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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

November 7, 2023

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to accept and expend federal funds in the amount of \$29,130 from the Centers for Disease Control and Prevention (CDC), to fund the Sudden Unexpected Infant Death Program and the Sudden Death in the Young Program, effective upon approval by Governor and Executive Council through June 30, 2025, and further authorize the funds to be allocated as follows. 100% Federal Funds.

05-95-90-902010-59060000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF FAMILY HEALTH AND NUTRITION, SUID CASE REGISTRY

SFY 24

| Class-Account | Description | FY24 Current Adjusted Authorized | Requested Action | FY24 Revised Adjusted Authorized |
|-----------------------|-------------------------------|----------------------------------|------------------|----------------------------------|
| 000-408192-16 | SUID Case Registry | \$63,158 | \$17,171 | \$80,329 |
| Total Revenue | | \$63,158 | \$17,171 | \$80,329 |
| 020-500200 | Current Expenses | \$4,497 | \$2,786 | \$7,283 |
| 037-500173 | Technology-Hardware | \$100 | \$0 | \$100 |
| 038-500175 | Technology-Software | \$1,000 | \$0 | \$1,000 |
| 039-500188 | Telecommunications | \$1,000 | \$900 | \$1,900 |
| 041-500801 | Audit Fund Set Aside | \$64 | \$83 | \$147 |
| 070-500704 | In-State Travel | \$525 | \$1,715 | \$2,240 |
| 080-500710 | Out-of-State Travel | \$2,835 | \$2,336 | \$5,171 |
| 085-588520 | Interagency XFR out of FED FN | \$53,137 | \$9,351 | \$62,488 |
| Total Expenses | | \$63,158 | \$17,171 | \$80,329 |

05-95-90-902010-59060000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF FAMILY HEALTH AND NUTRITION, SUID CASE REGISTRY

SFY 25

| Class-Account | Description | FY24 Current Adjusted Authorized | Requested Action | FY24 Revised Adjusted Authorized |
|-----------------------|-------------------------------|---|-------------------------|---|
| 000-408192-16 | SUID Case Registry | \$32,448 | \$11,959 | \$44,407 |
| Total Revenue | | \$32,448 | \$11,959 | \$44,407 |
| 020-500200 | Current Expenses | \$1,275 | \$929 | \$2,204 |
| 037-500173 | Technology-Hardware | \$100 | \$0 | \$100 |
| 038-500175 | Technology-Software | \$1,000 | \$0 | \$1,000 |
| 039-500188 | Telecommunications | \$1,000 | \$300 | \$1,300 |
| 041-500801 | Audit Fund Set Aside | \$64 | \$28 | \$92 |
| 070-500704 | In-State Travel | \$525 | \$572 | \$1,097 |
| 080-500710 | Out-of-State Travel | \$2,835 | \$779 | \$3,614 |
| 085-588520 | Interagency XFR out of FED FN | \$25,649 | \$9,351 | \$35,000 |
| Total Expenses | | \$32,448 | \$11,959 | \$44,407 |

EXPLANATION

This request is being made to accept additional grant funds for SFY 2024 and SFY 2025 to administer and maintain the New Hampshire Sudden Unexpected Infant Death (SUID) and Sudden Death in Young (SDY) Programs.

Sudden unexpected infant deaths (SUIDs) often happen during sleep or in the infant's sleep area, including accidental suffocation or other unknown causes. Sudden death in the young (SDY) are deaths in children and youth who are believed to be in good health or with acute illnesses that would not be expected to cause death. The New Hampshire SUID/SDY Program is required by RSA 132:41 to review all sudden and unexpected deaths in infants, children, and young adults. The SUID/SDY case review does not include deaths by homicides, suicides, firearm-related fatalities, accidental or intentional drug overdose deaths, or terminal illness for which the death was reasonably expected to occur within six months. In partnership with the New Hampshire Department of Justice (DOJ) Office of Chief Medical Examiner (OCME) and the Department of Health and Human Services, with these Federal funds OCME will implement additional testing at the time of autopsy and present any findings at case reviews.

