>\$131,701</b>	<b>\$38,558</b>	<b>\$170,259</b>
010-500100	Personal Services Perm	\$81,392	\$0	\$81,392
020-500200	Current Expenses	\$180	\$200	\$380
037-500173	Technology-Hardware	\$0	\$9,800	\$9,800
038-500175	Technology-Software	\$840	\$3,679	\$4,519
039-500188	Telecommunications	\$780	\$0	\$780
041-500801	Audit Fund Set Aside	\$100	\$71	\$171
042-500620	Additional Fringe Benefits	\$6,511	\$0	\$6,511
060-500601	Benefits	\$29,497	\$0	\$29,497
066-500543	Employee Training	\$300	\$3,808	\$4,108
070-500704	In-State Travel	\$100	\$0	\$100
074-500589	Grants for Pub Asst and Rel	\$10,000	\$0	\$10,000
080-500710	Out-of-State Travel	\$2,001	\$21,000	\$23,001
	<b>Total Expenses</b>	<b>\$131,701</b>	<b>\$38,558</b>	<b>\$170,259</b>

### EXPLANATION

This request is being made to accept additional grant funds to administer and maintain the New Hampshire State Systems Development Initiative (SSDI) Program. These funds were awarded as part of a prior year carryover approval of unobligated grant funds from the prior budget period.

The funds will be used to support the execution of activities stated in the scope of work including skill-building and training opportunities focused on Maternal and Child Health epidemiology and the Title V Block Grant 5-year needs assessment. The needs assessment is a core State Systems Development Initiative (SSDI) Program activity, and the SSDI Project Director is the lead on this effort. These data capacity building activities will allow for completion of the annual Pregnancy Risk Assessment Monitoring System (PRAMS) summary and other topic briefs on social determinants of health, mental health conditions, and postpartum visits outlined in the scope of work.

The funds are to be budgeted as follows and utilized for the following purposes:

- Class 020 Supplies and materials to purchase four American Psychological Associations (APA) 7<sup>th</sup> edition publication manuals. These resources are needed to support the preparation of the Title V Needs Assessment.
- Class 037 Technology hardware with the capacity to run statistical software and data visualization programs. These funds will be used to purchase two laptop computers with enhanced memory and processing speed. These computers are needed to perform the data analysis required as outlined in the scope of work to support the Title V Needs Assessment activities planned for this year.
- Class 038 Technology software to purchase specialized software to enhance data visualization capabilities, as well as mapping capabilities, particularly for the needs assessment activities. ArcGISPro, a data mapping and geolocation software, is needed to develop data capacity within the SSDI program and is specifically needed for needs assessment activities planned for this year.
- Class 041 Audit Fund set aside as per State requirement.
- Class 066 Staff training in SAS, statistical analysis software, and Tableau Data Visualization software for the SSDI Program Director and the Maternal Child Health Epidemiologist. SAS is the software of choice for statistical analyses to execute the activities outlined in the scope of work. Tableau software is the program of choice and provided by the NH DHHS. The SSDI program has access to SAS software through the Centers for Disease Control and Prevention (CDC). Intensive orientation to SAS and Tableau will allow both the SSDI Project Director and the MCH Epidemiologist to quickly gain competency in the use of these software packages and build capacity in data analytics.
- Class 080 Out-of-state travel expenditures for the MCH Quality Improvement Program Administrator to attend the in-person SSDI annual meeting in Washington DC in October 2024. Registration, travel, and related expenses for the SSDI Program Director to attend the Association of Maternal Child Health Programs 2024 Annual Conference in Oakland, CA. Registration, travel, and related expenses to attend the CityMatCH Leadership & MCH Epidemiology Conference, September 2024, in Seattle, WA, and to attend the Maternal and Child Health Epidemiology 2024 Conference in Minneapolis, MN. The content for the training this year includes needs assessment and prioritization approaches and performance measurement and trend analysis. Registration, travel, and related expenses to attend the

His Excellency, Governor Christopher T. Sununu  
July 23, 2024  
Page 3 of 3

Council of State and Territorial Epidemiologists (CSTE) 2024 Annual Conference in  
Pittsburgh, PA.

