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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES

Lori A. Weaver
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4451 1-800-852-3345 Ext. 4451
Fax: 603-271-4729 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Marie E. Noonan
Director

December 26, 2024

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Children, Youth and Families, to accept and expend \$20,642 from the US Department of Health and Human Services, Administration for Children and Families, John H. Chafee Foster Care Program for Successful Transition to Adulthood, to provide support to the expanding array of services for youth and young adults currently or formerly in foster care, effective upon Governor and Council approval through September 30, 2025, and authorize the allocation of these funds in the account below. 100% Federal Funds.

**05-095-042-421010-29700000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, TEEN INDEPENDENT LIVING**

Class/ Object	Class Title	Current Authorized Budget	Requested Change	Adjusted Budget
Revenue				
000-403875-16	Federal Funds	\$ 497,417	\$ 20,642	\$ 518,059
	General Funds		\$ -	\$ -
Total Revenue:		\$ 497,417	\$ 20,642	\$ 518,059
Expense				
010-500100	Personal Services Perm Class	\$ 91,779		\$ 91,779
020-500200	Current Expenses	\$ 5,000		\$ 5,000
039-500190	Telecommunications	\$ 5,500		\$ 5,500
041-500801	Audit Fund Set Aside	\$ 471	\$ 21	\$ 492
050-500109	Personal Services Temp	\$ 222,849		\$ 222,849
060-500601	Benefits	\$ 59,818		\$ 59,818
070-500700	In State Travel	\$ 5,000		\$ 5,000
080-500710	Out of State Travel	\$ 5,000		\$ 5,000
102-500731	Contracts for Program Services	\$ 52,000		\$ 52,000
502-500891	Payment to Providers	\$ 50,000	\$ 20,621	\$ 70,621
Total Expense:		\$ 497,417	\$ 20,642	\$ 518,059

EXPLANATION

The Department of Health and Human Services (DHHS) requests to accept additional grant funds available in State Fiscal Year 2025 to administer the John H. Chafee Foster care Independence (CHAFEE (ILP)) Program under Title IV-E of the Social Security Act in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, DHHS regulations, and OMB Circulars. These additional grant funds which are 100% Federal, are available through the DHHS, Administration for Children and Families and invites DHHS to apply for them to meet the needs of their youth currently or formerly in foster care.

The Department is making these additional funds available to use by youth and young adults currently or formerly in foster care that are between the ages of 16 and 23 who need support in funding drivers' education, required outside driving hours, licensing fees and insurance costs, and securing housing deposits and/or first month's rent. We estimate that obtaining these funds will allow approximately 20 additional DCYF youth to have their needs met by receiving one or more of the above services in SFY 2025.

Funds will be budgeted as follows:

Class 041 – AUDIT FUND SET A SIDE – per state requirements.

Class 502 – PAYMENT TO PROVIDERS - to provide financial assistance to youth currently in foster care for drivers' education and related costs, security deposits or other assistance needed to prepare them for the transition out of foster care and into adulthood.

Source of Funds: 100% Federal Funds.

In the event that the 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**
NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Children, Youth & Families
129 Pleasant Street

CONCORD, NEW HAMPSHIRE 03301
- 2. Congressional District of Recipient**
*See Remarks
- 3. Payment Account Number and Type**
*See Remarks
- 4. Employer Identification Number (EIN)**
1026000618B3
- 5. Data Universal Numbering System (DUNS)**
011040545
- 6. Recipient's Unique Entity Identifier**
LA2HR1U97VC6
- 7. Project Director or Principal Investigator**
Grant Administrator

michael.e.donati@dhhs.nh.gov
- 8. Authorized Official**
*See Remarks

Federal Agency Information

- 9. Awarding Agency Contact Information**
Sona Cook
Grants Management Officer
sona.cook@acf.hhs.gov
214-767-2973
- 10. Program Official Contact Information**
Joseph Bock
Associate Commissioner
ACYF - Children's Bureau
joe.bock@acf.hhs.gov
202-205-8594

Federal Award Information

- 11. Award Number**
2401NHCILP
- 12. Unique Federal Award Identification Number (FAIN)**
2401NHCILP
- 13. Statutory Authority**
Section 477 of SSA
- 14. Federal Award Project Title**
*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**
93.674
- 16. CFDA Program Title**
John H. Chafee Foster Care Program for Successful Transition to Adulthood
- 17. Award Action Type**
Supplement
- 18. Is the Award R&D?**
*See Remarks

Summary Federal Award

Financial Information

- | | |
|---|----------------------------|
| 19. Budget Period Start Date 10-01-2023 | End Date 09-30-2025 |
| 20. Total Amount of Federal Funds Obligated by this Action | \$20,642 |
| 20a. Direct Cost Amount | *See Remarks |
| 20b. Indirect Cost Amount Administrative Offset | *See Remarks |
| 21. Authorized Carryover | *See Remarks |
| 22. Offset | *See Remarks |
| 23. Total Amount of Federal Funds Obligated this budget period | \$20,642 |
| 24. Total Approved Cost Sharing or Matching, where applicable | *See Remarks |
| 25. Total Federal and Non-Federal Approved | *See Remarks |
| 26. Project Period Start Date 10-01-2023 - | End Date 09-30-2025 |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching | *See Remarks |

- 28. Authorized Treatment of Program Income**
*See Remarks
- 29. Grants Management Officer – Signature**

Sona Cook
Grants Management Officer

Footnotes

This award action reflects the redistributed funds from Federal Fiscal Year 2022 associated with the Chafee Independent Living Program.



Recipient Information
NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Children, Youth & Families
129 Pleasant Street
CONCORD, NEW HAMPSHIRE 03301
Employer Identification Number (EIN): 1026000618B3
Data Universal Numbering System (DUNS): 011040545
Recipient's Unique Entity Identifier: LA2HR1U97VC6
Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-2224-1545	2024,G994414	\$20,642	\$20,642	\$20,642	G-2401NHCILP	Reallotment -- Regular

Terms and Conditions

Terms and Conditions for the John H. Chafee Foster Care Program for Successful Transition to Adulthood program can be found on the Administration for Children & Families website.

The link to the website is listed below:

<https://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants>

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Access to your notices of award, at your convenience, is now available through GrantSolutions. You may view a recorded training or access quick training guides on the Grant Recipient Support and Reference page.

If you have any questions about accessing grant notices of award utilizing the Unified Experience, please contact the GrantSolutions Help Desk at help@grantsolutions.gov.