



Lori A. Weaver
Commissioner

Iain N. Watt
Director

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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

August 21, 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, Division of Public Health Services, to accept and expend \$131,064 of federal funds from the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) to improve our State Newborn Screening System, effective upon approval by the Fiscal Committee and Governor and Executive Council through June 30, 2025, and further authorize these funds to be allocated as follows. 100% Federal Funds.

05-95-90-902010-43010000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF FAMILY HEALTH AND NUTRITION, NEWBORN SCREENING PROGRAM

SFY 25

Class-Account	Description	Current Adjusted Authorized	Requested Action	Revised Adjusted Authorized
000-400146-16	Federal Funds	\$164,588	\$131,064	\$295,652
Total Revenue		\$164,588	\$131,064	\$295,652
020-500200	Current Expenses	\$21,631	\$3,520	\$25,151
030-500311	Equipment New	\$0	\$80,000	\$80,000
039-500188	Telecommunications	\$714	\$786	\$1,500
041-500801	Audit Fund Set Aside	\$213	\$126	\$339
042-500620	Additional Fringe Benefits	\$1,694	\$0	\$1,694
050-500109	Personal Service Temp Appoi	\$23,317	\$30,016	\$53,333
060-500601	Benefits	\$1,784	\$2,296	\$4,080
070-500704	In State Travel	\$655	\$0	\$655
080-500719	Out of State Travel Reimb	\$3,900	\$0	\$3,900
102-500731	Contracts for Program Services	\$110,680	\$14,320	\$125,000
Total Expenses		\$164,588	\$131,064	\$295,652


The Honorable Ken Weyler, Chairman
His Excellency, Governor Christopher T. Sununu
August 21, 2024
Page 2 of 3

EXPLANATION

This request is being made to accept federal funds available from HRSA to supplement the New Hampshire Newborn Screening (NBS) Program for the second year. The NBS Program assures that all infants born in New Hampshire are offered screening for heritable conditions at birth to identify those that may be at an increased risk of certain diseases. The program is responsible for daily management of screening results, working with providers, confirming testing results, and ensuring that screening is timely and complete and that any infants with an out-of-range result receive referral to a specialist.

Newborn screening ensures that New Hampshire infants receive timely diagnosis and treatment for hereditary conditions. Many disorders identified through newborn screening require care and treatment throughout the lifespan. In 2022, 30 infants were diagnosed with conditions initially identified by abnormal newborn screening results. Early detection prior to symptoms and access to treatment helps to prevent serious health problems, disability and even death. In 2022, 12,030 infants were screened.

The NBS Program plans to utilize these Federal funds to improve its work with medical specialists and the DHHS Division of Long Term Supports and Services to assure infants who are identified with a heritable condition have all resources to help them reach their full potential. This will include expanding training materials and resources available to healthcare providers and families and the development of a long-term follow-up process to connect affected individuals and their families with condition-specific resources and support. Funds will also be used to continue quality improvement efforts to decrease unsatisfactory samples and improve timeliness of specimen collection, testing and reporting out results.

The funds are to be budgeted as follows:

- Class 020 – These funds will be used for development, printing and binding of educational materials and current expense items such as office supplies.
- Class 030 – These funds will be used to purchase hearing screening machines and pulse oximeters for midwives to screen newborns for hearing and critical congenital heart defects.
- Class 039 – These funds will be used for making follow-up calls with health care providers and Special Medical Services, New Hampshire Bureau of Family Centered Services, and New Hampshire Division of Long Term Supports and Services.
- Class 041 – These funds will be used for the audit fund set aside per state requirement.
- Class 050 - These funds will be used for the salary for the part time Follow-up Coordinator position, TMPPT1357, 11-9110 MED-HLTH SVCS-MGRS-1, Pay Band 2.
- Class 060 - These funds will be used for the benefits for the Follow-up Coordinator position.
- Class 102 – These funds will be used for establishing a contract with a vendor that has the ability to provide a secure online system for ordering of newborn screening supplies. Funds will also be used to enhance the program's contract with Oz Systems USA, LLC, which provides an integrated data management system, to include a module which will integrate blood spot screening results.

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 Division offers the following information: The funds are provided for a specified purpose by HRSA as defined in the Notice of Grant Award and cannot be used to offset General Funds.

