



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Grants Management 330 C St., S.W., Washington DC 20201

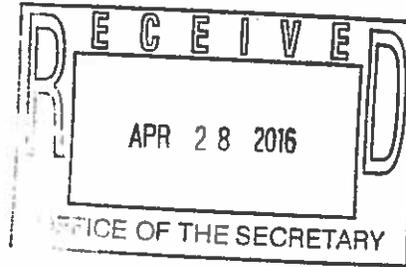
*Original to Davis Gayle
copy to Kelli Hill*

April 19, 2016

Kentucky Cabinet for Health and Family Services
275 East Main Street, #5W-A
Frankfort, KY 40601-2321

Re: Notice of Grant Award - FY 2016

Dear Grantee:



This grant award represents the allocation for fiscal year 2016 to the State for the Low Income Home Energy Assistance program made available under Public Law 114-113.

Appropriation	CAN	Allotment	This Action	Cumulative
75-6-1502	2016G992201	46,514,386		\$46,514,386

EIN:	1-610600439-B3	Fiscal Year:	2016
Document Number:	G-16B1KYLIEA	CFDA #:	93.568
Grant Period:	10/01/2015 - 09/30/2017		

Funds must be expended in accordance with Title XXVI of Public Law 97-35, as amended, your assurances and plan submitted in accordance with 45 CFR Part 96 and 31 CFR Part 205, which implements the Cash Management Improvement Act of 1990, and procedures applicable to the expenditure of your revenues. Section 2605(d) of P.L. 97-35 requires the State to expend funds in accordance with the State Plan. Determinations as to whether the State has complied with these requirements may be made as the result of the audit required by Section 2605(e) of P.L. 97-35 and the Single Audit Act of 1984, or as the result of reviews conducted under Section 2608 of P.L. 97-35. Although the grant period shown is through 09/30/2017, Sec. 2607 of P.L. 97-35, as amended requires that at least 90 percent of the amount payable to you must be obligated no later than 09/30/2016.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533.

Program questions about this grant should be referred to Lauren Christopher at (202) 401-4870. Fiscal reporting questions regarding this grant should be directed to Lydia Peele, Administration for Children and Families, (202) 401-6493. The electronic Terms and Conditions that apply to this program can be found at <https://www.acf.hhs.gov/grants/terms-and-conditions>.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Sincerely,

Patrick A. Wells
Director, Division of Mandatory Grants

*This action represents a correction to an erroneous allotment amount; that was generated on the second release of FY 2016 LIHEAP letter dated April 1, 2016..

INQUIRY: SA-G DATE: 05/10/2016 TIME: 07:55:37 AM

ACCOUNT** *PIN*
V624B E940

SUBACCOUNT	*****AUTHORIZED*****	*****PAYMENTS*****	***FUNDS AVAILABLE***
LIEA16	\$46,514,386.00	\$32,248,175.81	\$14,266,210.19
			\$567.76 IN-TRANSIT PAYMENTS
			\$14,265,642.43 NET OF IN-TRANSIT
	*****AUTHORIZED*****	*****PAYMENTS*****	***FUNDS AVAILABLE***
ACCT TOTAL	\$2,809,289,582.66	\$2,780,390,748.75	\$28,898,833.91
	\$2,265,585,217.25	\$2,265,585,217.25	\$5.00 CANCELED AMT
	\$543,704,365.41	\$514,805,531.50	\$28,898,833.91 NET OF CANCELED AMT
			\$618,970.83 IN-TRANSIT PAYMENTS
			\$28,279,863.08 NET OF IN-TRANSIT
			\$103.50 AVAILABLE AMT > 90 DAYS (EXPIRED)

	DEBITED	**POSTED**	*SCHD*	*****AMOUNT*****
LAST ACCT TRANSACTION		05/09/2016	53437	\$94,584.17
PREV ACCT TRANSACTION		05/09/2016	53437	\$524,386.66

***** Inquiry Results Complete *****

You may now make another selection from the Menu