

1. DATE ISSUED (Mo./Day/Yr.) 06/17/2014 2. CFDA NO. 93.243

3. SUPERSEDES AWARD NOTICE dated / / except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4. GRANT NO. 5 H79 TI024158-03 5. ADMINISTRATIVE CODES TI-H79/DCT-FA

Formerly:

6. PROJECT PERIOD Mo./Day/Yr. Mo./Day/Yr.
From 09/30/2012 Through 09/29/2015

7. BUDGET PERIOD Mo./Day/Yr. Mo./Day/Yr.
From 09/30/2014 Through 09/29/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

COPY

NOTICE OF GRANT AWARD
AUTHORIZATION (Legislation/Regulation)
Authorized under Section 509 of the PHS Act

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)
Enhanced Families Moving Beyond Abuse

9. GRANTEE NAME AND ADDRESS
a. KY ST CABINET/HEALTH/FAMILY SERVICES
b. 100 Fair Oaks Lane 4E-D
c.
d. Frankfort e. KY f. 40621-0000

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) (LAST NAME FIRST AND ADDRESS)
Posze, Lynn
Division of Behavioral Health
100 Fair Oaks Lane 4E-D
Frankfort, KY 40621

11. APPROVED BUDGET (Excludes PHS Direct Assistance)		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE	
I PHS Grant Funds Only <input type="checkbox"/>		a. Amount of PHS Financial Assistance (from item 11u) \$ 250,000	
II Total project costs including grant funds and all other financial participation (Select one and place NUMERAL in box.) <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods \$ 0	
a. Salaries and Wages \$ 0		c. Less Cumulative Prior Award(s) This Budget Period \$ 0	
b. Fringe Benefits \$ 0		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 250,000	
c. Total Personnel Costs \$ 0		13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT):	
d. Consultant Costs 0		YEAR TOTAL COSTS (DIRECT and INDIRECT) YEAR TOTAL COSTS (DIRECT and INDIRECT)	
e. Equipment 0		a. N/A d.	
f. Supplies 0		b. e.	
g. Travel 3,000		c. f.	
h. Patient Care - Inpatient 0		14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):	
i. - Outpatient 0		a. Amount of PHS Direct Assistance \$	
j. Alterations and Renovations 0		b. Less Unobligated Balance From Prior Budget Periods \$	
k. Other 0		c. Less Cumulative Prior Award(s) This Budget Period \$	
l. Consortium/Contractual Costs 243,896		d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ N/A	
m. Trainee Related Expenses 0		15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select One and Place LETTER in box.)	
n. Trainee Stipends 0		a. DEDUCTION	
o. Trainee Tuition and Fees 0		b. ADDITIONAL COSTS	
p. Trainee Travel 0		c. MATCHING <input type="checkbox"/> B	
q. TOTAL DIRECT COSTS → \$ 246,896		d. OTHER RESEARCH (Add/Deduct Option)	
r. INDIRECT COSTS (Rate .00 % of S&W/TADC) \$ 3,104		e. OTHER (See REMARKS)	
s. TOTAL APPROVED BUDGET \$ 250,000		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
t. SBIR Fee \$		a. The grant program legislation cited above. b. The grant program regulation cited above.	
u. Federal Share \$ 250,000		c. The award notice including terms and conditions, if any, noted below under REMARKS.	
v. Non-Federal Share \$ 0		d. PHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.	
		e. 45 CFR Part 74 or 45 CFR Part 92 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 - Yes No)

GMS: Zhou, Helen (240) 276-2482 PO: Berg, Jon (240) 276-1609

PHS GRANTS MANAGEMENT OFFICER: (Signature) Bermudez, Eileen (Name-Typed/Print) Grants Management Specialist (Title)

17. OBJ. CLASS. 41.45	18. CRS - EIN 1610600439B5	19. LIST NO:	
20.a. FYCAN 2014C96T511	b. DOCUMENT NO. 12TI24158A	c. ADMINISTRATIVE CODE	d. AMT. ACTION FIN. ASST. \$250,000
21.a.	b.	e.	e.
22.a.	b.	c.	d.

TERMS AND CONDITIONS OF AWARD
5 H79 TI024158-03

REMARKS:

This award reflects approval of the revised budget submitted on April 21, 2014 by your Project Director in response to the continuation application request.

SPECIAL CONDITION OF AWARD:

None

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:

<http://beta.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions> (Continuation)

Updated Key Staff:

Key staff (or key staff positions, if staff has not been selected) are listed below:

Lynn Posze, Project Director @ 10% level of effort

REPORTING REQUIREMENTS:

Submission of a Programmatic Semi-annual Report is due no later than the dates as follows:

1st Report - April 30, 2015

2nd Report - October 31, 2015

Refer to the following SAMHSA website for the Closeout instructions which applies to the last year of the project period:

<http://beta.samhsa.gov/grants/grants-management/grant-closeout> (Closeout instructions)

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Government Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

CONTACTS: