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

Lori A. Weaver
Commissioner

Marie Noonan
Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
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August 27, 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 a **Retroactive, Sole Source** amendment to an existing contract with Northeast Family Services of New Hampshire, Inc. (VC#307446), Manchester, NH, to continue to provide Roadmap to Reunification services, by increasing the price limitation by $68,986 from $5,690,186 to $5,759,172 and by extending the completion date from August 31, 2026 to September 15, 2026, effective retroactive to September 1, 2026, upon Governor and Council approval through September 15, 2026. 100% Federal Funds.

The original contract was approved by the Governor and Council on September 11, 2020 (Item #8), amended on August 17, 2022, (Item #9), amended on November 29, 2023 (Item #8), and most recently amended on August 30, 2024 (Item #8),

Funds are available in the following accounts for State Fiscal Year 2027, 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

The purpose of this request is to continue providing Roadmap to Reunification services to families who have children or youth residing in foster or relative caretaker settings for whom the Department is legally responsible without interruption. The Department is also presenting a new contract for these services with Northeast Family Services of New Hampshire, Inc., which was competitively reprocured using a Request for Proposals (RFP) and will be effective September 16, 2026, upon Governor and Council approval. This request is **Retroactive** to allow the Contractor to be reimbursed for costs necessary to continue services without interruption and retain staffing for the interim period of September 1 -15, 2026, prior to the start of the new contract. This request is **Sole Source** because the Department is seeking to extend the contract by two (2) weeks beyond the available renewal options.

The Contractor provides services to families who have children or youth residing in foster or kinship caretaker settings for whom the Department is legally responsible, as well as foster families and kinship caretakers, and youth and families participating in the Hope Program. Through the Clinical component of their program, the Contractor also provides wraparound services to children who are in residential treatment out of state, acute hospital care, or residential

treatment in state who are in the care of the Department and need extra support to step out into the community or to reunify. They also facilitate HOPE Reviews for the HOPE Program which allows youth to remain with their foster families through age 21 and receive services and critical support as they transition to adulthood. The HOPE reviews are Federally required. The Contractor has been providing Roadmap to Reunification services since 2020, during which time reunifications have increased 400%.

The Contractor serves approximately 200 families on an ongoing basis.

Should the Governor and Council not authorize this request the Department will not be able to reimburse the Contractor for costs incurred for the interim period of September 1 -15, 2026, which was necessary to continue to provide the Roadmap to Reunification Program, successfully meet federal requirements for the Hope Program, and serve high need families with children placed in residential care without interruption.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 93.558, FAIN 2501NHTANF.

Respectfully submitted,

For:

Lori A. Weaver
Commissioner

05-95-42-421010-2968000 Health and Social Services, Health and Human Svcs Dept, HHS: Div Children, Youth & Fam, Child Protection, Title IVB Subpart I

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2021	102-500734	Contracts for Prog Svc	42106801	$312,500	$0	$312,500
2022	102-500734	Contracts for Prog Svc	42106801	$375,000	$0	$375,000
2023	102-500734	Contracts for Prog Svc	42106801	$442,856	$0	$442,856
2024	102-500734	Contracts for Prog Svc	42106801	$457,256	$0	$457,256
2025	102-500734	Contracts for Prog Svc	42106801	$331,312	$0	$331,312
			Subtotal	***$1,918,924***	***$0***	***$1,918,924***

05-95-42-421010-2296000 Health and Social Services, Health and Human Svcs Dept, HHS: Div Children, Youth & Fam, Child Protection, Title IVB Subpart I

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	102-500731	Contracts for Prog Svc	42109603	$0	$0	$0
2027	102-500731	Contracts for Prog Svc	42109603	$140,476	$0	$140,476
			Subtotal	***$140,476***	***$0***	***$140,476***

05-95-42-421010-29730000 Health and Social Services, Health and Human Svcs Dept, HHS: Div Div Children, Youth & Fam, Child Protection, Promoting Safe-Stable Families

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2021	102-500734	Contracts for Prog Svc	42107306	$170,833	$0	$170,833
2022	102-500734	Contracts for Prog Svc	42107306	$205,000	$0	$205,000
2023	102-500734	Contracts for Prog Svc	42107306	$252,123	$0	$252,123
2024	102-500734	Contracts for Prog Svc	42107306	$252,123	$0	$252,123
2025	102-500734	Contracts for Prog Svc	42107306	$252,123	$0	$252,123
2026	102-500731	Contracts for Prog Svc	42107306	$247,000	$0	$247,000
2027	102-500731	Contracts for Prog Svc	42107306	$0	$0	$0
			Subtotal	***$1,379,202***	***$0***	***$1,379,202***

05-95-42-421010-29730000 Health and Social Services, Dept of Health and Human Svcs, HHS: Human Services, Child Protection, Promoting Safe-Stable Families

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2024	102-500734	Contracts for Prog Svc	42107349	$180,876	$0	$180,876
			Subtotal	***$180,876***	***$0***	***$180,876***

05-95-042-421010-29690000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVS DEPT, HHS: DIV CHILDREN, YOUTH & FAM, CHILD PROTECTION, CAPTA

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2025	102-500734	Contracts for Prog Svc	42106901	$565,270	$0	$565,270
2026	102-500731	Contracts for Prog Svc	42106901	$55,855	$0	$55,855
			Subtotal	***$621,125***	***$0***	***$621,125***