The SUID/SDY program also plans to utilize the additional grant funds to improve outcomes for infants and young children by providing additional safe sleep education and training materials for families and providers.

The funds are to be budgeted as follows and utilized for the following purposes:

- Class 020 Supplies and materials such as sleep sacks and safe sleep board books to support safe sleep promotion in New Hampshire.
- Class 039 Telecommunications and data costs to cover the monthly cost of a cell phone for the SUID/SDY Program Coordinator.
- Class 041 Audit Fund set aside as per State requirement.
- Class 070 Staff mileage expenditures for the Program Coordinator to provide safe sleep presentations throughout the state.

- Class 080 Out of state travel expenditures for the Program Coordinator and Chief Forensic Investigator to attend the required meetings at the Centers for Disease Control in Atlanta, Georgia.
- Class 085 To support a contract amendment with the Office of the Chief Medical Examiner (OCME) for advanced genetic testing, which can help detect and prevent others from dying suddenly and unexpectedly.

Area served: Statewide

Source of Funds: 100% Federal funds from the United States Centers for Disease Control and Prevention.

If Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


 Lori A. Weaver
Commissioner

1. DATE ISSUED MM/DD/YYYY
06/29/2022

1a. SUPERSEDES AWARD NOTICE dated
except that any additions or restrictions previously imposed
remain in effect unless specifically rescinded

2. CFDA NO.
93.946 - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health
Initiative Programs

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 5 NU38DP000012-05-00
Formerly

5. TYPE OF AWARD
Other

4a. FAIN NU38DP000012

5a. ACTION TYPE Non-Competing Continuation

6. PROJECT PERIOD MM/DD/YYYY
From 09/30/2018 Through 09/29/2023

7. BUDGET PERIOD MM/DD/YYYY
From 09/30/2022 Through 09/29/2023

8. TITLE OF PROJECT (OR PROGRAM)
New Hampshire Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry Project

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section
241(a) and 247b(k)(2)], as amended.

9a. GRANTEE NAME AND ADDRESS
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
29 Hazen Dr
Public Health Services-DUP3
Concord, NH 03301-6510

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Rhonda Siegel
29 Hazen Drive
Attn.: Business Office Representative
Concord, NH 03301

9b. GRANTEE PROJECT DIRECTOR
Ms. Sarah Goss
129 PLEASANT ST
New Hampshire Dept of Health and Human Services
CONCORD, NH 03301-3852
Phone: 603-271-4667

10b. FEDERAL PROJECT OFFICER
Carri Cottengim
1600 Clifton Rd
DRH MIHB
Atlanta, GA 30333
Phone: 770-488-4290

ALL AMOUNTS ARE SHOWN IN USD

| 11. APPROVED BUDGET (Excludes Direct Assistance) | |
|--|-----------|
| I Financial Assistance from the Federal Awarding Agency Only | |
| II Total project costs including grant funds and all other financial participation | |
| a. Salaries and Wages | 12,999.00 |
| b. Fringe Benefits | 10,366.00 |
| c. Total Personnel Costs | 23,365.00 |
| d. Equipment | 0.00 |
| e. Supplies | 1,214.00 |
| f. Travel | 3,200.00 |
| g. Construction | 0.00 |
| h. Other | 8,424.00 |
| i. Contractual | 24,428.00 |
| j. TOTAL DIRECT COSTS | 60,631.00 |
| k. INDIRECT COSTS | 0.00 |
| l. TOTAL APPROVED BUDGET | 60,631.00 |
| m. Federal Share | 60,631.00 |
| n. Non-Federal Share | 0.00 |

| 12. AWARD COMPUTATION | |
|--|------------|
| a. Amount of Federal Financial Assistance (from item 11m) | 60,631.00 |
| b. Less Unobligated Balance From Prior Budget Periods | 0.00 |
| c. Less Cumulative Prior Award(s) This Budget Period | 0.00 |
| d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | 60,631.00 |
| 13. Total Federal Funds Awarded to Date for Project Period | 311,428.00 |

| 14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project): | | | |
|--|--------------------|-------|--------------------|
| YEAR | TOTAL DIRECT COSTS | YEAR | TOTAL DIRECT COSTS |
| a. 6 | | d. 9 | |
| b. 7 | | e. 10 | |
| c. 8 | | f. 11 | |