Area served: Statewide

Source of Funds: 100% Federal funds from the United States Department of Health Resources and Services  
Administration.

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

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "Lori A. Weaver". The signature is stylized and cursive.

for:

Lori A. Weaver  
Commissioner



**Recipient Information**

1. Recipient Name  
NH ST DEPT OF HEALTH & WELFARE, DIV OF PUBLIC HEALTH  
Division Line: OFFICE OF COMMUNITY AND PUBLIC HEALTH  
29 Hazen Dr  
Concord, NH 03301-6510
2. Congressional District of Recipient  
02
3. Payment System Identifier (ID)  
102600061885
4. Employer Identification Number (EIN)  
026000618
5. Data Universal Numbering System (DUNS)  
011040545
6. Recipient's Unique Entity Identifier  
LA2HR1U97VC6
7. Project Director or Principal Investigator  
Laura K Suzuki  
Data Scientist  
laura.k.suzuki@dhhs.nh.gov  
(603)271-7303
8. Authorized Official

**Federal Agency Information**

9. Awarding Agency Contact Information  
Marc Horner  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
mhorner@hrsa.gov  
(301) 443-4888
10. Program Official Contact Information  
Maria Paz Carlos  
Project Officer  
Maternal and Child Health Bureau (MCHB)  
MCarlos@hrsa.gov  
(240) 478-0845

**Federal Award Information**

11. Award Number  
6 H18MC00033-29-07
12. Unique Federal Award Identification Number (FAIN)  
H1800033
13. Statutory Authority  
42 U.S.C. § 701(a)(2)
14. Federal Award Project Title  
NEW HAMPSHIRE MCH DATA LINKAGE PROJECT
15. Assistance Listing Number  
93.110
16. Assistance Listing Program Title  
Maternal and Child Health Federal Consolidated Programs
17. Award Action Type  
Administrative
18. Is the Award R&D?  
No

**Summary Federal Award Financial Information**

19. Budget Period Start Date 12/01/2021 - End Date 11/30/2022	
20. Total Amount of Federal Funds Obligated by this Action	(\$56,280.00)
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$29,164.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$38,558.00
26. Project Period Start Date 12/01/2017 - End Date 11/30/2022	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$480,724.00

28. Authorized Treatment of Program Income  
Addition

29. Grants Management Officer – Signature  
Terry Hatchett on 05/14/2024

**30. Remarks**



Notice of Award  
Award Number: 6 H18MC00033-29-07  
Federal Award Date: 05/14/2024

**Maternal and Child Health Bureau (MCHB)**

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b></p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$38,558.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$38,558.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$38,558.00</td></tr> </table>	a. Salaries and Wages:	\$0.00	b. Fringe Benefits:	\$0.00	c. Total Personnel Costs:	\$0.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$0.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$0.00	j. Consortium/Contractual Costs:	\$0.00	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:	\$38,558.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	i. Indirect Cost Federal Share:	\$0.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$38,558.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$38,558.00	<p><b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: center;">YEAR</th> <th style="text-align: center;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p><b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p><b>35. FORMER GRANT NUMBER</b> MCJ33T004</p> <p><b>36. OBJECT CLASS</b> 41.51</p> <p><b>37. BHCNIS#</b></p>	YEAR	TOTAL COSTS	Not applicable		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
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<p><b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b></p> <p>a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.</p>																																																							
<p><b>39. ACCOUNTING CLASSIFICATION CODES</b></p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>22 - 3893310</td> <td>93.110</td> <td>18H18MC00033</td> <td>(\$56,280.00)</td> <td>\$0.00</td> <td>N/A</td> <td>SSDI-18</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	22 - 3893310	93.110	18H18MC00033	(\$56,280.00)	\$0.00	N/A	SSDI-18																																								
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## 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/WebEPSEExternal/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 is issued to de-obligate \$56,280.00 from Document No. 18H18MC00033. These funds will be re-obligated under Document No. 23H18MC00023 for the purpose of offset on the FY 24 award.

