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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

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September 30, 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 the Home Visiting Formula Grant in the amount of \$1,321,430 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.

**05-95-90-902010-58960000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT OF, HHS: PUBLIC HEALTH DIVISION, BUREAU OF FAMILY HEALTH AND
NUTRITION, HOME VISITING FORMULA GRANT**

SFY 25

Class-Account	Description	FY-25 Current Adjusted Authorized	Requested Action	FY-25 Revised Adjusted Authorized
	General Funds	\$986,630	\$0	\$986,630
000-408114-16	Federal Funds	\$3,341,995	\$1,321,430	\$4,663,425
	Total Revenue	\$4,328,625	\$1,321,430	\$5,650,055
010-500100	Personal Services Perm Class	\$217,728	\$0	\$217,728
020-500200	Current Expense	\$24,545	\$0	\$24,545
022-500248	Rent to Owners Non-State Space	\$600	\$0	\$600
026-500251	Organizational Dues	\$6,500	\$0	\$6,500
037-500173	Technology-Hardware	\$1,473	\$0	\$1,473
038-500175	Technology-Software	\$200	\$0	\$200
039-500180	Telecommunication	\$5,640	\$0	\$5,640
041-500801	Audit Fund Set Aside	\$3,376	\$1,321	\$4,697
042-500462	Additional Fringe Benefits	\$29,862	\$0	\$29,862
059-500117	Salary Temporary Full Time	\$154,347	\$0	\$154,347
060-500601	Benefits	\$236,551	\$0	\$236,551
066-500543	Employee Training	\$1,000	\$0	\$1,000
070-500707	In State Travel Reimbursement	\$1,264	\$0	\$1,264

074-500589	Grants for Pub Asst and Rel	\$2,671,700	\$1,320,109	\$3,991,809
080-500710	Out-of-State Travel Reimbursement	\$8,564	\$0	\$8,564
102-500731	Contracts for Program Services	\$965,275	\$0	\$965,275
Total Expenses		\$4,328,625	\$1,321,430	\$5,650,055

EXPLANATION

The New Hampshire Maternal, Infant and Early Childhood Home Visiting (NH MIECHV) program is a preventive, family support home visiting program which serves NH families by providing voluntary home visiting services to pregnant and parenting families with children up to the age of five (5). The federal grant which supports the MIECHV program allowed grant awardees the opportunity to apply for and be granted federal matching funds in excess of the base award amount. The additional funds in this item were awarded to the NH MIECHV program in August 2024 at a 3:1 match rate of federal to state General Funds. These funds allow the program to utilize the allocated General Funds to obtain the maximum amount of federal funds for FFY 2025. These funds will support direct services to NH families, promoting maternal and child health, positive parent-child interaction, and developmental screening. The programs also engage families in activities to promote healthy development, connect families with needed preventive services, and promote school readiness.

Funds are to be budgeted as follows:

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

Class 074: Funds will be used to increase the contract amounts of all six local implementing agencies (LIAs): Waypoint, The Family Resource Center at Gorham, Granite Visiting Nurse Association, Community Action Partnership of Strafford County, VNA at Home Healthcare Hospice and Community Services, and TLC Family Resource Center.

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 Home Visiting Formula Grant. Attached is the Notice of Grant Award.

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



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
Aurelia Moran
aurelia.moran@dhhs.nh.gov
(603)491-8176

8. Authorized Official
Aurelia Moran
aurelia.moran@dhhs.nh.gov
(603)491-8176

Federal Agency Information

9. Awarding Agency Contact Information
LaToya Ferguson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
LFerguson@hrsa.gov
(301) 443-1440

10. Program Official Contact Information
Amy Adams
Region I Project Officer
Maternal and Child Health Bureau (MCHB)
aadams2@hrsa.gov
(240) 381-5365

Federal Award Information

11. Award Number
1 X10MC46878-01-00

12. Unique Federal Award Identification Number (FAIN)
X1046878

13. Statutory Authority
42 U.S.C. § 711(c)

14. Federal Award Project Title
Maternal, Infant and Early Childhood Homevisiting Grant Program

15. Assistance Listing Number
93.870

16. Assistance Listing Program Title
Maternal, Infant and Early Childhood Homevisiting Grant Program

17. Award Action Type
New

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2022 - End Date 09/29/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$3,004,211.00
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	\$3,004,211.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$3,004,211.00
26. Project Period Start Date 09/30/2022 - End Date 09/29/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,004,211.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
William Davis on 09/02/2022

30. Remarks



Notice of Award
Award Number: 1 X10MC46878-01-00
Federal Award Date: 09/02/2022

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:	\$275,205.00
b. Fringe Benefits:	\$166,592.00
c. Total Personnel Costs:	\$441,797.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$15,813.00
g. Travel:	\$9,828.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$10,504.00
j. Consortium/Contractual Costs:	\$2,253,159.00
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:	\$2,731,101.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$273,110.00
q. TOTAL APPROVED BUDGET:	\$3,004,211.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$3,004,211.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$3,004,211.00
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	\$3,004,211.00

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
Not applicable	
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 41.51	
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						
IFY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22-38922HG	93.870	22X10MC46878	\$3,004,211.00	\$0.00	N/A	22X10MC46878

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**

The budget justification must be revised to:

1. Provide an itemized cost breakout for each requested item under the supply category to show how the costs were determined.
2. Correct the contractual total as the amounts provided are miscalculated.
3. Provide a description of activities, a line-item breakdown of costs, and percentage for recipient-level infrastructure expenditures that meet the 25% limitation and a line-item breakdown, description of activities, and percentage for administrative expenditures that meet the 10% limitation. Per the NOFO this information must be provided as a separate breakout.
4. Provide the current cost allocation plan.
5. Submit a revised SF-424A and POA chart to reflect changes made to the budget.

Grant Specific Term(s)

1. 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>
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: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
4. 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.
5. Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely Federal Funding Accountability and Transparency Act (FFATA) reporting. Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program. Recipients must also execute subrecipient agreements that incorporate all of the elements of 45 CFR 75.352 and, either expressly or by reference, the subrecipient monitoring plan developed by the recipient.

6. The total percent of effort of each personnel on the project must not exceed a sum of 100% FTE on all Federally-funded projects. The awardee organization must maintain appropriate documentation ensuring that the total percent of effort for each personnel does not exceed a sum of 100% FTE on all Federally-funded projects.

Program Specific Term(s)

1. Recipients must respond to any additional information that is requested through Request For Information within the allotted time. Failure to submit an approvable response may result in further actions including draw-down restrictions.
2. Recipients must participate in regular monitoring activities with their HRSA Project Officers and Grants Management Specialists, as available. These monitoring activities will include emails, site visits, and conference calls. The frequency of the conference calls will be at least on a quarterly basis, or more frequently as determined by the Project Officer based on need. Topics covered will include program administration, program activities, technical assistance, fiscal issues, and evaluation procedures.
3. Recipients must give priority in providing services under the MIECHV program to the following:
 - Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A);
 - Low-income eligible families;
 - Eligible families with pregnant women who have not attained age 21;
 - Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services;
 - Eligible families that have a history of substance abuse or need substance abuse treatment
 - Eligible families that have users of tobacco products in the home;
 - Eligible families that are or have children with low student achievement;
 - Eligible families with children with developmental delays or disabilities; and
 - Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.
 - As required under the MIECHV authorizing statute, recipients must serve communities, identified in the most recent approved statewide needs assessment update, that face disproportionate risks and barriers to health and well-being.
4. Recipients must ensure fidelity of implementation of evidence-based home visiting service delivery models approved for use by HRSA and that meet the HHS criteria for evidence of effectiveness. Additionally, any recipient implementing a home visiting service delivery model that qualifies as a promising approach must implement the model with fidelity. Fidelity is defined as a recipient's adherence to model developer requirements for high-quality implementation as well as any applicable affiliation, certification, or accreditation required by the model developer, if applicable. If a recipient is implementing a model enhancement, prior to implementation, the model developer must determine that the model enhancement does not alter the core components related to program impacts, and HRSA must determine the enhancement to be aligned with MIECHV program activities and expectations.
5. Recipients will ensure the provision of high-quality home visiting services to eligible families living in at-risk communities by, in part, establishing appropriate collaborative linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems. Recipients must ensure the involvement of representatives from key state agencies in project planning, implementation, and/or evaluation through the development and implementation of signed written agreements, such as letters of agreement (LOAs) or memoranda of understanding (MOUs). HRSA requires recipients to review, and update as appropriate, agreements at least every 3 years.
6. In FY 2023, HRSA's Division of Home Visiting and Early Childhood Systems plans to hold an All Grantee Meeting (AGM) in the Washington, DC area, for up to five days. Attendance at the FY 2023 AGM is a grant requirement. In order to maximize learning and sharing potential, HRSA strongly encourages recipients to plan for up to five people, including the MIECHV project director, and other key staff. When determining attendance of key personnel, recipients are encouraged to consider staff with responsibilities such as: program oversight, fiscal/grants management, data/continuous quality improvement, program evaluation, performance measurement, capacity-building and technical assistance, systems integration, professional development, and sub-recipient monitoring.
7. No more than 10 percent of the award amount may be spent on costs associated with administering the award. The requirements of the Social Security Act, §504(d) (relating to a limitation on administrative expenditures) apply to this award. Of the amounts paid to a state under §503 from an allotment for a fiscal year under §502(c), not more than 10 percent may be used for administering the funds paid under such section. Per §511 [42 U.S.C 711] (i)(2)(C) of the Social Security Act, MIECHV grants need to be administered "in the same manner" as the MCH Block Grant. The administration of the MCH Block Grant is governed by 45 CFR Part 96 which states that "a State shall obligate and expend block grant funds in accordance with the laws and procedures applicable to the obligation and expenditure of its own funds" (45 CFR 96.30(a)). In consequence, recipients will determine which expenses are "administrative" according to the laws and rules of their states.
8. Maintenance of Effort/Non-Supplantation Requirement: Funds provided to an eligible entity receiving a grant shall supplement, and not