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER (See REMARKS)

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation
b. The grant program regulations.
c. This award notice including terms and conditions, if any, noted below under REMARKS.
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL:
Pamela Render, Grants Management Officer
2920 Brandywine Road
Mailstop E09
Atlanta, GA 30341
Phone: 770-488-2712

| 17. OBJ CLASS 41.51 | 18a. VENDOR CODE 1026000618B5 | 18b. EIN 026000618 | 19a. UEI LA2HR1U97VC6 | 19b. DUNS 011040545 | 20. CONG. DIST. 02 |
|---------------------|-------------------------------|---------------------|-----------------------|---------------------|--------------------|
| FY-ACCOUNT NO. | DOCUMENT NO. | ADMINISTRATIVE CODE | AMT ACTION FIN ASST | APPROPRIATION | |
| 21. a. 2-9390FBE | b. 18NU38DP000012 | c. DP | | \$52,608.00 | e. 75-22-0872 |
| 22. a. 2-9390FCS | b. 18NU38DP000012 | c. DP | | \$8,023.00 | e. 75-22-0886 |
| 23. a. | b. | c. | d. | | e. |



Recipient Information

1. Recipient Name

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES
129 Pleasant St
Concord, NH 03301-3852
[NO DATA]

2. Congressional District of Recipient
02

3. Payment System Identifier (ID)
1026000618B5

4. Employer Identification Number (EIN)
026000618

5. Data Universal Numbering System (DUNS)
011040545

6. Recipient's Unique Entity Identifier (UEI)
LA2HRIU97VC6

7. Project Director or Principal Investigator

Ms. Courtney Keane
Project Director
Courtney.keane@dhhs.nh.gov
603-271-1037

8. Authorized Official

Ms. Rhonda Silverman Siegel
rhonda.siegel@dhhs.nh.us.gov
603-271-4516

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. LaKasa Wyatt
lgw5@cdc.gov
770-488-2728

10. Program Official Contact Information

Carri Cottengim
Health Scientist
DRH MIHB
wsh2@cdc.gov
770-488-4290

Federal Award Information

11. Award Number

1 NU58DP007702-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP007702

13. Statutory Authority

section 301(a) of the Public Health Service Act, [42 U.S.C section 241(a)], as amended

14. Federal Award Project Title

Sudden Unexpected Infant Death and Sudden Death in the Young Program

15. Assistance Listing Number

93.946

16. Assistance Listing Program Title

Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2023 **- End Date** 09/29/2024

20. Total Amount of Federal Funds Obligated by this Action

\$110,000.00

20a. Direct Cost Amount

\$94,717.00

20b. Indirect Cost Amount

\$15,283.00

21. Authorized Carryover

\$0.00

22. Offset

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$0.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$110,000.00

26. Period of Performance Start Date 09/30/2023 **- End Date** 09/29/2028

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

\$110,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Pamela Render
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP007702-01-00

FAIN# NU58DP007702

Federal Award Date: 09/07/2023

| |
|--|
| <p>Recipient Information</p> <p>Recipient Name NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES 129 Pleasant St Concord, NH 03301-3852 [NO DATA]</p> <p>Congressional District of Recipient 02</p> <p>Payment Account Number and Type 1026000618B5</p> <p>Employer Identification Number (EIN) Data 026000618</p> <p>Universal Numbering System (DUNS) 011040545</p> <p>Recipient's Unique Entity Identifier (UEI) LA2HR1U97VC6</p> |
|--|

| |
|---|
| <p>31. Assistance Type Cooperative Agreement</p> <p>32. Type of Award Other</p> |
|---|

| | |
|---|---------------------|
| 33. Approved Budget (Excludes Direct Assistance) | |
| I. Financial Assistance from the Federal Awarding Agency Only | |
| II. Total project costs including grant funds and all other financial participation | |
| a. Salaries and Wages | \$26,079.00 |
| b. Fringe Benefits | \$17,148.00 |
| c. Total Personnel Costs | \$43,227.00 |
| d. Equipment | \$0.00 |
| e. Supplies | \$11,090.00 |
| f. Travel | \$5,400.00 |
| g. Construction | \$0.00 |
| h. Other | \$0.00 |
| i. Contractual | \$35,000.00 |
| j. TOTAL DIRECT COSTS | \$94,717.00 |
| k. INDIRECT COSTS | \$15,283.00 |
| l. TOTAL APPROVED BUDGET | \$110,000.00 |
| m. Federal Share | \$110,000.00 |
| n. Non-Federal Share | \$0.00 |

| 34. Accounting Classification Codes | | | | | | |
|--|----------------|---------------------|--------------|----------|---------------------------------|---------------|
| FY-ACCOUNT NO. | DOCUMENT NO. | ADMINISTRATIVE CODE | OBJECT CLASS | CFDA NO. | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
| 3-939ZRDL | 23NU58DP007702 | DP | 410Q | 93.946 | \$110,000.00 | 75-23-0948 |



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 1 NU58DP007702-01-00

FAIN# NU58DP007702

Federal Award Date: 09/07/2023

Direct Assistance

| BUDGET CATEGORIES | PREVIOUS AMOUNT (A) | AMOUNT THIS ACTION (B) | TOTAL (A + B) |
|-------------------|---------------------|------------------------|---------------|
| Personnel | \$0.00 | \$0.00 | \$0.00 |
| Fringe Benefits | \$0.00 | \$0.00 | \$0.00 |
| Travel | \$0.00 | \$0.00 | \$0.00 |
| Equipment | \$0.00 | \$0.00 | \$0.00 |
| Supplies | \$0.00 | \$0.00 | \$0.00 |
| Contractual | \$0.00 | \$0.00 | \$0.00 |
| Construction | \$0.00 | \$0.00 | \$0.00 |
| Other | \$0.00 | \$0.00 | \$0.00 |
| Total | \$0.00 | \$0.00 | \$0.00 |

AWARD ATTACHMENTS

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES

1 NU58DP007702-01-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP23-0006, entitled Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry: Surveillance and Prevention Program, application dated June 1, 2023, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$110,000 is approved for the Year 01 budget period, which is September 30, 2023 through September 29, 2024. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

| NOFO Component | Amount |
|----------------|------------|
| Base | \$ 110,000 |
| Component B | \$ 0 |
| Component C | \$ 0 |

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

- Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such

proposed spending must be clearly identified in the budget. • Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of, legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Indirect Costs:

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated July 1, 2022.

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|-------------------------------|
| REPORTING REQUIREMENTS |
|-------------------------------|

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Robyn Bryant, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Branch 5 Chronic Disease & Injury Prevention
Email: ppa4@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

AWARD HISTORY
SUID/SDY
AU 59060000

| | | |
|----------|---|----------------------|
| A | Sudden Unexpected Infant Death (SUID and Sudden Death in the Young (SDY) 1 NU58DP007702 | |
| B | Award Ending 9/29/2023 1 NU38DP000012-05-00 Year 5 | 60,631 |
| | Carryforward from Year 4 Expanded Authority allowed | 10,837 |
| | Award Ending 9/29/24 1 NU58DP007702-01-00 Year 1 | 110,000 |
| C | Expended through 6/30/23 | (61,502) |
| D | Unobligated Balance Unable to Spend | <u>-</u> |
| E | Award Balance 7/1/23 | \$ 119,966 |
| F | SFY 24 Appropriation ** | (32,448) |
| G | Balance Forward | <u>(30,710)</u> |
| H | Available to Accept | 56,808 |
| I | Amount Requested this Action | <u><u>29,130</u></u> |