



Lori A. Weaver  
Commissioner

Marie Noonan  
Director

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

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-4451 1-800-852-3345 Ext. 4451  
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ARC  
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August 14, 2025

The Honorable Ken Weyler, Chairman  
Fiscal Committee of the General Court and

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

**REQUESTED ACTION**

Pursuant to the provisions of RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division for Children, Youth and Families, to accept and expend \$379,535 from the US Department of Health and Human Services, Administration for Children and Families, Child Abuse and Neglect State Grant, to fund the Roadmap to Reunification Contract, effective upon Fiscal Committee and Governor and Council approval through June 30, 2026, and authorize the allocation of these funds in the account below. 100% Federal Funds.

**05-095-042-421010-29690000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DIVISION FOR CHILDREN, YOUTH & FAMILIES, CHILD PROTECTION, CHILD ABUSE PREVENTION CAPTA**

Class/Object	Class Title	Current Authorized Budget	Requested Change	Adjusted Budget
<b>Revenue</b>				
000-403890-16	Federal Funds	\$ 854,600	\$ 379,535	\$ 1,234,135
Sub Total Revenue:		\$ 854,600	\$ 379,535	\$ 1,234,135
<b>Expense</b>				
020-500200	Current Expenses	\$ 20,000		\$ 20,000
041-500801	Audit Fund Set Aside	\$ 522	\$ 379	\$ 901
050-500109	Personal Service Temp Appoint	\$ 55,153		\$ 55,153
060-500601	Benefits	\$ 4,335		\$ 4,335
080-500710	Out of State Travel	\$ 1		\$ 1
102-500731	Contract for Program Services	\$ 774,589	\$ 379,156	\$ 1,153,745
Sub Total Expense:		\$ 854,600	\$ 379,535	\$ 1,234,135

The Honorable Ken Weyler, Chairman  
Her Excellency, Governor Kelly A. Ayotte  
August 14, 2025  
Page 2 of 2

**EXPLANATION**

The Department of Health and Human Services requests to accept additional grant funds available for SFY 2026 to administer the Child Abuse and Neglect State Grant that supports services to families involved with the Division.

These funds will be used for the Roadmap to Reunification Project that provides reunification services, family engagement and a sustained focus on reunification efforts to children and their families when the child resides in a foster home or relative home for whom the Department is legally responsible.

Funds will be budgeted as follows:

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

Class 102 – CONTRACTS FOR PROGRAM SERVICES- To fund a contract which provides ongoing operational support to some of the most vulnerable children and families served by DCYF and child-placing agencies.

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,

A handwritten signature in black ink, appearing to read "Lori A. Weaver", is written over a horizontal line. To the right of the signature, the word "for:" is written in a smaller font.

Lori A. Weaver  
Commissioner

**Child Abuse and Neglect State Grants**

	Grant Year 2022	Grant Year 2023	Grant Year 2024	Grant Year 2025	Total
Award Ending 9/30/26	362,383				362,383
Award Ending 9/30/27		394,187			394,187
Award Ending 9/30/28			398,555		398,555
Award Ending 9/30/29				395,568	395,568
<b>Expended through 6/30/2025</b>	<b>211,828</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>211,828</b>
Available Award Balance	150,555	394,187	398,555	395,568	1,338,865
Less: SFY 26 Appropriations	150,555	394,187	309,858		854,600
Available To Accept	(0)	-	88,697	395,568	484,265
Amount Requested This Action	-	-	88,697	290,838	379,535

**SFY 26 Appropriations:**

10-042-4210-2969	2026 Budget	Balance Forwarded	Total	This Action	Revised Budget
Revenue	526,795	327,805	854,600	379,535	1,234,135
Expense	526,795	327,805	854,600	379,535	1,234,135



**Recipient Information**

- 1. Recipient Name**  
NEW HAMPSHIRE  
Department of Health and Human Services  
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.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**  
2201NHNCAN
- 12. Unique Federal Award Identification Number (FAIN)**  
2201NHNCAN
- 13. Statutory Authority**  
42 USC 5101, Sec. 106(a)
- 14. Federal Award Project Title**  
\*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**  
93.669
- 16. CFDA Program Title**  
Child Abuse and Neglect State Grants
- 17. Award Action Type**  
New
- 18. Is the Award R&D?**  
\*See Remarks

**Summary Federal Award**

- 19. Budget Period Start Date** 10-01-2021
- 20. Total Amount of Federal Funds Obligated by this Action**  
20a. Direct Cost Amount  
20b. Indirect Cost Amount Administrative Offset
- 21. Authorized Carryover
- 22. Offset
- 23. Total Amount of Federal Funds Obligated this budget period
- 24. Total Approved Cost Sharing or Matching, where applicable**
- 25. Total Federal and Non-Federal Approved**
- 26. Project Period Start Date** 10-01-2021 -
- 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