- supplant, funds from other sources for early childhood home visitation programs or initiatives. Recipients may demonstrate compliance by maintaining non-federal funding (State General Funds) for evidence-based home visiting and home visiting initiatives, expended for the activities proposed in the Notice of Funding Opportunity, at a level that is not less than expenditures for such activities as of the most recently completed fiscal year. Non-federal funding is defined as state general funds, including in-kind, expended only by the recipient entity administering the MIECHV grant and not by other state agencies. In addition, for purposes of maintenance of effort/non-supplantation, home visiting is defined as an evidence-based program implemented in response to findings from the most current statewide needs assessment update that includes home visiting as a primary service delivery strategy, and is offered on a voluntary basis to pregnant women or caregivers of children birth to kindergarten entry. Nonprofit recipients must agree to take all steps reasonably available for this purpose and should provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement. The baseline for maintenance of effort is the state fiscal year prior to the fiscal year during which the application is submitted. As a reminder, recipients may NOT consider any Title V funding used for evidence-based home visiting as part of the maintenance of effort demonstration. Recipients should only include state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.
9. Funds made available to a recipient for a fiscal year shall remain available for expenditure by the recipient through the end of the second succeeding fiscal year after award. Funds awarded during Federal fiscal year 2022 (funds awarded on 09/30/2022) that have not been obligated prior to September 29, 2024 will be deobligated. They may not be carried over into a subsequent fiscal year.
 10. Program income generated as a result of MIECHV funded activities must be used for approved program-related expenditures. The program income alternative applied to the award(s) under the program will be the addition/additive alternative, by which the program income is added to the federal award and is used to further eligible program objectives. Post-award requirements for program income can be found at 45 CFR § 75.307.
 11. Recipients must continue to implement a Performance Measurement Plan approved by HRSA. This plan outlines the details of each performance measure and related data collection, reporting, and analysis activities. The recipient is expected to work with HRSA on an ongoing basis throughout the grant period to complete the development of operationally defined performance measures for each benchmark area and the specification of data collection processes in order to support program accountability and future ongoing quality improvement. If a revision is requested by HRSA or the recipient during the period of performance, the amended Performance Measurement Plan must be reviewed and approved by HRSA. An updated plan may be required to be submitted during the period of performance of the grant.
 12. Recipients will be required to submit an annual Continuous Quality Improvement (CQI) Plan update by February 28, 2023. HRSA will provide guidance on how to submit final plans to the HRSA Project Officer through a Request for Information in the Electronic Handbooks (EHBs). The annual CQI Plan must provide updates on prior year activities, as well as describe recipient and Local Implementing Agency (LIA) level activities for the coming year. If the scope of a CQI Plan changes substantially during an implementation year, recipients must submit an updated CQI plan and rationale for the changes to the Project Officer 90 days prior to the proposed date to implementation of the changes.
 13. No more than 25 percent of total fiscal year MIECHV grant award may be expended for purposes of conducting and evaluating a program using a service delivery model that qualifies as a promising approach. Recipients that propose to implement a home visiting model that qualifies as a promising approach are required to conduct a rigorous evaluation of that approach. Recipients must submit an evaluation plan in accordance with guidance provided through consultation with HRSA. An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days from project start date. HRSA will provide further guidance and technical assistance after the award is issued.
 14. Recipients who are conducting a voluntary state-led evaluation are required to participate in Coordinated State Evaluation (CSE) and are required to conduct evaluation in one of four HRSA-identified priority topic areas in a peer network of MIECHV awardees. Additional details about evaluation requirements can be found in HRSA-22-142. For awardees conducting a CSE evaluation, an evaluation plan addendum is due to HRSA no later than 120 days from project start date. HRSA will provide further guidance and technical assistance after the award is issued.
 15. Recipients must assure participation in any national evaluation activities, if selected to participate.
 16. Funds awarded to any subcontractor, subrecipient or recipient by the Department of Health and Human Services shall not be expended for research involving human subjects, and individuals shall not be enrolled in such research without an assurance by the Office of Human Research Protections (OHRP) (<http://www.hhs.gov/ohrp/about/index.html>) that the studies comply with the requirements of 45 CFR Part 46 to protect Human Research subjects. This restriction applies to all collaborating sites without OHRP Approved Assurances, whether domestic or foreign; compliance must be ensured by the awardee.
 17. As applicable, recipients must comply with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule"). The Privacy Rule implements the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., which governs

