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

Lori A. Weaver  
Commissioner

Iain N. Watt  
Director

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

September 25, 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 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 additional federal funds from the Health Resources and Services Administration (HRSA) to fund expansion of the Pediatric Mental Health Care Access Program in the amount of \$177,033 effective upon approval by the Fiscal Committee and Governor and Executive Council through June 30, 2025, and further authorize the funds to be allocated as follows. 100% Federal Funds.

**05-95-90-902010-70480000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS  
DEPT OF, HHS: PUBLIC HEALTH DIVISION, BUREAU OF FAMILY HEALTH AND  
NUTRITION, PEDIATRIC MENTAL HEALTH CARE**

**SFY 25**

Class-Account	Description	FY-25 Current Adjusted Authorized	Requested Action	FY-25 Revised Adjusted Authorized
000-400146-16	Federal Funds	\$1,136,732	\$177,033	\$1,313,765
	<b>Total Revenue</b>	<b>\$1,136,732</b>	<b>\$177,033</b>	<b>\$1,313,765</b>
020-500200	Current Expense	\$3,000	\$0	\$3,000
037-500173	Technology-Hardware	\$1,270	\$0	\$1,270
038-500175	Technology-Software	\$300	\$0	\$300
041-500801	Audit Fund Set Aside	\$1,060	\$1,727	\$2,787
042-500462	Additional Fringe Benefits	\$5,022	\$0	\$5,022
059-500117	Salary Temporary Full Time	\$67,677	\$0	\$67,677
060-500601	Benefits	\$47,196	\$0	\$47,196
066-500543	Employee Training	\$500	\$0	\$500
070-500707	In State Travel Reimbursement	\$500	\$0	\$500
080-500717	Out-of-State Travel Reimbursement	\$4,000	\$0	\$4,000
102-500731	Contracts for Program Services	\$1,006,207	\$175,306	\$1,181,513
	<b>Total Expenses</b>	<b>\$1,136,732</b>	<b>\$177,033</b>	<b>\$1,313,765</b>

**EXPLANATION**

The New Hampshire Pediatric Mental Health Care Access (NH PMHCA) Program is a federal-state-local partnership designed to improve New Hampshire children's access to mental health care services. The

The Honorable Ken Weyler, Chairman  
His Excellency, Governor Christopher T. Sununu  
September 25, 2024  
Page 2 of 2

Program increases pediatric primary care provider knowledge and confidence in identifying, screening, and treating pediatric patients with mental health concerns. HRSA has awarded the Program additional funding to address the growing need for mental health care resources among New Hampshire children.

These funds provide resources for training primary care providers to better support the mental health of their patients. These funds do not support direct services for children and youth. Through a contract with the University of New Hampshire Institute for Health Policy and Practice (UNH IHPP), the NH PMHCA Program will:

- Develop and facilitate Pediatric Mental Health Project ECHO (Extension for Community Healthcare Outcomes) cohorts to increase the knowledge and confidence of NH's health care providers to identify and care for children with mental health conditions via online learning resources,
- Offer individual provider-to-provider teleconsultations from the ECHO Pediatric Mental Health Team of subject matter experts, and
- Maintain a referral directory of NH pediatric mental health services and supports, which is to be updated and redistributed annually to enrolled participants.

Funds are to be budgeted as follows:

Class 041: Funds will be used for audit fund set aside per State requirement.

Class 102: Funds will be used to increase funding for UNH to expand the NH PMHCA Program through additional training opportunities for pediatric primary care teams, the creation of a NH specific mental health system resource/navigation guide for primary care teams and expanded marketing for the NH PMHCA Teleconsultation Access Line to increase provider utilization.

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: These funds may not be used to offset General Funds as they are specifically granted to the State for the purpose of providing the services described above. These funds will not change the program eligibility levels. No new program will be established with the acceptance of these funds.

Area served: Statewide

Source of funds: These funds are 100% Federal Funds from the Health Resources and Services Administration (HRSA) to fund the New Hampshire Pediatric Mental Health Care Access Program. Notice of these funds was received on September 9, 2024.