05-95-045-450010-61460000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: HUMAN

SERVICES-DEHS, BUREAU OF FAMILY ASSISTANCE, TEMP ASSISTNC TO NEEDY FAMILIES

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2025	102-500731	Contracts for Prog Svc	45030209	$256,250	$0	$256,250
2026	102-500731	Contracts for Prog Svc	45030209	$1,100,000	$0	$1,100,000
2027	102-500731	Contracts for Prog Svc	45030209	$93,333	$68,986	$162,319
			Subtotal	***$1,449,583***	***$68,986***	***$1,518,569***
			Total	**$5,690,186**	**$68,986**	**$5,759,172**

State of New Hampshire
Department of Health and Human Services
Amendment #4

This Amendment to the Roadmap to Reunification contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Northeast Family Services of New Hampshire, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on September 11, 2020 (Item #8), as amended on August 17, 2022, (Item #9), as amended on November 29, 2023 (Item #8), and as amended on August 30, 2024 (Item #8), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:

   September 15, 2026

2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:

   $5,759,172

3. Modify Exhibit A - Revisions to Standard Provisions, by adding Subsection 1.3., to read:

   1.3. Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:

   6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

4. Modify Exhibit C, Payment Terms; Section 1., to read:

   1. This Agreement is funded by:

      1.1. 3% Promoting Safe and Stable Families Program, awarded on 10/01/2019, by the Administration for Children and Families, ALN# 93.556, FAIN #2001NHFFTA.

      1.2. 26% Temporary Assistance to Needy Families, as awarded on 7/1/2022, and 7/7/2025, by the Administration for Children & Families, ALN #93.558, FAINs #2201NHTANF, 2501NHTANF.

      1.3. 11% Child Abuse and Neglect State Grants, as awarded on 6/3/2022, by the Administration for Children and Families, ALN #93.669, FAIN#2201NHNCAN.

      1.4. 24% Marylee Allen Promoting Safe and Stable Families Program, as awarded on 4/29/24, by the Administration for Children and Families, ALN #93.556, FAIN #2401NHFPSS,

      1.5. 36% Stephanie Tubbs Jones Child Welfare Services Program, as awarded on

4/30/2024, by the Administration for Children and Families, ALN#93.645, FAIN#2401NHCWSS.

5. Modify Exhibit C, Payment Terms, Section 3., to read:

   2. 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 Exhibits C-1, Budget through Exhibit C-14, Budget, Amendment #4.

6. Add Exhibit C-14, Budget, Amendment #4, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 1, 2026, upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

8/27/2026
Date

DocuSigned by:
Marie Noonan
2FCCB724C31F40F...

Name: Marie Noonan
Title: DCYF Director

Northeast Family Services of New Hampshire, Inc.

8/26/2026
Date

DocuSigned by:
Nidhi Turner
6BF441645D3E428...

Name: Nidhi Turner
Title: COO

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

8/27/2026
Date

Name: J.D. Lavallee
Title: Sr. Asst. Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services

Contractor Name:	Northeast Family Services of New Hampshire, Inc.
Budget Request for:	RFP-2021-DCYF-02-ROADM-01-A04
Indirect Cost Rate (if applicable)	

Line Item	Budget - State Fiscal Year 2027 (09/01/2026 - 09/15/2026)
1. Salary & Wages	$50,191
2. Fringe Benefits	$15,057
3. Consultants	$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
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$42
6. Travel	$1,458
7. Software	$1,042
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Audit and Insurance	$250
Flex Funds	$333
24 hour on call Stipend	$217
Cell Phone	$396
9. Subrecipient Contracts	$0
Total Direct Costs	$68,986

Total Indirect Costs	$0
TOTAL	**$68,986**

DS

Contractor Intitials:_____

8/26/2026

Date:_____

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NORTHEAST FAMILY SERVICES OF NEW HAMPSHIRE, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on December 18, 2018. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **809057**

Certificate Number: **0008002868**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 21st day of August A.D. 2026.

David M. Scanlan

Secretary of State

CERTIFICATE OF AUTHORITY

I, Peter Patch, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Northeast Family Services of New Hampshire, Inc.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on August 21st, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Nidhi Turner COO, Secretary (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Northeast Family Services of New Hampshire, Inc. to enter into contracts or agreements with the State (Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority was **valid thirty (30) days prior to and remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated:08/21/2026

Signature of Elected Officer
Name: Peter Patch
Title:CEO/President

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/24/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Barton Insurance Group	
Barton Insurance Group Inc 407 Pontiac Ave P O Box 3600 Cranston RI 02910	PHONE (A/C, No, Ext): (401) 781-6700	FAX (A/C, No): (401) 781-9861
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : LLoyd's of London	
INSURER B : Argonaut Insurance Company	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Northeast Family Services of New Hampshire, Inc
340 Granite Street
Manchester NH 03102

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			MEO1548468.26	03/07/2026	03/07/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY [ ]						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC929328739814	03/04/2026	03/04/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability - Claims Made Form			MEO1548468.26	03/07/2026	03/07/2027	Each Act Aggregate Limit	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of NH Department of Health & Human Services
129 Pleasant Street
Concord NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE