

1. DATE ISSUED: 06/15/2016		2. PROGRAM CFDA: 93.917		 <p>HRSA Health Resources and Services Administration</p> <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603 FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300ff-11 et seq (as amended), Part B Public Health Service Act as amended, Sections 2611-23, (42 USC 300ff21-31b) 2611-22 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a. as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) Sections 2611-22 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a. as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) Sections 2611-22 of Title XXVI of the Public Health Service Act sections 2611-23, (42 U.S.C. § 300ff-21-31b). as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) Sections 2611-23 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) Sections 2611-23 and 2693 of title XXVI of the Public Health Service Act, 42 U.S.C. 300ff-21-300ff-31b and 300ff-121, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)</p>																																																			
3. SUPERSEDES AWARD NOTICE dated: 03/07/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																							
4a. AWARD NO.: 6 X07HA00008-26-01	4b. GRANT NO.: X07HA00008	5. FORMER GRANT NO.: BRX070008																																																					
6. PROJECT PERIOD: FROM: 04/01/1991 THROUGH: 03/31/2017																																																							
7. BUDGET PERIOD: FROM: 04/01/2016 THROUGH: 03/31/2017																																																							
8. TITLE OF PROJECT (OR PROGRAM): RYAN WHITE CARE ACT TITLE II																																																							
9. GRANTEE NAME AND ADDRESS: KENTUCKY CABINET FOR HEALTH SERVICES Division Line: Cabinet for Health and Family Services 275 E Main St Frankfort, KY 40601-2321 DUNS NUMBER: 927049767		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Karen D Sams KENTUCKY CABINET FOR HEALTH SERVICES MailStop Code: HS2EC Division Line: Division of Epidemiology/HIV/AIDS Branch 275 E Main St Frankfort, KY 40601-2321																																																					
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																					
<table border="0"> <tr><td>a. Salaries and Wages :</td><td>\$0.00</td></tr> <tr><td>b. Fringe Benefits :</td><td>\$0.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td>\$0.00</td></tr> <tr><td>d. Consultant Costs :</td><td>\$0.00</td></tr> <tr><td>e. Equipment :</td><td>\$0.00</td></tr> <tr><td>f. Supplies :</td><td>\$0.00</td></tr> <tr><td>g. Travel :</td><td>\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td>\$0.00</td></tr> <tr><td>i. Other :</td><td>\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td>\$0.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td>\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td>\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td>\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td>\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td>\$9,116,375.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td>\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td>\$9,116,375.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td>\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td>\$9,116,375.00</td></tr> </table>		a. Salaries and Wages :	\$0.00	b. Fringe Benefits :	\$0.00	c. Total Personnel Costs :	\$0.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$0.00	g. Travel :	\$0.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$0.00	j. Consortium/Contractual Costs :	\$0.00	k. Trainee Related Expenses :	\$0.00	l. Trainee Stipends :	\$0.00	m. Trainee Tuition and Fees :	\$0.00	n. Trainee Travel :	\$0.00	o. TOTAL DIRECT COSTS :	\$9,116,375.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q. TOTAL APPROVED BUDGET :	\$9,116,375.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$9,116,375.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td>\$9,116,375.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td>\$0.00</td></tr> <tr><td> ii. Offset</td><td>\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td>\$5,298,690.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$3,817,685.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$9,116,375.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$5,298,690.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$3,817,685.00
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		13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																																					
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		14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)																																																					
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15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:																																																							
A=Addition B=Deduction C=Cost Sharing or Matching D=Other			[A]																																																				
Estimated Program Income: \$0.00																																																							

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS 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 cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. 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 [X]Yes []No)

This award is comprised of the following sources of funding:

FY14 ADAP-\$1,541,377
 FY14 MAI-\$39,167
 FY16 Formula- \$3,898,628
 FY16 ADAP- \$3,368,193
 FY16 MAI- \$4730
 FY16 Emerging Communities- \$264,280

Total Funding \$9,116,375

Electronically signed by Dorothy Kelley , Grants Management Officer on : 06/15/2016

17. OBJ. CLASS: 41.15 **18. CRS-EIN:** 1610600439B5 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 3771134	93.917	16X07HA00008	\$953,280.00	\$0.00	FRML	HIVII-16
16 - 3771136	93.917	16X07HA00008	\$1,214,420.00	\$0.00	ADAP	HIVII-16
14 - 3778017	93.917	16X07HA00008	\$1,541,377.00	\$0.00	ADAP	HIVII-16
16 - 3771134	93.917	16X07HA00008	\$64,712.00	\$0.00	EC	HIVII-16
16 - 3771133	93.917	16X07HA00008	\$4,729.00	\$0.00	MAI	HIVII-16
14 - 3778014	93.917	16X07HA00008	\$39,167.00	\$0.00	MAI	HIVII-16

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. Fiscal year (FY) 2014 unobligated balances have been deobligated from FY 2014 and reobligated for use in FY 2016. These funds must be tracked separately by the grantee as FY 2014 funds according to funding type. Please refer to the "Remarks" section of the NoA face page for the amount, type and purpose of these funds.

This action by the DGMO is in accordance with Title XXVI of the Public Health Service (PHS) Act, Section 2603(b) (for Eligible Metropolitan Areas) and Section 2609(d)(2) (for Transitional Grant Areas), as amended by the Ryan White HIV/AIDS Program Treatment Extension Act of 2009.

2. Minority AIDS Initiative (MAI) funds available under Section 2693 are disbursed on a formula basis together with the RWHAP formula grant funds as required by the legislation. Funds must be used exclusively for outreach and education to increase minority enrollment in ADAP

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2016 (FY16) funding based on HRSA's FY16 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. Unless otherwise specified, all Conditions, Program Terms, and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHB).
3. In accordance with the RWHAP client eligibility determination and recertification requirements (Policy 13-02), HRSA expects clients' eligibility be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12-month period or calendar year) to ensure that the program only serves eligible clients, and that the RWHAP is the payer of last resort.
4. The recipient must comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and must comply with any cancellation of unobligated funds.
5. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.aids.gov/federal-resources/policies/syringe-services-programs/>.
6. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. Program income may be used to satisfy all or part of the state matching requirements. For additional information, see PCN #15-03 available online at http://hab.hrsa.gov/affordablecareact/pcn_15-03_program_income.pdf.
7. Unless a waiver is obtained, not less than 75 percent of the portion of the grant remaining after reserving amounts for administration, planning/evaluation and clinical quality management will be used to provide core medical services that are needed in the State for individuals with HIV who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals). The recipient shall not exceed the lesser of 5 percent of the total grant funds or \$3 million for the required clinical quality management (CQM) program.

8. Funds may not be used for the following: cash payments to intended recipients of services, purchasing or construction of real property, international travel, Pre-Exposure Prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP), or payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).
9. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.

Reporting Requirement(s)

1. Due Date: 08/12/2016

The recipient must submit the FY2016 RWHAP Part B MAI Annual Plan via the HRSA EHBs, consistent with reporting guidelines and instructions provided in EHBs.

2. Due Date: 08/12/2016

The recipient must submit a FY 2016 Program Terms Report via the HRSA EHBs, consistent with reporting guidelines, instructions, and reporting templates provided in EHBs. The Report must include the following items:

- The FY 2016 RWHAP Part B and MAI Planned Allocation Table, indicating the priority areas established by the Recipient and the dollar amount of FY 2016 RWHAP Part B and MAI funds allocated to each prioritized service category related to eligible Core Medical and Support Services. Use only the categories identified on the Table.
- A revised SF-424A budget and narrative justification for: Administration, Clinical Quality Management, and HIV Services for all FY 2016 funding. The Form can be found at <http://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>. The Recipient should only print the Budget Information-Non Construction Programs (Section A-F).
- A complete FY 2016 Implementation Plan that reflects all Core Medical and Support service categories and priorities established by the recipient and that are consistent with the FY 2016 RWHAP Part B & MAI Planned Allocations Report. Emerging Community activities and funding allocations must be clearly identified.
- A Consolidated List of Contractors (CLC) for all direct service providers receiving RWHAP Part B Ryan White HIV/AIDS Treatment Program funding through contracts, Memorandum of Agreement(MOA), Memorandum of Understanding (MOU), and/or Letters of Agreement(LOA). Providers funded at the Consortia level should also be included in the CLC.
- A Contract Review Certification (CRC) for all funds for direct service contracts, including RWHAP Part B, ADAP, and MAI.

3. Due Date: 10/11/2016

The recipient must submit an FY 2016 Interim Federal Financial Report SF425 (FFR), showing the amount of RWHAP Part B funds obligated and made available via the HRSA EHBs. No extensions are allowed for this condition. The Interim FFR reporting period is April 1, 2016 – September 11, 2016. If the Interim FFR indicates the funds obligated are less than 75%, HRSA will recoup the remaining amount of funds and the jurisdiction will not be eligible for ADAP Supplemental funds.

4. Due Date: 07/30/2017

The recipient must submit the FY 2016 RWHAP Part B MAI Annual Report via the HRSA EHBs, consistent with reporting guidelines and instructions provided in EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Karen D Sams	Program Director	karen.sams@ky.gov
Christina S White	Business Official	christinas.white@ky.gov
Katie Crocker	Business Official	katie.crocker@ky.gov
Robert S Robinson	Business Official	scottr.robinson@ky.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Roberto Nolte at:

HRSA/HAB/DSHAP
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: molte@hrsa.gov
Phone: (301) 443-2838
Fax: (301) 443-8143

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Karen Mayo at:

MailStop Code: 11-03
HRSA, OFAM, DGMO, HRB
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: kmayo@hrsa.gov
Phone: (301) 443-3555
Fax: (301) 594-4073
