



Lori A. Weaver  
Commissioner

Karen E. Hebert  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*DIVISION OF ECONOMIC STABILITY*

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November 25, 2025

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 of Economic Stability to accept and expend federal Supplemental Nutrition Assistance Program (SNAP) Earnings Verification Support (EVS) funds in the amount of \$64,899 from the U.S. Department of Agriculture, Food and Nutrition Service, effective upon approval by the Governor and Executive Council through June 30, 2027. 100% Federal Funds.

**05-95-045-451010-72140000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DIV ECONOMIC STABILITY, BUREAU OF FAMILY ASSIST-FIELD, NEW HEIGHTS**

CLASS OBJ	CLASS TITLE	Current Budget	Increase/ (Decrease) Amount	Revised Modified Budget
000-403951-16	Federal Funds	\$ 7,075,134	\$ 64,899	\$ 7,140,033
	General Fund	\$ 1,812,381	\$ -	\$ 1,812,381
<b>Total Revenue</b>		<b>\$ 8,887,515</b>	<b>\$ 64,899</b>	<b>\$ 8,952,414</b>
010-500100	Personal Services Perm Class	\$ 1,421,421	\$ -	\$ 1,421,421
018-500106	Overtime	\$ 38,342	\$ -	\$ 38,342
020-500200	Current Expenses	\$ 1,100	\$ -	\$ 1,100
039-500188	Telecommunications	\$ 1,800	\$ -	\$ 1,800
041-500801	Audit Set Aside	\$ 5,660	\$ 65	\$ 5,725
046-500465	IT Consul-Non-Benefit	\$ 6,352,201	\$ 64,834	\$ 6,417,035
050-500109	Personal Service Temp Appoi	\$ 78,567	\$ -	\$ 78,567
059-500117	Temp Full Time	\$ 66,574	\$ -	\$ 66,574
060-500602	Benefits	\$ 917,900	\$ -	\$ 917,900
070-500704	In State Travel Reimbursement	\$ 150	\$ -	\$ 150
080-500710	Out of State Travel Reimb	\$ 3,800	\$ -	\$ 3,800
<b>Total Expense</b>		<b>\$ 8,887,515</b>	<b>\$ 64,899</b>	<b>\$ 8,952,414</b>

**EXPLANATION**

The U.S. Department of Agriculture, Food and Nutrition Service has granted New Hampshire additional funds for administrative expenses associated with the SNAP program. These grant funds were authorized as part of the *Earnings Verification Support grant*.

Funds are being budgeted in Class 041 (Audit Set Aside) per state requirements.

Funds are also being budgeted in Class 046 (Consultants) and will be used for contract amendments to implement the following changes to the New HEIGHTS System:

The Department intends to use EVS grant funding to enhance the New HEIGHTS eligibility system by streamlining employment and income verification processes and automating income discrepancy communications to SNAP applicants and recipients.

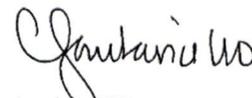
Currently, employment and income information for SNAP is obtained from verified third party payroll databases (e.g., Experian, NH Employment Security (NHES) State Wage Databases, Federal Verify Current Income (VCI) Hub). Funding will enable the eligibility system to automatically import employment and income data from third party payroll databases and introduce on-screen validations to verify whether the applicant or recipient's employment and income data has been received. Eligibility workers will be able to easily compare and identify discrepancies between the most recent household-reported information and the third-party data and take appropriate action to resolve.

Area served: Statewide

Source of Funds: These funds are 100% Federal Funds.

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

Respectfully Submitted,

 for:

Lori A. Weaver  
Commissioner

UNITED STATES DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE <b>GRANT/COOPERATIVE AGREEMENT</b>	1. GRANT/AGREEMENT NO <b>FNS-SNAP-25-EVS-NH</b>		2. FEDERAL AWARD DATE <b>09/25/2025</b>	
	3. IS THIS AN R&D AWARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		5. UNIQUE ENTITY IDENTIFIER (UEI) <b>LA2HR1U97VC6</b>	
	4. CFDA NUMBER <b>10.561</b>		6. FEDERAL AWARD IDENTIFICATION NUMBER (FAIN)	
7. FEDERAL AWARDDING AGENCY <b>Dawn Addison USDA Food and Nutrition Service</b>		8. CFDA NAME <b>State Administrative Matching Grants for the Supplemental Nutrition Assistance Program</b>		
9. RECIPIENT NAME <b>NH Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3857</b>		10. ACCOUNTING AND APPROPRIATION DATA <b>FN.SN.4080.44.0100 252525</b>		
		11. AMOUNT OF FEDERAL FUNDS OBLIGATED BY THIS ACTION <b>\$64,899.48</b>	12. TOTAL AMOUNT OF FEDERAL FUNDS OBLIGATED <b>\$64,899.48</b>	
		13. TOTAL AMOUNT OF THE FEDERAL AWARD <b>\$64,899.48</b>		
14. PLACE OF PERFORMANCE <b>NH: New Hampshire</b>		15. BUDGET APPROVED BY AWARDDING AGENCY <b>\$64,899.48</b>		
		16. TOTAL APPROVED COST SHARING/MATCHING (WHERE APPLICABLE) <b>\$0.00</b>	17. INDIRECT COST RATE FOR THE FEDERAL AWARD (PLEASE INCLUDE IF THE DE MINIMIS RATE IS CHARGED) <b>0.00%</b>	
18. MAIL REQUESTS FOR REIMBURSEMENT TO <b>Payments made via ASAP Letter of Credit</b>		19. SPONSOR(SPONSORING FNS PROGRAM) <b>Christine Daffan FY25 Earnings Verification Support</b>		
		20. START DATE <b>09/30/2025</b>	21. END DATE <b>09/30/2026</b>	
22. FEDERAL AWARD PROJECT DESCRIPTION System Enhancements				
<p>The Grantee/Cooperator hereby assures and certifies that they will comply with the regulations, policies, guidelines and requirements as they relate to the applications, acceptance, and use of Federal funds for this Federally-assisted project including: 2 CFR Chapter I (Office of Management and Budget Government-wide Guidance for Grants and Agreements) and Chapter II (Office of Management and Budget Guidance) as well as 2 CFR Part 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards); and any USDA implementing regulations, such as 2 CFR Part 400 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards), 2 CFR Part 415 (General Program Administrative Regulations), 2 CFR Part 416 (General Program Administrative Regulations for Grants and Cooperative Agreements to State and Local Governments), and 2 CFR Part 418 (New Restrictions on Lobbying).</p>				
23. REMARKS				
<b>SIGNATURE OF GRANTEE/COOPERATOR</b>		<b>UNITED STATES OF AMERICA</b>		
SIGNATURE (Authorized Individual)	DATE	SIGNATURE (Grant Official) <b>EDWARD PAULEY</b> <small>Digitally signed by EDWARD PAULEY Date: 2025.09.25 17:15:27 -0400</small>		DATE
NAME (Type) <b>Tina L. Cabana</b> <small>Digitally signed by Tina L. Cabana Date: 2025.09.29 09:23:33 -0400</small>		NAME (TYPE) <b>Ed Pauley</b>		
TITLE		TITLE <b>Acting, Chief Financial Officer</b>		
TELEPHONE NUMBER		TELEPHONE NUMBER <b>703-305-2141</b>		