



STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR

CHRISTOPHER T. SUNUNU
Governor

February 16, 2021

Lori Shibinette
Commissioner
New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, N.H. 03301

Dear Commissioner Shibinette,

Pursuant to my authority under RSA 21-P:43; RSA 4:45; RSA 4:47; and Executive Order 2020-04, as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, and 2021-02 I have approved your written request, in attachment, to take the following actions related to the COVID-19 Public Health Emergency:

1. Authority for the Department of Health and Human Services (DHHS), New Hampshire Hospital to transfer funds in the amount of \$384,000 between various class lines. Budgeted consistent with the information in the request in attachment, effective through June 30, 2021. (100% Federal Funds).

The Department of Administrative Services is authorized to take the actions necessary to effectuate this authorization.

Sincerely,

A handwritten signature in blue ink that reads "Christopher T. Sununu".

Christopher T. Sununu
Governor

CC Charles Arlinghaus, Commissioner, Department of Administrative Services



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Shibinette
 Commissioner

Heather A Moquin
 Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
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 www.dhhs.nh.gov

February 12, 2021

His Excellency, Governor Christopher T. Sununu
 State House
 Concord, New Hampshire 03301

**REQUESTED ACTION UNDER RSA 21-P:43; RSA 4:45; RSA 4:47; AND EXECUTIVE ORDER 2020-04
 AS EXTENDED BY EXECUTIVE ORDERS 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2021-01 AND 2021-02.**

Authorize the Department of Health and Human Services, New Hampshire Hospital, to transfer federal funds in the amount of \$384,000 between various class lines. The transfer is summarized below, effective upon approval of the Governor through June 30, 2021. 100% Federal Funds (CARES ACT)

| CARES HOSPITAL PROVIDER RELIEF | | | | |
|---------------------------------------|---------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| 05-95-094-19020000 | | | | |
| FY 2021 | | | | |
| Class-Account | Class Title | Current Modified Budget | Increase (Decrease) Amount | Revised Modified Budget |
| Revenue | General Funds | \$0 | \$0 | \$0 |
| 000-400338 | CARES Act Provider Relief | \$4,180,024 | | \$4,180,024 |
| | Total Revenue | \$4,180,024 | \$0 | \$4,180,024 |
| Expenses | | | | |
| 010-500100 | Personal Svcs – Perm Classified | \$0 | | \$0 |
| 018-500106 | Overtime | \$1 | | \$1 |
| 020-500200 | Current Expenses | \$671,103 | \$300,000 | \$971,103 |
| 022-500257 | Rents – Leases | \$1 | | \$1 |
| 030-500311 | Equipment | \$16,001 | \$84,000 | \$100,001 |
| 040-500191 | Indirect Costs | \$5,756 | | \$5,756 |
| 041-500800 | Audit Set Aside | \$4,180 | | \$4,181 |
| 048-500226 | Contractual Maint | \$3,162,979 | (\$384,000) | \$2,778,979 |
| 050-500109 | Personal Services – Temp | \$0 | | \$0 |
| 060-500601 | Benefits | \$1 | | \$1 |
| 102-500731 | Contracts for Prog Svcs | \$320,001 | | \$320,001 |
| | Total Expenses | \$4,180,024 | \$0 | \$4,180,024 |

His Excellency, Governor Christopher T. Sununu

EXPLANATION

The Department of Health and Human Services is requesting authorization to transfer funds between various class lines in order to increase personal protective supplies and equipment to combat the COVID19 virus for the remainder of the fiscal year with anticipated surpluses within the Department's authorized budget.

The following is the information specifically required when transfers are requested, in accordance with the Budget Officer's instructional memorandum dated April 17, 1985, to support the above requested actions:

- A. Justification: This transfer request is to cover the significant amount of supplies and equipment to protect staff and patients from the COVID-19 virus.
- B. Does this transfer involve continuing programs or one-time projects?
This transfer involves continuing programs as well as potentially one-time projects.
- C. Is this transfer required to maintain existing program levels or will it increase the program?
This transfer is required to maintain existing program levels.
- D. Cite any requirements which make this program mandatory.
The programs of the Department are mandated by various state and federal laws.
- E. Identify the source of funds on all accounts listed on this transfer.
All funds being transferred are 100% federal funds.
- F. Will there be any effect on revenue if this transfer is not approved?
This request is revenue neutral.
- G. Are funds expected to lapse if this transfer is not approved?
Funds that are in excess of expenditures would be returned to the US governmental agency distributing COVID funds.
- H. Are personnel services involved?
No positions are being transferred as a result of this request.

Geographic area serviced: Statewide.

Respectfully submitted,



For
Lori A Shibinette
Commissioner