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

Respectfully Submitted,



for:

Lori A. Weaver  
Commissioner



**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# U4C32316  
Federal Award Date: 09/06/2024

Recipient Information	
1. Recipient Name	HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF 129 Pleasant St Concord, NH 03301-3852
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	Erica Tenney Clinical Services Program Administrator erica.tenney@dhs.nh.gov (603)520-7866
8. Authorized Official	

Federal Award Information	
11. Award Number	6 U4CMC32316-07-01
12. Unique Federal Award Identification Number (FAIN)	U4C32316
13. Statutory Authority	42 U.S.C. § 254c-19
14. Federal Award Project Title	Pediatric Mental Health Care Access Program
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

Federal Agency Information	
9. Awarding Agency Contact Information	Crystal Howard Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) choward@hrsa.gov (301) 443-3844
10. Program Official Contact Information	Kathyn Craig Public Health Analyst Maternal and Child Health Bureau (MCHB) kcraig@hrsa.gov (000) 000-0000

Summary Federal Award Financial Information	
19. Budget Period Start Date 09/30/2024 - End Date 09/29/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$165,073.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$116,065.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$865,073.00
24. Total Approved Cost Sharing or Matching, where applicable	\$173,014.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,038,087.00
26. Project Period Start Date 09/30/2023 - End Date 09/29/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,058,087.00

28. Authorized Treatment of Program Income  
Addition

29. Grants Management Officer – Signature  
LaShawna Smith on 09/06/2024

30. Remarks
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Notice of Award  
Award Number: 6 U4CMC32316-07-01  
Federal Award Date: 09/06/2024

Maternal and Child Health Bureau (MCHB)

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<input type="checkbox"/> Grant Funds Only	
<input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$58,048.00
b. Fringe Benefits:	\$38,858.00
c. Total Personnel Costs:	\$96,906.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$4,050.00
g. Travel:	\$4,596.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$1,365.00
j. Consortium/Contractual Costs:	\$815,105.00
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:	\$922,022.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$116,065.00
i. Indirect Cost Federal Share:	\$116,065.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$1,038,087.00
i. Less Non-Federal Share:	\$173,014.00
ii. Federal Share:	\$865,073.00
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	\$865,073.00
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	\$700,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$165,073.00

<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)	
<b>YEAR</b>	
08	\$700,000.00
<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>	
<b>36. OBJECT CLASS</b> 41.45	
<b>37. BHCMS#</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-CANT	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 389B471	93.110	23U4CMC32316	\$165,073.00	\$0.00	N/A	23U4CMC32316

## 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/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 reflects the approval of supplemental funding in the amount of \$165,073 to support continued expansion and enhancement of PMHCA programs in new settings, primarily schools, School-Based Health Centers, and Emergency Departments. The required 20% Non-Federal match has also been included in the total grant award.

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

#### Contacts

#### NoA Email Address(es):

Name	Role	Email
Erica Tenney	Employee, Program Director	erica.tenney@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  
129 Pleasant St  
Concord, NH 03301-3852
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  
Erica Tenney  
Clinical Services Program Administrator  
erica.tenney@dhhs.nh.gov  
(603)520-7866
8. Authorized Official

**Federal Agency Information**

9. Awarding Agency Contact Information  
Crystal Howard  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
choward@hrsa.gov  
(301) 443-3844
10. Program Official Contact Information  
Kathyn Craig  
Public Health Analyst  
Maternal and Child Health Bureau (MCHB)  
kcraig@hrsa.gov  
(000) 000-0000

**Federal Award Information**

11. Award Number  
6 U4CMC32316-07-03
12. Unique Federal Award Identification Number (FAIN)  
U4C32316
13. Statutory Authority  
42 U.S.C. § 254c-19
14. Federal Award Project Title  
Pediatric Mental Health Care Access Program
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 09/30/2024 - End Date 09/29/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$11,960.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$117,670.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$877,033.00
24. Total Approved Cost Sharing or Matching, where applicable	\$175,406.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,052,439.00
26. Project Period Start Date 09/30/2023 - End Date 09/29/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,072,439.00

28. Authorized Treatment of Program Income  
Addition
29. Grants Management Officer - Signature  
LaShawna Smith on 09/16/2024

**30. Remarks**



Notice of Award  
Award Number: 6 U4CMC32316-07-03  
Federal Award Date: 09/16/2024

Maternal and Child Health Bureau (MCHB)

