



ADMINISTRATION FOR
CHILDREN & FAMILIES

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

February 03, 2016

Kentucky Cabinet for Health and Family Services
275 East Main Street, # 3 W-E
Frankfort, KY 40601-2321

Re: Notice of Grant Award - FY 2016

Dear Grantee:

0436-16

The grant award listed below is available for obligation beginning 10/01/2015 and ending 09/30/2017 in accordance with your approved application under the John H. Chafee Foster Care Independence (CHAFEE (ILP) Program under Title IV-E of the Social Security Act, (42 U.S.C. 677 et. seq.). The grantee must liquidate all obligations incurred under this award no later than 90 days after the end of the funding period.

Appropriation 75-6-1545	CAN 2016G994415	Allotment 2,374,107	This Action 652,068	Cumulative 1,187,054
EIN:	1-610600439-B3	Fiscal Year:	2016	
Document Number:	G-1601KYCILP	CFDA #:	93.674	

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program Instructions, terms and conditions, Departmental regulations, and OMB Circulars. Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

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.

Fiscal reporting questions regarding this grant should be directed to Deborah Bell, Administration for Children and Families, (202) 401-4611. The electronic Terms and Conditions to support this program can be found on the website 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

*Due to an administrative error that occurred 1st quarter FY 2016, your allotment has been corrected.

Note: Agency Review Requirements. In accordance with Federal regulations found at 2 CFR 200.205, and effective for awards issued on or after January 1, 2016, this agency is required to review the eligibility qualifications of applicants for Federal funding exceed a specified project period amount (currently \$150,000). The Federal Awardee Performance and Integrity Information System (FAPIIS), containing information from Federal awarding agencies, will be used for this purpose. Applicants and grantees are encouraged to review the information contained in FAPIIS at <https://www.fapiis.gov> and, if necessary, provide ACF with any comments or corrective information.