

172 - 6/17/26

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

Fax: 603-271-4729 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Lori A. Weaver
Commissioner

Marie Noonan
Director

May 20, 2026

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Children, Youth and Families, to enter into **Sole Source** amendments to existing cooperative project agreements with the Contractors listed below for the child welfare tuition partnership that provides educational opportunities in the field of social work to qualified current and future employees of the Division for Children, Youth and Families by exercising contract renewal options, by increasing the total price limitation by \$472,096 from \$525,234 to \$997,330 and extending the completion dates from June 30, 2026 to June 30, 2028, effective July 1, 2026, upon Governor and Council approval. 75% Federal Funds. 25% General Funds.

The original contracts were approved by Governor and Council on June 26, 2024, item #17, and amended on January 28, 2026, item #5J.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
University of New Hampshire	315187	Statewide	\$357,306	\$303,266	\$660,572
Plymouth State University	315187	Statewide	\$167,928	\$168,830	\$336,758
		Total:	\$525,234	\$472,096	\$997,330

Funds are available in the following accounts for State Fiscal Year 2027, and are anticipated to be available in State Fiscal Year 2028, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because MOP 150 requires all amendments to agreements originally approved as sole source to be identified as sole source. The Plymouth State University and University of New Hampshire campuses offer opportunities to prospective student interns and employee interns in specific geographic regions of the state. Additionally, they are two of the three learning institutions that can offer educational opportunities in the field of social work to qualified, current and future employees of the Division for Children, Youth and Families (DCYF) due to the requirements for Title IV-E funding regarding academic programming and accreditation.

The purpose of this request is to exercise available contract renewal options for the Contractors to continue to recruit students within the Bachelor/Master of Science in Social Work programs to provide a two-year post graduate service commitment to DCYF, in exchange for one (1) year of tuition payments. Through this request, this opportunity is also open to current state employees, and reduces the funding for PSU and UNH to expand the program to another institution that meets the Title IV-E funding requirements. The program provides candidates for employment that are fully trained, allowing new staff to immediately carry their own caseload of families, youth and children. The Contractors will ensure the proper coursework preparation for the DCYF workforce, as well as incorporate current social work research into DCYF staff training programs.

The Department is mandated by State and Federal regulations, 45 CFR 1356.60 Fiscal Requirements, Title IV-E, to provide ongoing educational opportunities specific to children and families serviced by DCYF. Over the past five (5) fiscal years, DCYF has successfully gained and retained a total of 17 unduplicated Title IV-E alumni staff members. Of these, eight (8) are currently completing their service commitment, and nine (9) have remained employed beyond their required two-year obligation. In total, 27 individual students participated in the program during the five (5) fiscal year period.

DCYF has experienced employee attrition rates that exceed the availability of properly trained/educated child welfare professionals to fill such vacancies, which has caused significant delays in recruitment. The Child Welfare Tuition Partnership provides DCYF with a mechanism to recruit and retain employees and cultivate a skilled and competent workforce in the field of social work. The Child Welfare Tuition Partnership addresses the lack of properly trained/educated child welfare professionals in the workplace and fill vacant positions due to high employee attrition experienced by DCYF; and opens up this opportunity to current DCYF state employees, which will help retention efforts within the Department as well as support higher educational opportunities.

Approximately thirteen (13) individuals will be served during State Fiscal Years 2027 and 2028. If candidates do not fulfill their commitment, they are required to reimburse the Department for payments and costs.

The Department will monitor services through:


- Annual recommendations from the program and an outline of the steps taken for improvement of the program.
- End of year reports required by the Contractor within ninety (90) days of the end of the State Fiscal Year which provides a complete program overview, accomplishments towards program goals, and performance measures linked to outcomes and including return on investment; registration and attendance during the report year, learning needs assessments gathered during the report year, learning session(s) evaluation results, program cost effectiveness that includes the costs per attendee and/or course.

As referenced in Exhibit A of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is exercising its option to renew services for two (2) years of the four (4) years available.

Should the Governor and Executive Council not authorize this request, the Department may be unable to recruit students from the Contractors' Bachelor's and Master of Science in Social Work programs, address DCYF staff vacancies and retention challenges, or provide employees with opportunities for higher education.

Source of Federal Funds: Assistance Listing Number 93.658 FAIN 2501NHFOST.

Respectfully submitted,



for:

Lori A. Weaver
Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SS-2025-DCYF-01-CHILD - 2nd Amendments
 Fiscal Details Sheet

05-95-042-421010-32200000- HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DIV CHILDREN, YOUTH & FAM, CHILD PROTECTION, BUREAU OF PROF & STRATEGIC DEV 75% Federal Funds 25% General Funds

University of New Hampshire

Vendor# 315187

SFY	Class/Account	Class Title	Job Number	Current Amount	Increased (Decreased) Amount	Revised Budget
2025	067/500557	Education Training	42102000	\$178,653	\$0	\$178,653
2026	067/500557	Education Training	42102000	\$178,653	\$0	\$178,653
2027	067/500557	Education Training	42102000	\$0	\$147,167	\$147,167
2028	067/500557	Education Training	42102000	\$0	\$156,099	\$156,099
			Subtotal	\$357,306	\$303,266	\$660,572

Plymouth State University

Vendor# 315187

SFY	Class/Account	Class Title	Job Number	Current Amount	Increased (Decreased) Amount	Revised Budget
2025	067/500557	Education Training	42102001	\$91,320	\$0	\$91,320
2026	067/500557	Education Training	42102001	\$76,608	\$0	\$76,608
2027	067/500557	Education Training	42102001	\$0	\$82,452	\$82,452
2028	067/500557	Education Training	42102001	\$0	\$86,378	\$86,378
			Subtotal	\$167,928	\$168,830	\$336,758