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24 - 3894701	93.110	23U4CMC32316	\$11,960.00	\$0.00	N/A	23U4CMC32316																																																	

## 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)

1. This Notice of Award reflects the approval of supplemental funding in the amount of \$11,960 to support continued expansion of PMHCA activities in order to enhance workforce capacity in pediatric primary care, school settings, and emergency departments to address the growing behavioral health needs among children and adolescents. The required 20% Non-Federal match has also been included in the total grant award.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Erica Tenney	Employee, Program Director	erica.tenney@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**  
NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES  
129 PLEASANT ST  
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**  
Erica Tenney  
ERICA.TENNEY@DHHS.NH.GOV  
6032714536
- 8. Authorized Official**  
Erica Tenney  
ERICA.TENNEY@DHHS.NH.GOV  
6032714536

**Federal Agency Information**

- HRSA Grant Service Office
- 9. Awarding Agency Contact Information**
  - 10. Program Official Contact Information**  
Madhavi Reddy  
Madhavi.Reddy@GRANTSOLUTIONS.GOV

**Federal Award Information**

- 11. Award Number**  
U4C32316-06-00
- 12. Unique Federal Award Identification Number (FAIN)**  
U4C32316
- 13. Statutory Authority**  
42 U.S.C. § 280i-1(f) (Title III, § 399BB(f) of the Public Health Service Act)
- 14. Federal Award Project Title**  
Pediatric Mental Health Care Access Program
- 15. Assistance Listing Number**  
93.110
- 16. Assistance Listing Program Title**
- 17. Award Action Type**  
Competing Continuation
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2023	<b>End Date</b>	09/29/2024
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$850,000.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<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>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			(\$850,000.00)
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$0.00
<b>26. Period of Performance Start Date</b>	09/30/2018	<b>End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$3,530,146.00

- 28. Authorized Treatment of Program Income**  
ADDITIONAL COSTS
- 29. Grants Management Officer - Signature**  
LaShawna Smith

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b> NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES 129 PLEASANT ST CONCORD, NH 03301-3852 [NO DATA]	
<b>Congressional District of Recipient</b> 02	
<b>Payment Account Number and Type</b> 1026000618B3	
<b>Employer Identification Number (EIN) Data</b> 026000618	
<b>Universal Numbering System (DUNS)</b> 011040545	
<b>Recipient's Unique Entity Identifier (UEI)</b> LA2HRIU97VC6	

<b>31. Assistance Type</b> Discretionary Grant
<b>32. Type of Award</b> Demonstration

<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	\$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	\$0.00
i. Contractual	\$0.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$0.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$0.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$0.00</b>
<b>m. Federal Share</b>	<b>\$850,000.00</b>
<b>n. Non-Federal Share</b>	<b>(\$850,000.00)</b>

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-3894701	23U4CMC32316	U4C	41.45	93.110	\$475,000.00	75-23-0354
3-389B471	23U4CMC32316	U4C	41.45	93.110	\$375,000.00	75-23-0354



**Recipient Information**

1. Recipient Name  
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
129 Pleasant St  
Concord, NH 03301-3852

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  
LA2HR1U97VCS

7. Project Director or Principal Investigator  
Erica Tenney  
Clinical Services Program Administrator  
erica.tenney@dhhs.nh.gov  
(603)520-7866

8. Authorized Official  
Rhonda Siegel  
MCH Section Administrator  
Rhonda.Siegel@dhhs.nh.gov  
(603)271-4516

**Federal Agency Information**

9. Awarding Agency Contact Information  
Crystal Howard  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
choward@hrsa.gov  
(301) 443-3844

10. Program Official Contact Information  
Kathyn Craig  
Public Health Analyst  
Maternal and Child Health Bureau (MCHB)  
kcraig@hrsa.gov  
(000) 000-0000

**Federal Award Information**

11. Award Number  
S U4CMC32316-07-00

12. Unique Federal Award Identification Number (FAIN)  
U4C32316

13. Statutory Authority  
42 U.S.C. § 254c-19

14. Federal Award Project Title  
Pediatric Mental Health Care Access 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 09/30/2024 - End Date 09/29/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$700,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$91,304.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$700,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$140,000.00
25. Total Federal and Non-Federal Approved this Budget Period	\$840,000.00
26. Project Period Start Date 09/30/2023 - End Date 09/29/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,860,000.00