The Honorable Ken Weyler, Chairman
His Excellency, Governor Christopher T. Sununu
August 21, 2024
Page 3 of 3

Area served: Statewide

Source of Funds: These funds are 100% Federal from the US Department of Health and Human Services, 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,



for:

Lori A. Weaver
Commissioner



Recipient Information

1. Recipient Name
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
29 Hazen Dr
Concord, NH 03301
2. Congressional District of Recipient
02
3. Payment System Identifier (ID)
102600061883
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
Courtney Keane
Administrator, newborn screening program
Courtney.Keane@dhhs.nh.gov
(603)271-1037
8. Authorized Official
Courtney Keane
Administrator, newborn screening programs
Courtney.Keane@dhhs.nh.gov
(603)271-1037

Federal Agency Information

9. Awarding Agency Contact Information
Djuana D Gibson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
dgibson@hrsa.gov
(301) 443-3243
10. Program Official Contact Information
Kim V Morrison
Public Health Analyst, Project Officer
Maternal and Child Health Bureau (MCHB)
KMorrison@hrsa.gov
(301) 443-6672

Federal Award Information

11. Award Number
1 H4NMC49266-01-00
12. Unique Federal Award Identification Number (FAIN)
H4N49266
13. Statutory Authority
42 U.S.C. § 300b-9
14. Federal Award Project Title
State Newborn Screening System Priorities Program
15. Assistance Listing Number
93.110
16. Assistance Listing Program Title
Maternal and Child Health Federal Consolidated Programs
17. Award Action Type
New
18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - End Date 06/30/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$340,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$340,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$340,000.00
26. Project Period Start Date 07/01/2023 - End Date 06/30/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$340,000.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer - Signature
James Smith on 06/01/2023

30. Remarks



Notice of Award
Award Number: 1 H4NMC49266-01-00
Federal Award Date: 06/01/2023

Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$63,512.00
b. Fringe Benefits:	\$11,214.00
c. Total Personnel Costs:	\$74,726.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$11,031.00
g. Travel:	\$4,555.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	-\$44,688.00
j. Consortium/Contractual Costs:	\$205,000.00
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:	\$340,000.00
p. INDIRECT COSTS (Rate: % of \$&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$340,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$340,000.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$340,000.00
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	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$340,000.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
02	\$0.00
03	\$0.00
04	\$0.00
05	\$0.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

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

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.91

37. BHCMI#

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.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 3894562	93.110	23H4NMC49266	\$200,000.00	\$0.00	N/A	23H4NMC49266
23 - 3894564	93.110	23H4NMC49266	\$140,000.00	\$0.00	N/A	23H4NMC49266

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 Condition(s)

1. **Due Date: Within 30 Days of Award Issue Date**

Recipient shall submit a SF424 A Budget form for years 2 - 5. The budget must coincide with budget narrative submitted with the application.

Grant Specific Term(s)

1. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
4. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>
5. Award recipient must track funds between the 2 focus areas separately and report how funds are tracked.
6. Award recipient should collaborate with CDC on newborn screening activities.
7. If award recipient receives CDC funds for newborn screening activities, please track funds between the programs and ensure that funds are not expended for the same activity.
8. Within 120 days of the Award Issue Date, the Grantee must submit a Performance Report after receipt of the Notice of Award. This report should include completing the financial forms, project abstract, grant summary and performance measures. The performance report must be submitted using the Electronic Handbook (EHB).
Within 90 days of the Project Period End Date, the Grantee must submit a performance report. This report should include completing the financial forms, project abstract, grant summary and performance measures. The performance report must be submitted using the Electronic

Handbook (EHB).

Standard Term(s)

- 1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA Standard Terms (Unless otherwise specified on your Notice of Award), and Legislative Mandates. The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

- 1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. All FFRs must be submitted through the Payment Management System (PMS). Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (PMS Self-Service Web Portal), or calling 877-614-5533.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Courtney Keane	Authorizing Official, Point of Contact	courtney.keane@dhhs.nh.gov
Courtney Keane	Program Director	courtney.keane@dhhs.nh.gov
Shari Wilmot	Business Official	shari.b.wilmot@dhhs.nh.gov