Contract Total	\$525,234	\$472,096	\$997,330
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**AMENDMENT #2 to
COOPERATIVE PROJECT AGREEMENT**

between the
STATE OF NEW HAMPSHIRE, Department of Health and Human Services
and the
University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

The Cooperative Project Agreement, approved by the State of New Hampshire Governor and Executive Council on June 26, 2024, item #17, (as amended on January 28, 2026, item #5J) for the Project titled "Child Welfare Tuition Partnership," Campus Project Director, Sherri Simmons-Horton, is and all subsequent properly approved amendments are hereby modified by mutual consent of both parties for the reason(s) described below:

Purpose of Amendment (Choose all applicable items):

- Extend the Project Agreement and Project Period end date, at no additional cost to the State.
- Provide additional funding from the State for expansion of the Scope of Work under the Cooperative Project Agreement.
- Other: Extend the Project Agreement and Project Period end date, provide additional funding, and changes to Scope of Services.

Therefore, the Cooperative Project Agreement is and/or its subsequent properly approved amendments are amended as follows (Complete only the applicable items):

- Article A. is revised to replace the State Department name of N/A with N/A and/or USNH campus from N/A to N/A.
- Article B. is revised to replace the Project End Date of 06/30/2026 with the revised Project End Date of 06/30/2028, and Exhibit A, article B is revised to replace the Project Period of 07/01/2024 – 06/30/2026 with 07/01/2024 – 06/30/2028.
- Article C. is amended to expand Exhibit A by including the proposal titled, " _____," dated _____.
- Article D. is amended to change the State Project Administrator to N/A and/or the Campus Project Administrator to N/A.
- Article E. is amended to change the State Project Director to N/A and/or the Campus Project Director to N/A.
- Article F. is amended to add funds in the amount of \$303,266 and will read:

Total State funds in the amount of **\$660,572** have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.
- Article F. is amended to change the cost share requirement and will read:

Campus will cost-share _____% of total costs during the amended term of this Project Agreement.
- Article F. is amended to change the source of Federal funds paid to Campus and will read:

Federal funds paid to Campus under this Project Agreement as amended are ~~from~~

[Handwritten signature]

Grant/Contract/Cooperative Agreement No. SS-2025-DCYF-01-CHILD-01-A02 from Administration for Children and Families under ALN (formerly CFDA) 93.658 Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as **revised** Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

- Article G. is exercised to amend Article(s) _____ of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, as amended as follows:
- Article H. is amended such that:
 - State has chosen **not to take** possession of equipment purchased under this Project Agreement.
 - State has chosen **to take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement’s end-date. Any expenses incurred by Campus in carrying out State’s requested disposition will be fully reimbursed by State.
- Exhibit A is amended as attached.
- Exhibit B is amended as attached.

All other terms and conditions of the Cooperative Project Agreement remain unchanged.

This Amendment, all previous Amendments, the Cooperative Project Agreement, and the Master Agreement constitute the entire agreement between State and Campus regarding the Cooperative Project Agreement, and supersede and replace any previously existing arrangements, oral and written; further changes herein must be made by written amendment and executed for the parties by their authorized officials.

This Amendment and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire or other authorized officials approve this Amendment to the Cooperative Project Agreement.

IN WITNESS WHEREOF, the following parties agree to this **Amendment #2** to the Cooperative Project Agreement.

**By An Authorized Official of:
University of New Hampshire**

Name: Karen Jensen
Signed by: _____
Title: Director of Pre-Award Compliance
Signature and Date: Karen Jensen 5/14/2026
92DAAD020B5D45G...

**By An Authorized Official of:
Department of Health and Human Services**

Name: Marie Noonan
DocuSigned by: _____
Title: Director, DCYF
Signature and Date: Marie Noonan 5/18/2026
2FCCB724C31F40F...

**By An Authorized Official of: the New
Hampshire Office of the Attorney General**

Name: Robyn Guarino, Esq.
DocuSigned by: _____
Title: Attorney, NH Dept. of Justice
Signature and Date: Robyn Guarino 5/18/2026
748734844941460...

**By An Authorized Official of: the New
Hampshire Governor & Executive Council**

Name: _____
Title: _____
Signature and Date: _____

EXHIBIT A

A. Project Title: Child Welfare Tuition Partnership (SS-2025-DCYF-01-CHILD-01-A02)

B. Project Period: July 1, 2024 through June 30, 2028.

The parties may extend the Agreement for up to two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of Governor and Executive Council.

This Amendment shall be effective July 1, 2026 upon Governor and Council approval.

C. Objectives: See Exhibit A-1 Scope of Services.

D. Scope of Work: See Exhibit A-1 Scope of Services.

1. Modify **Exhibit A-1, Scope of Services**, Section 1.2. (lead in paragraph only), to read:

1.2. The Contractor shall ensure the provisions of service, internship and reimbursement are accepted and adhered to by the student prior to awarding any tuition assistance by executing the appropriate agreement in Exhibit A-2, Bachelor's Level Social Work Program Agreement, Exhibit A-3, Master's Level Social Work Program Agreement; Exhibit A-7, Amendment #2, Bachelor's Level Social Work Program Agreement for Current Employees; or Exhibit A-8, Amendment #2, Master's Level Social Work Program Agreement for Current Employees, as appropriate. The Contractor shall:

2. Modify **Exhibit A-1, Scope of Services**, by adding Sections 1.2.5. and 1.2.6., to read:

1.2.5. Terminate the internship, and explain the repayment requirement to any candidate who fails to follow DCYF policies upon notification from DCYF of such failure;

1.2.6. Obtain a signed agreement from candidates employed by DCYF regarding service commitment and repayment, if candidate fails to meet the terms of the agreement. The Contractor shall:

1.2.6.1. Explain the service commitment requirement and ensure candidate's understanding of repayment should candidate not follow through with the program requirements;

1.2.6.2. Forward the original agreement to DCYF and retain a copy on file;

1.2.6.3. Within thirty (30) days of a request by DCYF, provide documentation of all costs paid through the program, on behalf of a candidate, to DCYF.

3. Modify **Exhibit A-1, Scope of Services**, by adding **Section 1.3.6. to read:**

1.3.6. Utilize information gathered during annual reviews and participant evaluations to enhance promotional materials to ensure continuous quality improvement. The Contractor shall collaborate with the Department on all promotional materials to ensure maximum exposure of the program.

4. Modify **Exhibit A-1, Scope of Services**, by adding Section 1.11.1., to read:

1.11.1. Current trends and/or topics in child welfare must be brought to DCYF for the annual research project during the first quarter of the Fiscal Year.

5. Modify **Exhibit A-1, Scope of Services**, by adding Section 1.14.6.6., to read:

1.14.6.6. Description of the candidate's current child welfare job if applicable,

including caseloads and responsibilities.

6. Modify **Exhibit A-1, Scope of Services**, by adding Section 1.14.7.4. to read:

- 1.14.7.4. If the candidate is currently an employee of DCYF, one (1) of the three (3) letters of recommendation must be submitted by his or her immediate supervisor and detail the following:
 - 1.14.7.4.1. How the supervisor thinks a BSSW/MSW will improve the quality of the candidate's work;
 - 1.14.7.4.2. Commitment to and outline of how the supervisor will adjust the candidate's job responsibilities (i.e. flex time);
 - 1.14.7.4.3. The candidate's job performance, strengths and areas needing improvement; and
 - 1.14.7.4.4. The qualities the applicant possesses making him/her a successful candidate for this program.

7. Modify **Exhibit A-1, Scope of Services**, by adding Section 1.15.6.2., to read:

- 1.15.6.2. Current DCYF employees are required to refund a prorated amount of tuition paid based upon the participant's time in service after the time commitment begins.

8. Modify **Exhibit A-1, Scope of Services**, Subsection 1.19.1., to read:

- 1.19.1. The Contractor must submit the results of the annual research project related to child welfare as referenced in 1.11.

9. Add **Exhibit A-7, Amendment #2**, Bachelor's Level Social Work Program Agreement for Current Employees.

10. Add **Exhibit A-8, Amendment #2**, Master's Level Social Work Program Agreement for Current Employees.

E. Deliverables Schedule: See Exhibit A-1, Scope of Services.

F. Budget and Invoicing Instructions: See Exhibit A, Item F-1 Budget Table; Exhibit A, Item F-2 Payment Terms; and Exhibit A, Item F-3 Budget Table – Amendment #2.

1. Modify **Exhibit A, Item F-2 Payment Terms**, Section 1., to read:

1. This Agreement is funded by:

- 1.1. 75% Federal funds, Foster Care Assistance Program Grant Title IV-E, as awarded on March 31, 2023, and June 30, 2025, by the Administration for Children and Families, Assistance Listing Number 93.658, FAINs 2301NHFOST and 2501NHFOST.
- 1.2. 25% General Funds.

2. Modify **Exhibit A, Item F-2 Payment Terms**, Section 3., to read:

3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line item, as specified in Exhibit A, Item F-1 Budget Table and Exhibit A, Item F-3 Budget Table, Amendment #2.
4. Add **Exhibit A, Item F-3 Budget Table, Amendment #2**, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services		
Contractor Name:	University of New Hampshire	
Budget Request for:	Child Welfare Tuition Partnership	
Budget Period:	07/01/2026 - 06/30/2028	
Indirect Cost Rate (if applicable)	37% (salary/wages, fringe, and supplies only)	
Line Item	Program Cost - Funded by DHHS - SFY 27	Program Cost - Funded by DHHS - SFY 28
1. Salary & Wages	\$31,217	\$31,841
2. Fringe Benefits	\$9,298	\$9,484
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0
5.(a) Supplies - Educational	\$23	\$4,043
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0
5.(e) Supplies - Office	\$0	\$0
6. Travel	\$0	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0
8. (b) Other - Education and Training- Tuition	\$76,630	\$78,945
8. (c) Other - Other (specify below)	\$0	\$0
Student Stipends	\$15,000	\$15,000
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
9. Subrecipient Contracts	\$0	\$0
Total Direct Costs	\$132,168	\$139,313
Total Indirect Costs	\$14,999	\$16,786
Subtotals	\$147,167	\$156,099
	TOTAL	\$303,266

Initial


Contractor Initials: _____

Date: 5/14/2026

Exhibit A-7, Amendment #2
Bachelor's Level Social Work Program Agreement for Current Employees
Child Welfare Tuition Partnership
NH DHHS Division for Children, Youth and Families
UNH Department of Social Work
and

_____, Recipient/Student

The Department of Health and Human Services, Division for Children, Youth and Families (DCYF), hereafter referred to as the Agency; the University of New Hampshire Department of Social Work, hereafter referred to as Department; and _____, hereafter referred to as Recipient/Student, do hereby make and enter into this mutual agreement as specified below:

This Bachelor's Level Social Work Program Agreement is contingent upon a Governor and Executive Council approved agreement between the Agency and the University of New Hampshire to provide a Child Welfare Tuition Program for the State Fiscal Years associated with the tuition period covered by this Bachelor's Level Social Work Program Agreement.