28. Authorized Treatment of Program Income  
Addition

29. Grants Management Officer – Signature  
LaShawna Smith on 08/21/2024

**30. Remarks**

A print version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more



Notice of Award  
Award Number: 5 U4CMC32316-07-00  
Federal Award Date: 08/21/2024

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:	\$58,048.00
b. Fringe Benefits:	\$38,858.00
c. Total Personnel Costs:	\$96,906.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$4,050.00
g. Travel:	\$4,596.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$1,200.00
j. Consortium/Contractual Costs:	\$641,944.00
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:	\$748,696.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$91,304.00
i. Indirect Cost Federal Share:	\$91,304.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$840,000.00
i. Less Non-Federal Share:	\$140,000.00
ii. Federal Share:	\$700,000.00

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

YEAR	TOTAL COSTS
08	\$700,000.00

**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**  
41.45

**37. BHCMS#**

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	\$700,000.00
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	\$700,000.00

**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
24 - 3894701	93.110	23U4CMC32316	\$445,000.00	\$0.00	N/A	23U4CMC32316
24 - 3898471	93.110	23U4CMC32316	\$115,533.00	\$0.00	N/A	23U4CMC32316
22 - 3894701	93.110	23U4CMC32316	\$139,467.00	\$0.00	N/A	23U4CMC32316

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## 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>.
- As a cooperative agreement, HRSA Program involvement will include:
  - Providing the services of experienced HRSA personnel to participate in the planning and development of all phases of this cooperative agreement.
  - Participating in appropriate meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects.
  - Ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement.
  - Assistance establishing and facilitating effective collaborative relationships and technical assistance opportunities with federal and state contacts, HRSA-funded grants, and other entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of work.
  - Reviewing and providing advisory input on written documents, including information and materials, training materials, screening/assessment/treatment protocols and activities conducted under the auspices of the cooperative agreement.
  - Participating with award recipients in peer-to-peer information exchange and the dissemination of project findings, best practices, and lessons learned from the project.
  - The cooperative agreement recipient's responsibilities will include:**
    - Meeting with the federal project officer at the time of the award to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity.
    - Providing ongoing, timely communication and collaboration with the federal project officer, including holding regular check-ins with the federal project officer.
    - Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination, contracts and interagency agreements.
    - Collaborating with HRSA on HRSA's Pediatric Mental Health Care Access Program evaluation assistance activities. Award recipient participation may include responding to surveys, participating in interviews, and providing other reports upon request from HRSA.
    - Establishing contacts relevant to the project's mission such as federal and non-federal partners, and other HRSA projects that may be relevant to the project's mission.
    - Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, will be completed and submitted on time.
- This Notice of Award provides the offset of an unobligated balance in the amount of \$139,467 from the 9/30/2022 - 9/29/2023 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

### Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the General Terms and Conditions. HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

**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.

2. **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 Handbooks (EHBs).

**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
Rhonda Siegel	Authorizing Official	rhonda.siegel@dhhs.nh.gov
Lauren R Holden	Business Official	lauren.n.holden@dhhs.nh.gov
Erica Tenney	Point of Contact, Program Director, Employee	erica.tenney@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**  
**PMHCA**  
**AU 70480000**

<b>A</b>	Pediatric Mental Health Care Access Program 2 U4CMC32316-06 09/30/2023-09/29/2026	
<b>B</b>	Award Ending 9/29/2024 U4CMC32316-06 YR1 of 3	850,000
	Award Ending 9/9/2025 U4MC32316-07-00 U4MC32316-07-01 U4MC32316-07-03	700,000 165,073 11,960
<b>C</b>	Expended through 6/30/24	(356,244)
<b>D</b>	Unobligated Balance Unable to Spend	<u>          -</u>
<b>E</b>	Award Balance 7/1/24	<b>\$ 1,370,789</b>
<b>F</b>	SFY 25 Appropriation **	(758,952)
<b>G</b>	Balance Forward	<u>(377,780)</u>
<b>H</b>	Available to Accept	234,057
<b>I</b>	Amount Requested this Action	<u><u>177,033</u></u>