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

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Laura K Suzuki	Program Director	<a href="mailto:laura.k.suzuki@dhhs.nh.gov">laura.k.suzuki@dhhs.nh.gov</a>
Kira L. Hageman	Business Official	<a href="mailto:kira.hageman@dhhs.nh.gov">kira.hageman@dhhs.nh.gov</a>

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/>).



**Recipient Information**

1. Recipient Name  
NH ST DEPT OF HEALTH & WELFARE, DIV OF PUBLIC HEALTH  
Division Line: OFFICE OF COMMUNITY AND PUBLIC HEALTH  
29 Hazen Dr  
Concord, NH 03301-6510
2. Congressional District of Recipient  
02
3. Payment System Identifier (ID)  
102600061885
4. Employer Identification Number (EIN)  
026000618
5. Data Universal Numbering System (DUNS)  
011040545
6. Recipient's Unique Entity Identifier  
LA2HR1U97VC6
7. Project Director or Principal Investigator  
Laura K Suzuki  
Data Scientist  
laura.k.suzuki@dhhs.nh.gov  
(603)271-7303
8. Authorized Official

**Federal Agency Information**

9. Awarding Agency Contact Information  
Marc Horner  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
mhorner@hrsa.gov  
(301) 443-4888
10. Program Official Contact Information  
Maria Paz Carlos  
Project Officer  
Maternal and Child Health Bureau (MCHB)  
MCarlos@hrsa.gov  
(240) 478-0845

**Federal Award Information**

11. Award Number  
6 H18MC00033-31-04
12. Unique Federal Award Identification Number (FAIN)  
H1800033
13. Statutory Authority  
42 U.S.C. § 701(a)(2)
14. Federal Award Project Title  
NEW HAMPSHIRE MCH DATA LINKAGE PROJECT
15. Assistance Listing Number  
93.110
16. Assistance Listing Program Title  
Maternal and Child Health Federal Consolidated Programs
17. Award Action Type  
Administrative
18. Is the Award R&D?  
No

**Summary Federal Award Financial Information**

19. Budget Period Start Date 12/01/2023 - End Date 11/30/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$56,280.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$100,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$100,000.00
26. Project Period Start Date 12/01/2022 - End Date 11/30/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$200,000.00

28. Authorized Treatment of Program Income  
Addition
29. Grants Management Officer – Signature  
Terry Hatchett on 05/17/2024

**30. Remarks**



Notice of Award  
Award Number: 6 H18MC00033-31-04  
Federal Award Date: 05/17/2024

**Maternal and Child Health Bureau (MCHB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$65,108.00
b. Fringe Benefits:	\$22,353.00
c. Total Personnel Costs:	\$87,461.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$179.00
g. Travel:	\$2,002.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$10,358.00
j. Consortium/Contractual Costs:	\$0.00
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:	\$100,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$100,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$100,000.00

<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	\$100,000.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$43,720.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$56,280.00

<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
32	\$100,000.00
33	\$100,000.00
34	\$100,000.00
<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
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
<b>35. FORMER GRANT NUMBER</b> MCJ33T004	
<b>36. OBJECT CLASS</b> 41.51	
<b>37. BHCNIS#</b>	

**38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:**

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

<b>39. ACCOUNTING CLASSIFICATION CODES</b>						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 3893310	93.110	23H18MC00033	\$56,280.00	\$0.00	N/A	23H18MC00033

## 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 reflects the final distribution of funds for FY24. In accordance with this addition, funding has been adjusted proportionately across requested cost categories.
2. The Notice of Award (NoA) reflects the reobligation of funds from document number 18H18MC00033. These funds will be re-obigated under document number 23H18MC00033 for the purpose of offset on the FY24 award.

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

#### Contacts

##### NoA Email Address(es):

Name	Role	Email
Laura K Suzuki	Program Director	<a href="mailto:laura.k.suzuki@dhhs.nh.gov">laura.k.suzuki@dhhs.nh.gov</a>
Kira L Hageman	Business Official	<a href="mailto:kira.hageman@dhhs.nh.gov">kira.hageman@dhhs.nh.gov</a>

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/>).