I. The Agency Agrees to:

- A. Pay the University of New Hampshire (UNH) the tuition for said Recipient/Student who is currently enrolled in the Bachelor's Level Social Work Program at UNH, and has enough credits to be a senior.
- B. Contract with the University of New Hampshire (UNH) to pay a minimal stipend to the Recipient/Student if the Recipient/Student is a full-time student. This stipend may be used to purchase books, materials, and other necessities required to complete the program.
- C. Coordinate, assist and/or arrange practica for the Recipient/Student within NH's Division for Children, Youth and Families (DCYF).
- D. If the Recipient/Student is currently employed by the Agency, allow said Recipient/Student to work a "flex time" schedule that will allow attendance to classes and practica as required if during normal work hours of the Agency (8:00AM – 4:30PM). The alternative work schedule associated with this flextime provision must total at least 37.5 scheduled hours per week.
- E. This agreement shall not support other costs associated with the completion of the program including travel costs to and from classrooms and/or practica. Other travel costs will be reimbursed per MOP 1301, Reimbursement of Travel (DHHS).

II. The Recipient/Student Agrees to:

- A. Participate in and fulfill all requirements of the Bachelor's Level Social Work program and curriculum prescribed by the UNH Department of Social Work, subject to approval by the School's faculty advisor.
- B. Participate in and fulfill all requirements of the required courses as outlined for the Child Welfare Tuition Partnership within the Department of Social Work.
- C. Reimburse the Agency, within thirty (30) days from such occurrence, tuition paid for these courses, stipends paid and an additional administrative fee of 10% of the total cost expended by the Agency on the Recipient/Student's behalf, if said Recipient/Student does any of the following:
 - a. Fails to complete the course(s);
 - b. Receives a grade of C or less in the Bachelor level course(s); or
 - c. Does not continue employment with the Agency, if and when offered by the Agency, and does not complete a service time commitment to the Agency of two (2) years of full-time employment for each educational year of tuition and/or stipend assistance paid by the Agency on the Recipient/Student's behalf:
 - (1) Service time commitment begins being served upon the Recipient/Student's next regular day of employment following the Recipient/Student's completion of coursework referenced in Section II, B above.
 - d. As a current employee of the Agency, does not fulfill the service time commitment stated in Section II, C. above. The amount Student/Recipient will be required to reimburse the Agency will be pro-rated based upon the Student/Recipient's time in service after the time commitment begins.
- D. Prior to participating in the program practicum, the Recipient/Student will sign in agreement, adhere and submit to the following:
 - a. Validation of a driver's license, have reliable transportation and liability insurance.
 - b. A criminal records check.
 - c. A DCYF Central Registry Check.
 - d. A Bureau of Adult and Aging Services Registry Check.
 - e. The DCYF Ethics Policy.
 - f. The DCYF Confidentiality Policy.
- E. Maintain a valid driver's license, have reliable transportation and liability insurance, and successfully pass a criminal records check, as required by DCYF, upon completion of the program and for six (6) months thereafter, to ensure the Recipient/Student's ability to accept an Agency offer of employment (see Section II, C.c above).
- F. The Recipient/Student hereby waives the right to raise any setoff or counterclaim against the Agency in any action brought by the Agency to collect any amount of money due to the Agency under this Agreement.
- G. In the event that the Recipient/Student is in breach of this Agreement and the Agency is successful in prosecuting a claim for reimbursement under this Agreement, the Recipient/Student agrees to compensate the Agency for the costs and expenses incurred in connection with the prosecution, including a reasonable amount in attorney's fees.

III. UNH Agrees to:

- A. Fully explain this Bachelor’s Level Social Work Program Agreement to the Recipient/Student prior to the Recipient/Student’s signing of the agreement and affirm their understanding of it, as documented by initialing the following statements:
 - a. UNH Chair of the Department of Social Work/Designee: I have explained this agreement to the Recipient/Student prior to their signing it: _____
 - b. Recipient/Student: I understand the agreement and my obligation to the Agency if I sign this agreement: _____

- B. UNH shall properly secure this agreement as follows:
 - a. Ensure that the Recipient/Student signs the agreement in the presence of a valid Notary Public/Justice of the Peace (see below);
 - b. Provide this original signed agreement to the Agency within thirty (30) days of its signing;
 - c. Provide a copy of the signed agreement to the Recipient/Student within thirty (30) days of its signing;
 - d. Retain a copy of the signed agreement in the Program’s UNH files for four (4) years after the expiration of the UNH/Agency agreement that sponsors this Recipient/Student’s coursework; and
 - e. Retain a copy of the signed agreement in the Recipient/Student’s UNH Student File until such time that the Recipient/Student has completed their obligations under this agreement.

It is important to note that all tuition and stipends are dependent on a valid and current UNH/Agency agreement for this Program, therefore it cannot be guaranteed that DCYF will finance your entire academic program.

Recipient/Student	Date
AGENCY: DCYF Director or Designee	Date
UNH: Chair of the Dept. of Social Work or Designee	Date

State of New Hampshire, County of _____

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared _____,
(Recipient/Student)

known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and who acknowledged that he/she has executed the same for the purposes herein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Notary Public/Justice of the Peace

Initial


Exhibit A-8, Amendment #2
Master’s Level Social Work Program Agreement for Current Employees
Child Welfare Tuition Partnership
NH DHHS Division for Children, Youth and Families
UNH Department of Social Work
and

_____, Recipient/Student

The Department of Health and Human Services, Division for Children, Youth and Families (DCYF), hereafter referred to as the Agency; the University of New Hampshire Department of Social Work, hereafter referred to as Department; and _____, hereafter referred to as Recipient/Student, do hereby make and enter into this mutual agreement as specified below:

This Master’s Level Social Work Program Agreement is contingent upon a Governor and Executive Council approved agreement between the Agency and the University of New Hampshire to provide a Child Welfare Educational Tuition Program for the State Fiscal Years associated with the tuition period covered by this Master’s Level Social Work Program Agreement.

I. The Agency agrees to:

- A. Pay the University of New Hampshire (UNH) the tuition for said Recipient/Student who is currently enrolled in the Master’s Level Social Work Program at UNH.
- B. Contract with the University of New Hampshire (UNH) to pay a minimal stipend to the Recipient/Student if the Recipient/Student is a full-time student. This stipend may be used to purchase books, materials, and other necessities required to complete the program.
- C. Coordinate, assist and/or arrange practica for the Recipient/Student within NH’s Division for Children, Youth and Families (DCYF).
- D. If the Recipient/Student is currently employed by the Agency, allow said Recipient/Student to work a “flex time” schedule that will allow attendance to classes and practica as required if during normal work hours of the Agency (8:00AM – 4:30PM). The alternative work schedule associated with this flextime provision must total at least 37.5 hours per week.
- E. This agreement shall not support other costs associated with the completion of the program including travel costs to and from classrooms and/or practica. Other travel costs will be reimbursed per MOP 1301, Reimbursement of Travel (DHHS).

II. The Recipient/Student Agrees to:

- A. Participate in and fulfill all requirements of the Master’s Level Social Work program and curriculum prescribed by the UNH Department of Social Work, subject to approval by the School’s faculty advisor.
- B. Participate in and fulfill all requirements of the required courses as outlined for the Child Welfare Tuition Partnership within the Department of Social Work.

SS-2025-DCYF-01-CHILD-01-A02

Contractor Initials Welfare
Initial
KJ

- C. Reimburse the Agency, within thirty (30) days from such occurrence, tuition paid for these courses, as well as all mandatory fees and stipends paid and an additional administrative fee of 10% of the total cost expended by the Agency on the Recipient/Student's behalf, if said Recipient/Student does any of the following:
 - a. Fails to complete the course(s);
 - b. Receives a grade of C+ or less for a Masters Level courses; or
 - c. Does not continue employment with the Agency, if and when offered by the Agency, and does not complete a service time commitment to the Agency of two (2) years of full-time employment for each educational year of tuition and/or stipend assistance paid by the Agency on the Recipient/Student's behalf;
 - (1) Service time commitment begins being served upon the Recipient/Student's next regular day of employment following the Recipient/Student's completion of coursework referenced in Section II, B above.
 - d. As a current employee of the Agency, does not fulfill the service time commitment stated in Section II, C. above. The amount Student/Recipient will be required to reimburse the Agency will be pro-rated based upon the Student/Recipient's time in service after the time commitment begins.

- D. Prior to participating in the program practicum, the Recipient/Student will sign in agreement, adhere and submit to the following:
 - a. Validation of a driver's license, have reliable transportation and liability insurance;
 - b. A criminal records check.
 - c. A DCYF Central Registry Check.
 - d. A Bureau of Adult and Aging Services Registry Check.
 - e. The DCYF Ethics Policy.
 - f. The DCYF Confidentiality Policy.

- E. Maintain a valid driver's license, have reliable transportation and liability insurance, and successfully pass a criminal records check, as required by DCYF, upon completion of the program and for six (6) months thereafter, to ensure the Recipient/Student's ability to accept an Agency offer of employment (see Section II, C.c above).

- F. The Recipient/Student hereby waives the right to raise any setoff or counterclaim against the Agency in any action brought by the Agency to collect any amount of money due to the Agency under this Agreement.

- G. In the event that the Recipient/Student is in breach of this Agreement and the Agency is successful in prosecuting a claim for reimbursement under this Agreement, the Recipient/Student agrees to compensate the Agency for the costs and expenses incurred in connection with the prosecution, including a reasonable amount in attorney's fees.

III. UNH Agrees to:

- A. Fully explain this Master's Level Social Work Program Agreement to the Recipient/Student prior to the Recipient/Student's signing of the agreement and affirm their understanding of it, as documented by initialing the following statements:

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University of New Hampshire

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Contractor Initials 

Date 5/14/2026

- a. UNH Chair of the Department or Social Work/Designee: I have explained this agreement to the Recipient/Student prior to their signing it: _____
- b. Recipient/Student: I understand the agreement and my obligation to the Agency if I sign this agreement: _____

B. UNH shall properly secure this agreement as follows:

- a. Ensure that the Recipient/Student signs the agreement in the presence of a valid Notary Public/Justice of the Peace (see below);
- b. Provide this original signed agreement to the Agency within thirty (30) days of its signing;
- c. Provide a copy of the signed agreement to the Recipient/Student within thirty (30) days of its signing;
- d. Retain a copy of the signed agreement in the Program’s UNH files for four (4) years after the expiration of the UNH/Agency agreement that sponsors this Recipient/Student’s coursework;
- e. Retain a copy of the signed agreement in the Recipient/Student’s UNH Student File until such time that the Recipient/Student has completed their obligations under this agreement.

It is important to note that all tuition and stipends are dependent on a valid and current UNH/Agency agreement for this Program, therefore it cannot be guaranteed that DCYF will finance your entire academic program.

_____	_____
Recipient/Student	Date
_____	_____
AGENCY: DCYF Director or Designee	Date
_____	_____
UNH: Chair of the Dept. of Social Work or Designee	Date

State of New Hampshire, County of _____

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared _____, (Recipient/Student)

known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and who acknowledged that he/she has executed the same for the purposes herein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Notary Public/Justice of the Peace

Initial


Contractor Initials _____

Date 5/14/2026

**AMENDMENT #2 to
COOPERATIVE PROJECT AGREEMENT**

between the
STATE OF NEW HAMPSHIRE, Department of Health and Human Services
and the
Plymouth State University of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

The Cooperative Project Agreement, approved by the State of New Hampshire Governor and Executive Council on June 26, 2024, item #17 (as amended on January 28, 2026, item #5J), for the Project titled “Child Welfare Tuition Partnership,” Campus Project Director, Pamela Chiang, is and all subsequent properly approved amendments are hereby modified by mutual consent of both parties for the reason(s) described below:

Purpose of Amendment (Choose all applicable items):

- Extend the Project Agreement and Project Period end date, at no additional cost to the State.
- Provide additional funding from the State for expansion of the Scope of Work under the Cooperative Project Agreement.
- Other: Extend the Project Agreement and Project Period end date, provide additional funding, and changes to Scope of Services.

Therefore, the Cooperative Project Agreement is and/or its subsequent properly approved amendments are amended as follows (Complete only the applicable items):

- Article A. is revised to replace the State Department name of N/A with N/A and/or USNH campus from N/A to N/A.
- Article B. is revised to replace the Project End Date of 06/30/2026 with the revised Project End Date of 06/30/2028 and Exhibit A, article B is revised to replace the Project Period of 07/01/2024 – 06/30/2026 with 07/01/2024– 06/30/2028.
- Article C. is amended to expand Exhibit A by including the proposal titled, “ _____,” dated _____.
- Article D. is amended to change the State Project Administrator to N/A and/or the Campus Project Administrator to N/A.
- Article E. is amended to change the State Project Director to N/A and/or the Campus Project Director to N/A.
- Article F. is amended to add funds in the amount of \$168,830 and will read:

Total State funds in the amount of **\$336,758** have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.
- Article F. is amended to change the cost share requirement and will read:

Campus will cost-share _____% of total costs during the amended term of this Project Agreement.
- Article F. is amended to change the source of Federal funds paid to Campus and will read:

Federal funds paid to Campus under this Project Agreement as amended are ~~from~~

DA

Grant/Contract/Cooperative Agreement No. SS-2025-DCYF-01-CHILD-02-A02 from Administration for Children and Families under ALN (formerly CFDA) 93.658 Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as **revised** Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

- Article G. is exercised to amend Article(s) _____ of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, as amended as follows:
- Article H. is amended such that:
 - State has chosen **not to take** possession of equipment purchased under this Project Agreement.
 - State has chosen **to take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement’s end-date. Any expenses incurred by Campus in carrying out State’s requested disposition will be fully reimbursed by State.
- Exhibit A is amended as attached.
- Exhibit B is amended as attached.

All other terms and conditions of the Cooperative Project Agreement remain unchanged.

This Amendment, all previous Amendments, the Cooperative Project Agreement, and the Master Agreement constitute the entire agreement between State and Campus regarding the Cooperative Project Agreement, and supersede and replace any previously existing arrangements, oral and written; further changes herein must be made by written amendment and executed for the parties by their authorized officials.

This Amendment and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire or other authorized officials approve this Amendment to the Cooperative Project Agreement.

IN WITNESS WHEREOF, the following parties agree to this **Amendment #2** to the Cooperative Project Agreement.

**By An Authorized Official of:
Plymouth State University**

Name: Dianne Hall
 Title: Manager, Sponsored Programs Administration
 Signature and Date: *Dianne Hall* 4/23/2026
92DAAD620B5D45C...

**By An Authorized Official of:
Department of Health and Human Services**

Name: Marie Noonan
 Title: Director, DCYF
 Signature and Date: *Marie Noonan* 4/24/2026
2FECB724C31F40F...

**By An Authorized Official of: the New
Hampshire Office of the Attorney General**

Name: Robyn Guarino, Esq.
 Title: Attorney, NH Dept. of Justice
 Signature and Date: *Robyn Guarino* 5/14/2026
748734844941460...

**By An Authorized Official of: the New
Hampshire Governor & Executive Council**

Name: _____
 Title: _____
 Signature and Date: _____

EXHIBIT A

A. Project Title: Child Welfare Tuition Partnership (SS-2025-DCYF-01-CHILD-02-A02)

B. Project Period: July 1, 2024 through June 30, 2028.

The parties may extend the Agreement for up to two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of Governor and Executive Council.

This Amendment shall be effective July 1, 2026 upon Governor and Council approval.

C. Objectives: See Exhibit A-1 Scope of Services.

D. Scope of Work: See Exhibit A-1 Scope of Services.

1. Modify **Exhibit A-1, Scope of Services**, Section 1.2. (lead in paragraph only), to read:

1.2. The Contractor shall ensure the provisions of service, internship and reimbursement are accepted and adhered to by the student prior to awarding any tuition assistance by executing the appropriate agreement in either Exhibit A-2, Bachelor's Level Social Work Program Agreement, or Exhibit A-6, Amendment #2, Bachelor's Level Social Work Program Agreement for Current Employees. The Contractor shall:

2. Modify **Exhibit A-1, Scope of Services**, by adding Sections 1.2.5. and 1.2.6., to read:

1.2.5. Terminate the internship and explain the repayment requirement to any candidate who fails to follow DCYF policies upon notification from DCYF of such failure;

1.2.6. Obtain a signed agreement from candidates employed by DCYF regarding service commitment and repayment if candidate fails to meet the terms of the agreement. The Contractor shall:

1.2.6.1. Explain the service commitment requirement and ensure candidate's understanding of repayment should candidate not follow through with the program requirements;

1.2.6.2. Forward the original agreement to DCYF and retain a copy on file;

1.2.6.3. Within thirty (30) days of a request by DCYF, provide documentation of all costs paid through the program, on behalf of a candidate, to DCYF.

3. Modify **Exhibit A-1, Scope of Services**, by adding Section 1.3.6., to read:

1.3.6. Utilize information gathered during annual reviews and participant evaluations as specified in sections 1.6. and 1.8. to enhance promotional materials to ensure continuous quality improvement. The Contractor shall collaborate with the Department on all promotional materials to ensure maximum exposure of the program.

4. Modify **Exhibit A-1, Scope of Services**, Section 1.10., to read:

1.10. Reserved.

5. Modify **Exhibit A-1, Scope of Services**, by adding Section 1.13.6.6., to read:

1.13.6.6. Description of the candidate's current child welfare job if applicable, including caseloads and responsibilities.

6. Modify **Exhibit A-1, Scope of Services**, by adding Section 1.13.7.4. to read:

1.13.7.4. If the candidate is currently an employee of DCYF, one (1) of the three (3) letters of recommendation must be submitted by his or her immediate supervisor and detail the following:

1.13.7.4.1. How the supervisor thinks a BSSW will improve the quality of the candidate's work;

1.13.7.4.2. Commitment to, and outline of, how the supervisor will adjust the candidate's job responsibilities (i.e. flex time);

1.13.7.4.3. The candidate's job performance, strengths and areas needing improvement; and

1.13.7.4.4. The qualities the applicant possesses making him/her a successful candidate for this program.

7. Modify **Exhibit A-1, Scope of Services**, by adding Section 1.14.6.2., to read:

1.14.6.2. Current DCYF employees are required to refund a prorated amount of tuition paid based upon the participant's time in service after the time commitment begins.

8. Modify **Exhibit A-1, Scope of Services**, Subsection 1.18.1. to read:

1.18.1. Reserved.

10. Add **Exhibit A-6, Amendment #2**, Bachelor's Level Social Work Program Agreement for Current Employees, which is attached hereto and incorporated by reference herein.

E. Deliverables Schedule: See Exhibit A-1, Scope of Services.

F. Budget and Invoicing Instructions: See Exhibit A, Item F-1 Budget Table; Exhibit A, Item F-2 Payment Terms; and Exhibit A, Item F-3 Budget Table – Amendment #2.

1. Modify **Exhibit A, Item F-2 Payment Terms**, Section 1., to read:

1. This Agreement is funded by:

1.1. 75% Federal funds, Foster Care Assistance Program Grant Title IV-E, as awarded March 31, 2023 and June 30, 2025, by the Administration for Children and Families, Assistance Listing Number 93.658, FAINs 2301NHFOST and 2501NHFOST.

1.2. 25% General funds.

2. Modify **Exhibit A, Item F-2 Payment Terms**, Section 3., to read:

3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line item, as specified in Exhibit A, Item F-1 Budget Table and Exhibit A, Item F-3 Budget Table – Amendment #2.

4. Add **Exhibit A, Item F-3 Budget Table, Amendment #2**, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services		
Contractor Name:	<i>Plymouth State University</i>	
Budget Request for:	<i>Child Welfare Tuition Partnership</i>	
Budget Period:	<i>07/01/2026 - 06/30/2028</i>	
Indirect Cost Rate (if applicable)	0.00%	
Line Item	Program Cost - Funded by DHHS - SFY 27	Program Cost - Funded by DHHS - SFY 28
1. Salary & Wages	\$30,642	\$32,492
2. Fringe Benefits	\$14,168	\$14,612
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0
5.(a) Supplies - Educational	\$0	\$50
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0
5.(e) Supplies - Office	\$0	\$0
6. Travel	\$0	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0
8. (b) Other - Education and Training- Tuition	\$31,642	\$33,224
8. (c) Other - Other (specify below)	\$0	\$0
<i>Student Stipends</i>	\$6,000	\$6,000
<i>Other (please specify)</i>	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0
9. Subrecipient Contracts	\$0	\$0
Total Direct Costs	\$82,452	\$86,378
Total Indirect Costs	\$0	\$0
Subtotals	\$82,452	\$86,378
	TOTAL	\$168,830

Initial
DA

Contractor Initials: _____

Date: 4/23/2026

Exhibit A-6, Amendment #2
Bachelor’s Level Social Work Program Agreement for Current Employees
Child Welfare Educational Tuition Partnership
NH DHHS Division for Children, Youth and Families
PSU Department of Social Work
and

_____, Recipient/Student

The Department of Health and Human Services, Division for Children, Youth and Families (DCYF), hereafter referred to as the Agency; Plymouth State University Department of Social Work, hereafter referred to as Department; and _____, hereafter referred to as Recipient/Student, do hereby make and enter into this mutual agreement as specified below:

This Bachelor’s Level Social Work Program Agreement is contingent upon a Governor and Executive Council approved agreement between the Agency and Plymouth State University to provide a Child Welfare Educational Tuition Program for the State Fiscal Years associated with the tuition period covered by this Bachelor’s Level Social Work Program Agreement.

I. The Agency Agrees to:

- A. Pay the Plymouth State University (PSU) the tuition for said Recipient/Student who is currently enrolled in the Bachelor’s Level Social Work Program at PSU, and has enough credits to be a junior or senior.
- B. Contract with Plymouth State University (PSU) to pay a minimal stipend to the Recipient/Student if the Recipient/Student is a full-time student. This stipend may be used to purchase books, materials, and other necessities required to complete the program.
- C. Coordinate, assist and/or arrange practica for the Recipient/Student within NH’s Division for Children, Youth and Families (DCYF)
- D. If the Recipient/Student is currently employed by the Agency, allow said Recipient/Student to work a “flex time” schedule that will allow attendance to classes and practica as required if during normal work hours of the Agency (8:00 AM – 4:30 PM). The alternative work schedule associated with this flextime provision must total at least 37.5 scheduled hours per week.
- E. This agreement shall not support other costs associated with the completion of the program including travel costs to and from classrooms and/or practica. Other travel costs will be reimbursed per MOP 1301, Reimbursement of Travel (DHHS).

II. The Recipient/Student Agrees to:


- A. Participate in and fulfill all requirements of the Bachelor's Level Social Work program and curriculum prescribed by the PSU Department of Social Work, subject to approval by the School's faculty advisor.
- B. Participate in and fulfill all requirements of the required courses as outlined for the Child Welfare Program within the Department of social work.
- C. Reimburse the Agency, within thirty (30) days from such occurrence, tuition paid for these courses, stipends paid and an additional administrative fee of 10% of the total cost expended by the Agency on the Recipient/Student's behalf, if said Recipient/Student does any of the following:
 - a. Fails to complete the course(s),
 - b. Receives a grade of C or less in the Bachelor level course(s); or
 - c. Does not continue employment with the Agency, if and when offered by the Agency, and does not complete a service time commitment to the Agency of two (2) years of full-time employment for each educational year of tuition and/or stipend assistance paid by the Agency on the Recipient/Student's behalf.
 - (1) Service time commitment begins being served upon the Recipient/Student's next regular day of employment following the Recipient/Student's completion of coursework referenced in Section II, B above.
 - d. As a current employee of the Agency, does not fulfill the service time commitment stated in Section II, C. above. The amount Student/Recipient will be required to reimburse the Agency will be pro-rated based upon the Student/Recipient's time in service after the time commitment begins.
- D. Prior to participating in the program practicum, the Recipient/Student will sign in agreement, adhere and submit to the following:
 - a. Validation of a driver's license, have reliable transportation and liability insurance.
 - b. A criminal records check.
 - c. A DCYF Central Registry Check.
 - d. A Bureau of Elderly and Adult Services Registry Check.
 - e. The DCYF Ethics Policy.
 - f. The DCYF Confidentiality Policy.
- E. Maintain a valid driver's license, have reliable transportation and liability insurance, and successfully pass a criminal records check, as required by DCYF, upon completion of the program and for two (2) months thereafter, to ensure the Recipient/Student's ability to accept an Agency offer of employment (see Section II, C.c above).
- F. The Recipient/Student hereby waives the right to raise any setoff or counterclaim against the Agency in any action brought by the Agency to collect any amount of money due to the Agency under this Agreement.
- G. In the event that the Recipient/Student is in breach of this Agreement and the Agency is successful in prosecuting a claim for reimbursement under this Agreement, the Recipient/Student agrees to compensate the Agency for the costs and expenses incurred in connection with the prosecution, including a reasonable amount in attorney's fees.

II. PSU Agrees to:

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Plymouth State University

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Contractor Initials 
Date 4/23/2026

- A. Fully explain this Bachelor’s Level Social Work Program Agreement to the Recipient/Student prior to the Recipient/Student’s signing of the agreement and affirm their understanding of it, as documented by initialing the following statements:
 - a. PSU Chair of the Department of Social Work/Designee: I have explained this agreement to the Recipient/Student prior to their signing it: _____
 - b. Recipient/Student: I understand the agreement and my obligation to the Agency if I sign this agreement: _____

- B. PSU shall properly secure this agreement as follows:
 - a. Ensure that the Recipient/Student signs the agreement in the presence of a valid Notary Public/Justice of the Peace (see below).
 - b. Provide this original signed agreement to the Agency within thirty (30) days of its signing.
 - c. Provide a copy of the signed agreement to the Recipient/Student within thirty (30) days of its signing;
 - d. Retain a copy of the signed agreement in the Program’s PSU files for four (4) years after the expiration of the PSU/Agency agreement that sponsors this Recipient/Student’s coursework;
 - e. Retain a copy of the signed agreement in the Recipient/Student’s PSU Student File until such time that the Recipient/Student has completed their obligations under this agreement.

It is important to note that all tuition and stipends are dependent on a valid and current PSU/Agency agreement for this Program, therefore it cannot be guaranteed that DCYF will finance your entire academic program.

Recipient/Student	Date
AGENCY: DCYF Director or Designee	Date
PSU: Chair of the Dept. of Social Work or Designee	Date

State of New Hampshire, County of _____

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared _____,
(Recipient/Student)

known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and who acknowledged that he/she has executed the same for the purposes herein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Notary Public/Justice of the Peace