

ARC  
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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  
Fax: 603-271-0824 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

July 31, 2024

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 \$2,017,464 from the Administration for Children & Families, Office of Refugee Resettlement. These funds were awarded to provide Cash and Medical assistance to Refugee populations, effective upon Fiscal Committee and Governor and Council approval through June 30, 2025, 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                           | Current Adjusted Authorized Budget | Requested Change | Adjusted Budget |
|---------------|---------------------------------------|------------------------------------|------------------|-----------------|
| Revenue       |                                       |                                    |                  |                 |
| 000-408181-16 | Federal Funds                         | \$ 8,637,499                       | \$ 2,017,464     | \$ 10,654,963   |
|               | <b>Total Revenue:</b>                 | \$ 8,637,499                       | \$ 2,017,464     | \$ 10,654,963   |
| Expense       |                                       |                                    |                  |                 |
| 010-500100    | Regular Officers and Employees        | \$ 258,061                         |                  | \$ 258,061      |
| 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                       | \$ 6,933                           | \$ 2,017         | \$ 8,950        |
| 042-500620    | Additional Fringe Benefits            | \$ 20,174                          |                  | \$ 20,174       |
| 050-500109    | Personal Serv Temp                    | \$ 52,012                          |                  | \$ 52,012       |
| 059-500117    | Temp Full Time                        | \$ 58,766                          |                  | \$ 58,766       |
| 060-500601    | Benefits                              | \$ 162,387                         |                  | \$ 162,387      |
| 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                         | \$ 2,015,447     | \$ 2,915,447    |
| 102-500731    | Program Contracts                     | \$ 7,166,106                       | \$ -             | \$ 7,166,106    |
|               | <b>Total Expense:</b>                 | \$ 8,637,499                       | \$ 2,017,464     | \$ 10,654,963   |

The Honorable Ken Weyler, Chairman  
His Excellency, Governor Christopher T. Sununu  
July 31, 2024  
Page 2 of 2

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.

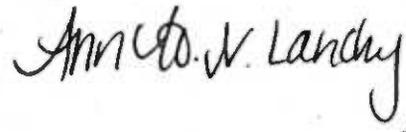
Funds are being budgeted in class 041 (Audit Set-Aside) per State requirements and Class 085 (Interagency Transfer Out of Federal Funds) for reimbursement of Refugee Cash and Medical payments made by the Bureau of Family Assistance and Division of Medicaid Services. Area Served: Statewide.

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.

FAIN# 2401NHRCMA

Respectfully Submitted,

  
for:

Lori A. Weaver  
Commissioner

**Refugee Cash and Medical AU7209 Class 085**

| <b>Award.</b>                                |    | <b>Budgeted</b> | <b>Need to Accept</b> | <b>Total to Accept</b>       |
|--|----|-----------------|-----------------------|------------------------------|
| 2401NHRCMA-00                                | \$ | 791,340.00      | \$ 791,340.00         |                              |
| 2401NHRCMA-01                                | \$ | 786,554.00      | \$ 108,660.00         | \$ 677,894.00                |
| 2401NHRCMA-02                                | \$ | 663,383.00      | \$ 663,383.00         | \$ 1,341,277.00              |
| 2401NHRCMA-03                                | \$ | 676,187.00      | \$ 676,187.00         | \$ 2,017,464.00              |
| FFY24 Awards to Date                         | \$ | 2,917,464.00    | \$ 900,000.00         | \$ 2,017,464.00              |
| SFY25 Budgeted                               | \$ | (900,000.00)    |                       |                              |
| Additional to be Accepted                    | \$ | 2,017,464.00    |                       |                              |
| <b>Total Additional funds to be accepted</b> |    |                 |                       | <b><u>\$2,017,464.00</u></b> |



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award# 2401NHRCMA-00  
FAIN# 2401NHRCMA  
Federal Award Date: 11/08/2023

**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)**  
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@dohhs.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**  
2401NHRCMA-00
12. **Unique Federal Award Identification Number (FAIN)**  
2401NHRCMA
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**  
GY2024 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

**Summary Federal Award Financial Information**

|  |            |            |              |
|--|------------|------------|--------------|
| 19. Budget Period Start Date   | 10/01/2023 | - End Date | 09/30/2025   |
| 20. Total Amount of Federal Funds Obligated by this Action   |            |            | \$791,340.00 |
| 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  |            |            | \$791,340.00 |
| 26. Period of Performance Start Date   | 10/01/2023 | - End Date | 09/30/2025   |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance |            |            | \$791,340.00 |

28. **Authorized Treatment of Program Income**  
ADDITIONAL COSTS
29. **Grants Management Officer - Signature**  
Mrs. Amy Menefee-Longs  
Grants Management Officer

*Budgeted all.  
none to accept*

**30. Remarks**

\*\*\*\*\* Batch Remarks\*\*\*\*\* This grant action awards regular FY24-Quarter 1 RCMA funds. This action also extends the obligation period for specified service areas for an additional year per DCL 23-24.



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award# 2401NIIRCMA-00  
FAIN# 2401NHRCMA  
Federal Award Date: 11/08/2023

**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**  
102600061883  
**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)**

|  |                     |
|--|---------------------|
| <b>I. Financial Assistance from the Federal Awarding Agency Only</b>                       |                     |
| <b>II. Total project costs including grant funds and all other financial participation</b> |                     |
| a. Salaries and Wages  | \$0.00              |
| b. Fringe Benefits   | \$0.00              |
| <b>c. Total Personnel Costs</b>  | \$0.00              |
| d. Equipment   | \$0.00              |
| e. Supplies  | \$0.00              |
| f. Travel  | \$0.00              |
| g. Construction  | \$0.00              |
| h. Other   | \$791,340.00        |
| i. Contractual   | \$0.00              |
| <b>j. TOTAL DIRECT COSTS</b>   | <b>\$791,340.00</b> |
| <b>k. INDIRECT COSTS</b>   | <b>\$0.00</b>       |
| <b>l. TOTAL APPROVED BUDGET</b>  | <b>\$791,340.00</b> |
| <b>m. Federal Share</b>  | <b>\$791,340.00</b> |
| <b>n. Non-Federal Share</b>  | <b>\$0.00</b>       |

**34. Accounting Classification Codes**

| FY-ACCOUNT NO. | DOCUMENT NO. | ADMINISTRATIVE CODE | OBJECT CLASS | CFDA NO. | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
|----------------|--------------|---------------------|--------------|----------|---------------------------------|---------------|
| 4-0992316      | 2401NHRCMA   | ACCDRR              | 41.15        | 93.566   | \$791,340.00                    | 75-2324-1503  |



Department of Health and Human Services

Administration for Children and Families

REF C&M GYR 24 \$786,554 (10/1/23-09/30/25) pm posted

Notice of Award

Award# 2401NHRCMA-01

FAIN# 2401NHRCMA

Federal Award Date: 01/23/2024

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)**  
LA2HR1U97VC6
- 7. **Project Director or Principal Investigator**  
Financial Manager  
FM@OSDEVNH.org  
999-999-9999
- 8. **Authorized Official**  
Ms. Barbara Seebart  
State Refugee Coordinator  
barbara.seebart@dhhs.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**  
2401NHRCMA-01
- 12. **Unique Federal Award Identification Number (FAIN)** **Derek Bice**  
2401NHRCMA
- 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**  
GY2024 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

Digitally signed by Derek Bice Date: 2024.01.24 12:49:25 -0500

Summary Federal Award Financial Information

- 19. **Budget Period Start Date** 10/01/2023 - **End Date** 09/30/2025
- 20. **Total Amount of Federal Funds Obligated by this Action** \$786,554.00
  - 20a. Direct Cost Amount
  - 20b. Indirect Cost Amount
- 21. **Authorized Carryover**
- 22. **Offset**
- 23. **Total Amount of Federal Funds Obligated this budget period** \$791,340.00
- 24. **Total Approved Cost Sharing or Matching, where applicable** \$0.00
- 25. **Total Federal and Non-Federal Approved this Budget Period** \$1,577,894.00
- 26. **Period of Performance Start Date** 10/01/2023 - **End Date** 09/30/2025
- 27. **Total Amount of the Federal Award Including Approved Cost Sharing or Matching this Period of Performance** \$1,577,894.00