the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS's Office of Civil Rights (OCR) and is codified at 45 CFR parts 160 and 164. Not all HHS recipients are subject to the Privacy Rule. The Privacy Rule applies only to "covered entities," as defined by the rule, which include health plans and most healthcare providers. (<http://www.hhs.gov/ocr/hipaa>).

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: 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). More information is available at: <https://grants4.hrsa.gov/DGISReview/FomAssignmentList/x10.html>.

2. Due Date: Within 90 Days of Project End Date

Program specific forms for the project period are due within 90 days of the project period end date via HRSA's Electronic Handbooks. Specific forms required to be completed by MIECHV awardees include Administrative Forms 1, 2, and 4 and Products, Publications, and Submissions and Performance Measures, Core 2, Core 3, and Capacity Building CB4.

3. 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 an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. Effective October 1, 2020, all FFRs will 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.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

4. Due Date: Within 90 Days of Project End Date

Recipients must submit a final progress report, which includes a final evaluation report (if applicable), within 90 days of the end of grant support. Final progress reports are required on all activities carried out under X10 awards. The final progress report will collect program specific goals and progress on strategies; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. The final progress report must be submitted through the EHBs: (<https://grants.hrsa.gov/webexternal/home.asp>). Failure to submit timely and accurate final progress reports may affect future funding to the organization or awards with the same program director. Recipients will receive notification regarding final reporting through EHBs 23 months prior to the due date.

Recipients that implement a promising approach and/or coordinated state evaluation must include an evaluation section in their final progress report. The evaluation section of the final progress report must include an evaluation summary, a description of evaluation design and results, successes and challenges, limitations, and if applicable based on the stage of the project, conclusions or implications, and a plan for dissemination of evaluation findings. Recipients should expect significant review and revisions to this section and should be prepared to make requested revisions to ensure accuracy and appropriateness of the data, including having evaluation staff available to respond during the submission and review of the final report, which occurs after the end of the project period.

5. Due Date: Within 180 Days of Budget Start Date

The Home Visiting Budget Assessment Tool (HV-BAT) must be submitted for eligible Local Implementing Agencies (LIAs) for one-third of recipients each year, resulting in collection of data from all recipient LIAs over a 3-year time period. HV-BAT data will be submitted via HRSA's Electronic Handbooks (EHBs). Awardees have received notification of their cohort assignment over the 3-year period and corresponding due dates are 180 days after start of the period of performance for each cohort. Specific due dates for each cohort are:

- Cohort 2 due date: March 31, 2023
- Cohort 3 due date: April 1, 2024

Recipients should anticipate review and revisions to HV-BAT submissions and should be prepared to make requested revisions to ensure accuracy and appropriateness of the data, including having staff available to respond during the submission and review of the final submission.

6. Due Date: 10/01/2023

Recipients must provide an Annual Performance Report, which includes demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the Home Visiting Information System (HVIS) accessed through the EHBs. Annual performance reports are required and will be consolidated across X10 and X11 grants.

Section 1 of the report includes demographic, service utilization, and select clinical indicators including: an unduplicated count of enrollees; selected characteristics by race and ethnicity; socioeconomic data; other demographics; numbers of households from priority populations; service utilization across all models; among other measures.

Section 2 of the report includes the performance indicators and systems outcomes measures for all 19 constructs defined by HRSA within each of the six benchmark areas.

The annual reporting period is defined as October 1 through September 30 of each year.

