

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

<b>1. AWARDING OFFICE:</b> ACYF - Children's Bureau		<b>2. ASSISTANCE TYPE:</b> Discretionary Grant		<b>3. AWARD NO.:</b> 90CU0070-03-02		<b>4. AMEND. NO.:</b> 2		
<b>5. TYPE OF AWARD:</b> Demonstration			<b>6. TYPE OF ACTION:</b> NGA Revision			<b>7. AWARD AUTHORITY:</b> Prom S & S Fam. Sec. 437 (f) title IV-B42 U		
<b>8. BUDGET PERIOD:</b> 09/30/2014 THRU 09/29/2015			<b>9. PROJECT PERIOD:</b> 09/30/2012 THRU 09/29/2017			<b>10. CAT NO.:</b> 93.087		
<b>11. RECIPIENT ORGANIZATION:</b> Kentucky Cabinet for Health & Family Services 275 E Main St Frankfort, KY 40601-2321 Grantee Authorizing Official: Adria Johnson , Deputy Commissioner					<b>12. PROJECT / PROGRAM TITLE:</b> Sobriety Treatment and Recovery Teams Daviess County			
<b>13. COUNTY:</b> Franklin		<b>14. CONGR. DIST:</b> 06		<b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b> Tina Willauer				
<b>16. APPROVED BUDGET:</b>				<b>17. AWARD COMPUTATION:</b>				
Personnel..... \$ 207,599.00				A. NON-FEDERAL SHARE..... \$ 5,028.00 0.68%				
Fringe Benefits..... \$ 82,680.00				B. FEDERAL SHARE..... \$ 735,395.00 99.32%				
Travel..... \$ 39,125.00				<b>18. FEDERAL SHARE COMPUTATION:</b>				
Equipment..... \$ 0.00				A. TOTAL FEDERAL SHARE..... \$ 735,395.00				
Supplies..... \$ 4,600.00				B. UNOBLIGATED BALANCE FEDERAL SHARE..... \$ 235,395.00				
Contractual..... \$ 143,953.00				C. FED. SHARE AWARDED THIS BUDGET PERIOD...\$ 500,000.00				
Facilities/Construction..... \$ 1,000.00				<b>19. AMOUNT AWARDED THIS ACTION:</b>			\$ 0.00	
Other..... \$ 244,029.00				<b>20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:</b>			\$ 1,481,000.00	
Direct Costs..... \$ 722,986.00				<b>21. AUTHORIZED TREATMENT OF PROGRAM INCOME:</b>				
Indirect Costs..... \$ 17,437.00				Additional Costs				
At % of \$				<b>22. APPLICANT EIN:</b>		<b>23. PAYEE EIN:</b>		<b>24. OBJECT CLASS:</b>
In Kind Contributions..... \$ 0.00				610600439		1610600439B5		41.45
Total Approved Budget..... \$ <b>740,423.00</b>								

**25. FINANCIAL INFORMATION:**

DUNS 927049767

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
	90RG013103	75141512	4-G996440	\$0.00		

**26. REMARKS:** (Continued on separate sheets)

See next page

<b>27. SIGNATURE - ACF GRANTS OFFICER</b> William Kim		<b>DATE:</b> 05/29/2015	<b>28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY</b>
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**29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**11. RECIPIENT ORGANIZATION:**

Kentucky Cabinet for Health & Family Services

**26.REMARKS (Continued from previous page)**

This amendment is issued to administratively correct the Federal Share in box 17 from NoA 90CU0070-03-01 issued 4/16/2015. The Federal Share has been corrected to reflect the Total Federal Share as \$735,395. This administrative change has also corrected box 16 Approved Budget to reflect \$740,423.

All previous terms and conditions still apply.

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**STANDARD TERMS**

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your receipt type and the purpose of this award. This includes requirements in Parts I and II (available at <http://www.hhs.gov/grants/grants/policies-regulations/index.html> of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS.

This grant is subject to the requirements as set forth in 45 CFR Part 75.