- 28. **Authorized Treatment of Program Income**
- ADDITIONAL COSTS
- 29. **Grants Management Officer - Signature**  
Mrs. Amy Menefee-Long  
Grants Management Officer

\*108,660 Budgeted  
Accept \*677,894.00

30. Remarks

\*\*\*\*\* Batch Remarks\*\*\*\*\*This action awards Q2 base funds.



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award# 2401NHRCMA-01  
FAIN# 2401NHRCMA  
Federal Award Date: 01/23/2024

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

|   |                       |
|---|-----------------------|
| <b>33. Approved Budget</b><br>(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  | \$1,577,894.00        |
| i. Contractual  | \$0.00                |
| <b>j. TOTAL DIRECT COSTS</b>  | <b>\$1,577,894.00</b> |
| <b>k. INDIRECT COSTS</b>  | <b>\$0.00</b>         |
| <b>l. TOTAL APPROVED BUDGET</b>   | <b>\$1,577,894.00</b> |
| <b>m. Federal Share</b>   | <b>\$1,577,894.00</b> |
| <b>n. Non-Federal Share</b>   | <b>\$0.00</b>         |

| <b>34. Accounting Classification Codes</b> |              |                     |              |          |                                 |               |
|--|--------------|---------------------|--------------|----------|---------------------------------|---------------|
| FY-ACCOUNT NO.                             | DOCUMENT NO. | ADMINISTRATIVE CODE | OBJECT CLASS | CFDA NO. | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
| 4-0994004                                  | 2401NHRCMA   | ACCORR              | 41.15        | 93.566   | \$786,554.00                    | 75-2325-1503  |



**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)**  
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@dohhs.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**  
2401NHRCMA-02
- 12. Unique Federal Award Identification Number (FAIN)**  
2401NHRCMA
- 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**  
GY2024 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

**Summary Federal Award Financial Information**

|   |                |            |            |
|---|----------------|------------|------------|
| <b>19. Budget Period Start Date</b>   | 10/01/2023     | - End Date | 09/30/2025 |
| <b>20. Total Amount of Federal Funds Obligated by this Action</b>   | \$663,383.00   |            |            |
| 20a. Direct Cost Amount   |                |            |            |
| 20b. Indirect Cost Amount   |                |            |            |
| <b>21. Authorized Carryover</b>   |                |            |            |
| <b>22. Offset</b>   |                |            |            |
| <b>23. Total Amount of Federal Funds Obligated this budget period</b>   | \$1,577,894.00 |            |            |
| <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>  | \$2,241,277.00 |            |            |
| <b>26. Period of Performance Start Date</b>   | 10/01/2023     | - End Date | 09/30/2025 |
| <b>27. Total Amount of the Federal Award Including Approved Cost Sharing or Matching this Period of Performance</b> | \$2,241,277.00 |            |            |

- 28. Authorized Treatment of Program Income**  
ADDITIONAL COSTS
- 29. Grants Management Officer - Signature**  
Mrs. Amy Menefee-Longs  
Grants Management Officer

Accept \* 663,383

**30. Remarks**

\*\*\*\*\* Batch Remarks \*\*\*\*\* This action awards Q3 base funds.



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award# 240INHRCMA-02

FAIN# 240INHRCMA

Federal Award Date: 04/30/2024

**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)**  
LA2HR1U97VC6

**31. Assistance Type**

Formula

**32. Type of Award**

Mandatory

**33. Approved Budget**  
(Excludes Direct Assistance)

|   |                |
|---|----------------|
| <b>1. Financial Assistance from the Federal Awarding Agency Only</b>                      |                |
| <b>a. Total project costs including grant funds and all other financial participation</b> |                |
| <b>a. Salaries and Wages</b>  | \$0.00         |
| <b>b. Fringe Benefits</b>   | \$0.00         |
| <b>c. Total Personnel Costs</b>   | \$0.00         |
| <b>d. Equipment</b>   | \$0.00         |
| <b>e. Supplies</b>  | \$0.00         |
| <b>f. Travel</b>  | \$0.00         |
| <b>g. Construction</b>  | \$0.00         |
| <b>h. Other</b>   | \$0.00         |
| <b>i. Contractual</b>   | \$2,241,277.00 |
|   | \$0.00         |
| <b>j. TOTAL DIRECT COSTS</b>  | \$2,241,277.00 |
| <b>k. INDIRECT COSTS</b>  | \$0.00         |
| <b>l. TOTAL APPROVED BUDGET</b>   | \$2,241,277.00 |
| <b>m. Federal Share</b>   | \$2,241,277.00 |
| <b>n. Non-Federal Share</b>   | \$0.00         |

**34. Accounting Classification Codes**

| FY-ACCOUNT NO. | DOCUMENT NO. | ADMINISTRATIVE CODE | OBJECT CLASS | CFDA NO. | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
|----------------|--------------|---------------------|--------------|----------|---------------------------------|---------------|
| 4-099TCF4      | 240INHRCMA   | ACCORR              | 41.15        | 93.566   | 5663,383.00                     | 75-2426-1503  |



Department of Health and Human Services  
Administration for Children and Families

Notice of Award  
Award# 2401NHRCMA-03  
FAIN# 2401NHRCMA  
Federal Award Date: 07/08/2024

**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
2. **Congressional District of Recipient**  
[NO DATA]
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)**  
1A2HR1U97VC6
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**  
2401NHRCMA-03
12. **Unique Federal Award Identification Number (FAIN)**  
2401NHRCMA
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**  
GY2024 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

**Summary Federal Award Financial Information**

19. **Budget Period Start Date** 10/01/2023 - **End Date** 09/30/2025
20. **Total Amount of Federal Funds Obligated by this Action** \$676,187.00
- 20a. **Direct Cost Amount**
- 20b. **Indirect Cost Amount**
21. **Authorized Carryover**
22. **Offset** \$2,241,277.00
23. **Total Amount of Federal Funds Obligated this budget period** \$0.00
24. **Total Approved Cost Sharing or Matching, where applicable** \$2,917,464.00
25. **Total Federal and Non-Federal Approved this Budget Period**
26. **Period of Performance Start Date** 10/01/2023 - **End Date** 09/30/2025
27. **Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$2,917,464.00

28. **Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. **Grants Management Officer - Signature**

Mrs. Amy Menefee-Longs  
Grants Management Officer

Accept \$676,187

Budget: \$2,917,464.00  
(900,000.00)

**30. Remarks**

\*\*\*\*\* This action awards Q4A funds (CAN G99TCF2 Base REA & G9924CM all arrivals).

\$2,017,464.00  
TOTAL TO ACCEPT



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award# 2401NHRCMA-03  
FAIN# 2401NHRCMA  
Federal Award Date: 07/08/2024

**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**  
Formula

**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                 | \$2,917,464.00        |
| h. Other                        | \$0.00                |
| i. Contractual                  | \$0.00                |
| <b>J. TOTAL DIRECT COSTS</b>    | <b>\$2,917,464.00</b> |
| <b>k. INDIRECT COSTS</b>        | <b>\$0.00</b>         |
| <b>l. TOTAL APPROVED BUDGET</b> | <b>\$2,917,464.00</b> |
| m. Federal Share                | \$0.00                |
| 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 |
|----------------|--------------|---------------------|--------------|----------|---------------------------------|---------------|
| 4-099TCF2      | 2401NHRCMA   | ACORR               | 41.15        | 93.566   | \$676,187.00                    | 75-2224-1503  |