7. Due Date: Quarterly (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 30 days after end of reporting period.

Recipients must submit Quarterly Performance Reports that include: the number of new and continuing households served; maximum service capacity; identification of Local Implementing Agency (LIA) names and addresses; identification of counties and zip codes where households are served by each LIA; identification of evidence-based home visiting models or promising approaches implemented by each LIA; family engagement and retention; and staff recruitment and retention. Awardees are required to report information about MIECHV participants and staff supported with X10 funds separately from X11 funds. Households should only be reported once in either X10 or X11 Quarterly Performance Reports and there should not be duplication of households, participants, or staff across reports. These reports are submitted through the HVIS system, accessed through EHBs.

The submission due date associated with Form 4 Quarterly Performance Reports is 45 days from the last day of the reporting period. The content and deadline for Quarterly Performance Reports are subject to change, pending Office of Management and Budget approval.

Recipients will receive notice from HRSA of any such changes. Quarterly reporting periods are defined as follows:

- Q1 – October 1-December 31
- Q2 – January 1-March 31
- Q3 – April 1-June 30
- Q4 – July 1-September 30

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
Aurelia Moran	Program Director, Authorizing Official, Point of Contact	aurelia.moran@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

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
Kristi Hart
kristi.hart@dhhs.nh.gov
(603)271-4566

8. Authorized Official
Rhonda Siegel
Maternal and Child Health Section Chief
Rhonda.Siegel@dhhs.nh.gov
(603)271-4516

Federal Agency Information

9. Awarding Agency Contact Information
LaToya Ferguson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
LFerguson@hrsa.gov
(301) 443-1440

10. Program Official Contact Information
Amy Adams
Region 1 Project Officer
Maternal and Child Health Bureau (MCHB)
aadams2@hrsa.gov
(240) 381-5365

Federal Award Information

11. Award Number
6 X10MC50315-01-01

12. Unique Federal Award Identification Number (FAIN)
X1050315

13. Statutory Authority
42 U.S.C. § 711(c)

14. Federal Award Project Title
Maternal, Infant and Early Childhood Homevisiting Grant Program

15. Assistance Listing Number
93.870

16. Assistance Listing Program Title
Maternal, Infant and Early Childhood Homevisiting Grant Program

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2023 - End Date 09/29/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$316,035.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$3,476,389.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$3,476,389.00
26. Project Period Start Date 09/30/2023 - End Date 09/29/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,476,389.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer - Signature
LaToya Ferguson on 12/01/2023

30. Remarks

This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.



Notice of Award
Award Number: 6 X10MC50315-01-01
Federal Award Date: 12/01/2023

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:	\$280,856.00
b. Fringe Benefits:	\$178,975.00
c. Total Personnel Costs:	\$459,831.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$28,561.00
g. Travel:	\$20,262.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$13,021.00
j. Consortium/Contractual Costs:	\$2,638,679.00
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:	\$3,160,354.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$316,035.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$3,476,389.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$3,476,389.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$3,476,389.00
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	\$3,476,389.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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

YEAR	TOTAL COSTS
Not applicable	

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
41.51

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
23-38923G1	93.870	23X10MC50315	\$0.00	\$0.00	N/A	23X10MC50315

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/2010WebEPSExternal/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. The grant condition stated below on NoA 1 X10MC50315-01-00 is hereby lifted.

Please make the following adjustments to the budget:

1. The calculations for the "Supplies" and "Other" budget categories do not equate to the totals listed in the budget narrative. Please review and make the necessary adjustments.
2. Per the NCC guidance, you must include the estimated percentage of the FY 2023 MIECHV Base Grant Award planned to support the administrative and infrastructure activities. With no more than 10% used to cover the cost of administration and no more than 25%, inclusive of administrative cost, used to cover the infrastructure activities. Please include the estimated percentages for both in the budget narrative.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Kristi Hart	Program Director, Point of Contact	kristi.hart@dhhs.nh.gov
Rhonda Siegel	Authorizing Official	rhonda.siegel@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

Home Visiting
 AU 58960000

A	Home Visiting Formula Grant X10MC50315-2 year grant	
B	Award Ending 09/29/2022 (9/30/22-09/29/24) X10M46878-01-00	3,004,211
	Award Ending 09/29/2025 (09/30/23-09/29/25) X10MC50315-01-00	3,476,389
C	Expended through 6/30/24	(1,817,175)
D	Unobligated Balance Unable to Spend	
E	Award Balance 7/1/24	\$ 4,663,425
F	SFY 25 Appropriation **	(2,908,652)
G	Balance Forward	<u>(433,343)</u>
H	Available to Accept in SFY 25	1,321,430
I	Amount Requested this Action	<u>1,321,430</u>