**Financial Information**

- End Date** 09-30-2026
- \$359,034.00
- \*See Remarks
- \*See Remarks
- \*See Remarks
- \*See Remarks
- \$359,034.00
- \*See Remarks
- \*See Remarks
- End Date** 09-30-2026
- \*See Remarks

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

  
Sona Cook

**Footnotes**

Grants Management Officer



**Recipient Information**  
 NEW HAMPSHIRE  
 Department of Health and Human Services  
 129 Pleasant Street  
 CONCORD, NEW HAMPSHIRE 03301  
**Employer Identification Number (EIN):** XXXXXXXXXXXXX  
**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>
75-22-1536	2022,G992372	\$359,034.00	\$359,034.00	\$359,034.00	G-2201NHNCAN	Formula

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award  
Award # 2201NHNCAN  
FAIN# 2201NHNCAN  
Federal Award Date: June 3, 2022

Child Abuse and Neglect Prevention Grants Supplemental Terms and Conditions

By acceptance of awards for this program, the grantee agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for this program.

The administration of this program is authorized under Title I, Section 106, of the Child Abuse Prevention and Treatment Act (CAPTA). The program is codified at 42 U.S.C. §5101 et. seq. and does not have program-specific implementing regulations. See Program Instructions ACYF- CB-PI-11-06, issued April 28, 2011, and annual Program Instruction ACYF-CB-PI-20-02, issued February 4, 2020 describing the requirements for the program. As applicable to insular areas identified under 45 CFR §97.11, the 45 CFR Part 97 – Consolidation of Grants applies to this program.

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR Part 75 in its entirety. No exceptions were identified.

Additional applicable regulations and requirements can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

This program has no matching or Maintenance of Effort (MOE) requirements.

The expenditure reporting form used is the SF-425 Federal Financial Report. This report is submitted annually and must be submitted no later than December 30 - 90 days following the end of each Federal Fiscal year. SF-425 reports must be submitted each grant year funds are available: four interim reports covering year one thru four of the project period and a final report (cumulative) covering the entire project period. These annual reports must be submitted electronically through the HHS Payment Management System (PMS).

Funding (project) period and obligation period. This program has a 5-year project/obligation period starting the first day of the Federal Fiscal year, October 1, for which the funds were awarded and ending the last day, September 30 four years after the funding year. The 5-year obligation period includes the appropriation year plus 4 additional years.

Liquidation period. All obligated Federal funds awarded under this grant must be liquidated no later than 90 days past the end of the funding/obligation period. Any Federal funds not liquidated by December 30 will be recouped by this Department.

As required by section 108(c) of CAPTA, each state receiving the grant must prepare an annual report describing how funds were used to address the purposes and achieve the objectives of the grant. This annual update is to be submitted by June 30 in conjunction with the state's Child and Family Services Plan or Annual Progress and Services Report (see 45 CFR §§ 1357.15 and .16). These OMB approved annual reports must be submitted to the appropriate ACF Regional Office.

Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and major renovation are not an allowable activity or expenditure under this grant.

Points of contact for additional information or questions concerning either the operation of the program or related financial or grant matters may be found on the Notice of Award.

**Remarks**

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



**Recipient Information**

- 1. Recipient Name**  
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
Department of Health and Human Services  
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.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**  
2201NHNCAN
- 12. Unique Federal Award Identification Number (FAIN)**  
2201NHNCAN
- 13. Statutory Authority**  
42 USC 5101, Sec. 106(a)
- 14. Federal Award Project Title**  
\*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**  
93.669
- 16. CFDA Program Title**  
Child Abuse and Neglect State Grants
- 17. Award Action Type**  
Supplement
- 18. Is the Award R&D?**  
\*See Remarks

**Summary Federal Award**

- 19. Budget Period Start Date** 10-01-2021
- 20. Total Amount of Federal Funds Obligated by this Action**  
20a. Direct Cost Amount  
20b. Indirect Cost Amount Administrative Offset
- 21. Authorized Carryover
- 22. Offset
- 23. Total Amount of Federal Funds Obligated this budget period
- 24. Total Approved Cost Sharing or Matching, where applicable**
- 25. Total Federal and Non-Federal Approved**
- 26. Project Period Start Date** 10-01-2021 -
- 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

**Financial Information**

- End Date** 09-30-2026
- \$3,275.00
- \*See Remarks
- \*See Remarks
- \*See Remarks
- \*See Remarks
- \$362,309.00
- \*See Remarks
- \*See Remarks
- End Date** 09-30-2026
- \*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 an adjustment to the Fiscal Year 2022 amount previously allotted for the Child Abuse and Neglect State Grant Program.