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
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
29 Hazen Dr
Concord, NH 03301
2. Congressional District of Recipient
02
3. Payment System Identifier (ID)
102600061883
4. Employer Identification Number (EIN)
026000618
5. Data Universal Numbering System (DUNS)
011040545
6. Recipient's Unique Entity Identifier
LA2HR1U97YCG
7. Project Director or Principal Investigator
Shari Wilmot
sharl.b.wilmot@dhs.nh.gov
(603)271-4705
8. Authorized Official
Courtney Keane
Administrator, newborn screening programs
Courtney.Keane@dhs.nh.gov
(603)271-1037

Federal Agency Information

9. Awarding Agency Contact Information
Djuana D Gibson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
dgibson@hrsa.gov
(301) 443-3243
10. Program Official Contact Information
Kathryn M McLaughlin
Senior Public Health Analyst
Maternal and Child Health Bureau (MCHB)
KMclaughlin@hrsa.gov
(301) 443-6829

Federal Award Information

11. Award Number
5 H4NMC49266-02-00
12. Unique Federal Award Identification Number (FAIN)
H4N49266
13. Statutory Authority
42 U.S.C. § 300b-9
14. Federal Award Project Title
State Newborn Screening System Priorities Program
15. Assistance Listing Number
93.110
16. Assistance Listing Program Title
Maternal and Child Health Federal Consolidated Programs
17. Award Action Type
Noncompeting Continuation
18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2024 - End Date 06/30/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$340,000.00
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	\$340,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$340,000.00
26. Project Period Start Date 07/01/2023 - End Date 06/30/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$680,000.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer - Signature
James Smith on 07/15/2024

30. Remarks



Notice of Award
Award Number: 5 H4NMC49266-02-00
Federal Award Date: 07/15/2024

Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<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:	\$63,512.00
b. Fringe Benefits:	\$11,214.00
c. Total Personnel Costs:	\$74,726.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$11,031.00
g. Travel:	\$4,555.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$44,688.00
j. Consortium/Contractual Costs:	\$205,000.00
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:	\$340,000.00
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:	\$340,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$340,000.00
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$340,000.00
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	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$340,000.00

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
03	\$340,000.00
04	\$340,000.00
05	\$340,000.00
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
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
35. FORMER GRANT NUMBER	
36. OBJECT CLASS 41.91	
37. BHCMI#	

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 MHS 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.

39. ACCOUNTING CLASSIFICATION CODES						
RY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 3894562	93.110	23H4NMC49266	\$208,560.00	\$0.00	N/A	23H4NMC49266
24 - 3894564	93.110	23H4NMC49266	\$131,440.00	\$0.00	N/A	23H4NMC49266

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 non-competing 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)

- 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
- This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

Standard Term(s)

- Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding; per HRSA Standard Terms (unless otherwise specified on your Notice of Award), and Legislative Mandates. The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

- Due Date: Within 120 Days of Award Issue Date**
The grantee must submit a Performance Report within 120 days after receipt of the NoA. This report should include completing the financial forms, project abstract, grant summary and performance measures. The performance report must be submitted using the Electronic Handbook (EHB).
- Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. All FFRs must be submitted through the Payment Management System (PMS). Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (PMS Self-Service Web Portal), or calling 877-614-5533.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Courtney Keane	Authorizing Official	courtney.keane@dhhs.nh.gov
Shari Wilmot	Business Official, Program Director, Point of Contact	shari.b.wilmot@dhhs.nh.gov

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/>).

AWARD HISTORY
Newborn Screening Program
AU 43010000

A	Stat Newborn Screening System Priorities Program H4N49266	
B	Award Ending 06/30/2024 6 H4NMC49266-01-00	340,000
	Award Ending 06/30/2025 6 H4NMC49266-02-00	340,000
C	Expended through 6/30/24	(151,579)
D	Unobligated Balance Unable to Spend	<u> </u>
E	Award Balance 7/1/24	\$ 528,421
F	SFY 25 Appropriation **	
G	Balance Forward	<u>(164,588)</u>
H	Available to Accept in SFY 25	363,833
I	Amount Requested this Action	<u><u>131,064</u></u>

**** SFY 25 Appropriation**

	010-090-43010000	Current	OYR	Total	This Action	Revised Budget
J	AIM	-	164,588	164,588	131,064	295,652
	Total	<u>-</u>	<u>164,588</u>	<u>164,588</u>	<u>131,064</u>	<u>295,652</u>