



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Grants Management 370 L'Enfant Promenade, S.W. Washington, DC 20447

October 17, 2014

Deputy Commissioner  
Kentucky Department for Public Health  
Cabinet for Health and Family Services  
275 East Main Street, HS-1-WF  
Frankfort, KY 40621

Re: **Notice of Grant Award**  
**Personal Responsibility Education Program**  
**FY 2015**

Dear Grantee:

The following award is the allocated amount for the fiscal year indicated for the Personal Responsibility Education Program in accordance with Section 513 of the Social Security Act .

<b>Award Amount:</b>	<b>\$714,602</b>
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Catalog of Federal Domestic Assistance (CFDA) Program Number	Entity Identification Number (EIN)	Appropriation Number	Grant Document Number (GDN)	Common Accounting Number (CAN)	Amount
93.092	1-610600439-B5	75-X-1512	1501KYPREP	2015G99SU15	\$714,602

The project period for these funds starts **10/01/2014**. These funds must be obligated **no later than 09/30/2017** and liquidated **no later than 12/31/2017**. Any funds that remain unobligated or unliquidated after these dates will be recouped by this agency.

By accepting this award, the State agrees to use these funds in accordance with the Terms and Conditions and all applicable Federal laws, regulations and policies governing the use of Federal funds and the submission of periodic financial reports. Any expenditure found to have been made in violation of these requirements is subject to disallowance and recoument by this agency and the imposition of additional interest charges under 45 CFR 30.13 and 30.14.

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at <https://www.acf.hhs.gov/grants/terms-and-conditions> .

Specifically, the State agrees to comply with the provisions of Federal regulations (31 CFR 205) that implements the Cash Management Improvement Act by limiting the amount and timing of your requests to draw Federal funds to the minimum amount necessary to meet actual and immediate program needs and requirements. Failure to adhere to these requirements may result in the unobligated portion of your letter-of-credit to be revoked.

Grant funds are available through HHS' Payment Management System (PMS). Please direct questions as follows:

- (a) Payments and Cash Transactions: Payment Management Services, Program Support Center PO Box 6021, Rockville, Maryland 20852 (<http://www.dpm.psc.gov>) or to the PMS Help Desk at (877) 614-5533.
- (b) Program Requirements: LeBretia White at [lebreitia.white@acf.hhs.gov](mailto:lebreitia.white@acf.hhs.gov) or (202) 205-9605;
- (c) Expenditure Reporting: Michael Bratt at [michael.bratt@acf.hhs.gov](mailto:michael.bratt@acf.hhs.gov) or (202) 401-4629.

Sincerely,

Patrick A. Wells  
Director  
Division of Mandatory Grants