**Recipient Information**

HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
Department of Health and Human Services  
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</u> <u>Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-22-1536	2022,G992372	\$362,309.00	\$3,275.00	\$362,309.00	G-2201NHNCAN	Formula

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award  
Award # 2201NHNCAN  
FAIN# 2201NHNCAN  
Federal Award Date: September 13, 2022

Child Abuse and Neglect Prevention Grants Supplemental Terms and Conditions

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The administration of this program is authorized under Title I, Section 106, of the Child Abuse Prevention and Treatment Act (CAPTA). The program is codified at 42 U.S.C. §5101 et. seq. and does not have program-specific implementing regulations. See Program Instructions ACYF- CB-PI-11-06, issued April 28, 2011, and annual Program Instruction ACYF-CB-PI-20-02, issued February 4, 2020 describing the requirements for the program. As applicable to insular areas identified under 45 CFR §97.11, the 45 CFR Part 97 – Consolidation of Grants applies to this program.

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This program has no matching or Maintenance of Effort (MOE) requirements.

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Funding (project) period and obligation period. This program has a 5-year project/obligation period starting the first day of the Federal Fiscal year, October 1, for which the funds were awarded and ending the last day, September 30 four years after the funding year. The 5-year obligation period includes the appropriation year plus 4 additional years.

Liquidation period. All obligated Federal funds awarded under this grant must be liquidated no later than 90 days past the end of the funding/obligation period. Any Federal funds not liquidated by December 30 will be recouped by this Department.

As required by section 108(e) of CAPTA, each state receiving the grant must prepare an annual report describing how funds were used to address the purposes and achieve the objectives of the grant. This annual update is to be submitted by June 30 in conjunction with the state's Child and Family Services Plan or Annual Progress and Services Report (see 45 CFR §§ 1357.15 and .16). These OMB approved annual reports must be submitted to the appropriate ACF Regional Office.

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Points of contact for additional information or questions concerning either the operation of the program or related financial or grant matters may be found on the Notice of Award.

<b>Remarks</b>
----------------

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



**Recipient Information**

**1. Recipient Name**

HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
Department of Health and Human Services  
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.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**

2201NHNCAN

**12. Unique Federal Award Identification Number (FAIN)**

2201NHNCAN

**13. Statutory Authority**

42 USC 5101, Sec. 106(a)

**14. Federal Award Project Title**

\*See Remarks

**15. Catalog of Federal Domestic Assistance (CFDA) Number**

93.669

**16. CFDA Program Title**

Child Abuse and Neglect State Grants

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

\*See Remarks

**Summary Federal Award**

**19. Budget Period Start Date** 10-01-2021

**20. Total Amount of Federal Funds Obligated by this Action**

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

**24. Total Approved Cost Sharing or Matching, where applicable**

**25. Total Federal and Non-Federal Approved**

**26. Project Period Start Date** 10-01-2021 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

**Financial Information**

**End Date** 09-30-2026

\$74.00

\*See Remarks

\*See Remarks

\*See Remarks

\*See Remarks

\$362,383.00

\*See Remarks

\*See Remarks

**End Date** 09-30-2026

\*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 an adjustment to the Fiscal Year 2022 amount previously allotted for the Child Abuse and Neglect State Grant Program.



**Recipient Information**  
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
Department of Health and Human Services  
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>
75-22-1536	2022,G992372	\$362,383.00	\$74.00	\$362,383.00	G-2201NHNCAN	Formula

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award # 2201NHNCAN

FAIN# 2201NHNCAN

Federal Award Date: September 22, 2022

Child Abuse and Neglect Prevention Grants Supplemental Terms and Conditions

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The administration of this program is authorized under Title I, Section 106, of the Child Abuse Prevention and Treatment Act (CAPTA). The program is codified at 42 U.S.C. §5101 et. seq. and does not have program-specific implementing regulations. See Program Instructions ACYF- CB-PI-11-06, issued April 28, 2011, and annual Program Instruction ACYF-CB-PI-20-02, issued February 4, 2020 describing the requirements for the program. As applicable to insular areas identified under 45 CFR §97.11, the 45 CFR Part 97 – Consolidation of Grants applies to this program.

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**Remarks**

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Access to your notices of award, at your convenience, is now available through GrantSolutions. You may view a recorded training here 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](mailto:help@grantsolutions.gov).



**Recipient Information**

- 1. Recipient Name**  
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
Department of Health and Human Services  
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**  
2301NHNCAN
- 12. Unique Federal Award Identification Number (FAIN)**  
2301NHNCAN
- 13. Statutory Authority**  
42 USC 5101, Sec. 106(a)
- 14. Federal Award Project Title**  
\*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**  
93.669
- 16. CFDA Program Title**  
Child Abuse and Neglect State Grants
- 17. Award Action Type**  
New
- 18. Is the Award R&D?**  
\*See Remarks

Summary Federal Award	Financial Information
<b>19. Budget Period Start Date</b> 10-01-2022	<b>End Date</b> 09-30-2027
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$394,187.00
20a. Direct Cost Amount	*See Remarks
20b. Indirect Cost Amount Administrative Offset	*See Remarks
<b>21. Authorized Carryover</b>	*See Remarks
<b>22. Offset</b>	*See Remarks
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$394,187.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	*See Remarks
<b>25. Total Federal and Non-Federal Approved</b>	*See Remarks
<b>26. Project Period Start Date</b> 10-01-2022 -	<b>End Date</b> 09-30-2027
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching</b>	*See Remarks

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

Sona Cook  
Grants Management Officer

**Footnotes**



**Recipient Information**

HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
Department of Health and Human Services  
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</u>		<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>			
75-23-1536	2023,G992372	\$394,187.00	\$394,187.00	\$394,187.00		G-2301NHNCAN	Formula

**Terms and Conditions**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award  
Award # 2301NHNCAN  
FAIN# 2301NHNCAN  
Federal Award Date: March 31, 2023

Child Abuse and Neglect Prevention Grants Supplemental Terms and Conditions

By acceptance of awards for this program, the grantee agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for this program.

The administration of this program is authorized under Title I, Section 106, of the Child Abuse Prevention and Treatment Act (CAPTA). The program is codified at 42 U.S.C. §5101 et. seq. and does not have program-specific implementing regulations. As applicable to insular areas identified under 45 CFR §97.11, the 45 CFR Part 97 – Consolidation of Grants applies to this program. See annual Program Instruction ACYF-CB-PI-22-01 describing the requirements for the program.

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR Part 75 in its entirety. No exceptions were identified.

Additional applicable regulations and requirements can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

This program has no matching or Maintenance of Effort (MOE) requirements.

The OMB approved expenditure reporting form used for this program is the SF-425 Federal Financial Report. This report is submitted annually and must be submitted no later than December 30 - 90 days following the end of each Federal Fiscal year. SF-425 reports must be submitted each grant year funds are available: four interim reports covering year one thru four of the project period and a final report (cumulative) covering the entire project period. These annual reports must be submitted electronically through the HHS Payment Management System (PMS).

Funding (project) period and obligation period. This program has a 5-year project/obligation period starting the first day of the Federal Fiscal year, October 1, for which the funds were awarded and ending the last day, September 30 four years after the funding year. The 5-year obligation period includes the appropriation year plus 4 additional years.

Liquidation period. All obligated Federal funds awarded under this grant must be liquidated no later than 90 days past the end of the funding/obligation period. Any Federal funds not liquidated by December 30 will be recouped by this Department.

As required by section 108(e) of CAPTA, each state receiving the grant must prepare an annual report describing how funds were used to address the purposes and achieve the objectives of the grant. This annual update is to be submitted by June 30 in conjunction with the state's Child and Family Services Plan or Annual Progress and Services Report (see 45 CFR §§ 1357.15 and .16). These OMB approved annual reports must be submitted to the appropriate ACF Regional Office.

Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and major renovation are not an allowable activity or expenditure under this grant.

These program-specific Supplemental Terms and Conditions are effective on the date shown in the footer at the bottom of the page and will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures, or restrictions is amended, revised, altered, or repealed.

<b>Remarks</b>
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**Recipient Information**

**1. Recipient Name**

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES  
Department of Health and Human Services  
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**

2401NHNCAN

**12. Unique Federal Award Identification Number (FAIN)**

2401NHNCAN

**13. Statutory Authority**

42 USC 5101, Sec. 106(a)

**14. Federal Award Project Title**

\*See Remarks

**15. Catalog of Federal Domestic Assistance (CFDA) Number**

93.669

**16. CFDA Program Title**

Child Abuse and Neglect State Grants

**17. Award Action Type**

New

**18. Is the Award R&D?**

\*See Remarks

**Summary Federal Award**

**Financial Information**

**19. Budget Period Start Date** 10-01-2023

**End Date** 09-30-2029

**20. Total Amount of Federal Funds Obligated by this Action**

\$394,865.00

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

\$394,865.00

**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** 09-30-2029

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**



**Recipient Information**

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES  
Department of Health and Human Services  
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>
75-24-1536	2024,G992372	\$394,865.00	\$394,865.00	\$394,865.00	G-2401NHNCAN	Formula

**Terms and Conditions**

Terms and Conditions for this 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**

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**Recipient Information**

**1. Recipient Name**

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES  
Department of Health and Human Services  
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**

2401NHNCAN

**12. Unique Federal Award Identification Number (FAIN)**

2401NHNCAN

**13. Statutory Authority**

42 USC 5101, Sec. 106(a)

**14. Federal Award Project Title**

\*See Remarks

**15. Catalog of Federal Domestic Assistance (CFDA) Number**

93.669

**16. CFDA Program Title**

Child Abuse and Neglect State Grants

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

\*See Remarks

**Summary Federal Award**

**19. Budget Period Start Date** 10-01-2023

**20. Total Amount of Federal Funds Obligated by this Action**

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

**24. Total Approved Cost Sharing or Matching, where applicable**

**25. Total Federal and Non-Federal Approved**

**26. Project Period Start Date** 10-01-2023 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

**Financial Information**

**End Date** 09-30-2028

\$0

\*See Remarks

\*See Remarks

\*See Remarks

\*See Remarks

\$394,865.00

\*See Remarks

\*See Remarks

**End Date** 09-30-2028

\*See Remarks

**28. Authorized Treatment of Program Income**

\*See Remarks

**29. Grants Management Officer – Signature**

Sona Cook  
Grants Management Officer

**Footnotes**



**Recipient Information**

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES  
Department of Health and Human Services  
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</u>		<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>			
75-24-1536	2024,G992372	\$394,865.00	\$0	\$394,865.00		G-2401NHNCAN	Formula

**Terms and Conditions**

Terms and Conditions for this 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.

This award action reflects the correction of the budget and project period end date that was reflected on the original Notice of Award issued on 25 April 2024.



**Recipient Information**

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NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES  
Department of Health and Human Services  
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**  
2401NHNCAN
- 12. Unique Federal Award Identification Number (FAIN)**  
2401NHNCAN
- 13. Statutory Authority**  
42 USC 5101, Sec. 106(a)
- 14. Federal Award Project Title**  
\*See Remarks
- 15. Catalog of Federal Domestic Assistance (CFDA) Number**  
93.669
- 16. CFDA Program Title**  
Child Abuse and Neglect State Grants
- 17. Award Action Type**  
Supplement
- 18. Is the Award R&D?**  
\*See Remarks

**Summary Federal Award**

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

**Financial Information**

- End Date** 09-30-2028
- \$3,690.00
- \*See Remarks
- \*See Remarks
- \*See Remarks
- \*See Remarks
- \$398,555.00
- \*See Remarks
- \*See Remarks
- End Date** 09-30-2028
- \*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 an increasing adjustment to the Fiscal Year 2024 amount previously allocated for the Child Abuse and Neglect State Grant.



**Recipient Information**

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Department of Health and Human Services  
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>
75-24-1536	2024,G992372	\$398,555.00	\$3,690.00	\$398,555.00	G-2401NHNCAN	Formula

**Terms and Conditions**

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Department of Health and Human Services  
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

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- 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**  
2501NHNCAN
- 12. Unique Federal Award Identification Number (FAIN)**  
2501NHNCAN
- 13. Statutory Authority**  
42 USC 5101, Sec. 106(a)
- 14. Federal Award Project Title**  
\*See Remarks
- 15. Assistance Listing Number**  
93.669
- 16. Assistance Listing Program Title**  
Child Abuse and Neglect State Grants
- 17. Award Action Type**  
New
- 18. Is the Award R&D?**  
\*See Remarks

Summary Federal Award	Financial Information
<b>19. Budget Period Start Date</b> 10-01-2024	<b>End Date</b> 09-30-2029
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$395,568.00
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	\$395,568.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	*See Remarks
<b>25. Total Federal and Non-Federal Approved</b>	*See Remarks
<b>26. Project Period Start Date</b> 10-01-2024 -	<b>End Date</b> 09-30-2029
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**



**Recipient Information**

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES  
129 Pleasant Street  
Department of Health and Human Services  
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</u>		<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>			
75-25-1536	2025,G992372	\$395,568.00	\$395,568.00	\$395,568.00		G-2501NHNCAN	Formula

**Terms and Conditions**

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