



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH**

Matthew G. Bevin
Governor

Division of Administration & Financial Management
275 East Main Street, HS1W-C
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Vickie Yates Brown Glisson
Secretary

TO: Kelli Hill, Assistant Director
Division of General Accounting

FROM: Jenny Glass, Branch Manager
Division of Administration and Financial Management

DATE: May 16, 2016

SUBJECT: Grant Award

The Department for Public Health has received the following commitment from the Federal Government to finance certain allowable expenditures made on their behalf. Please assure the necessary grant/subprogram information is established to accommodate the required grant.

Title of Award /Grant: Maternal and Child Health Services
Award/Grant Period: 10/01/15-9/30/17 Former Award/Grant Amount: \$4,174,306
Award/Grant No.: 6 B04MC29314-01-03 CFDA No.: 93.994
Contact Person: Martie Kupchinsky

PRIMARY DEPARTMENT

- Grant-

Program	Program				Total
Period	PBU	Agy	Percent		
<u>011200</u>	<u>16</u>	<u>SJBB</u>	<u>728</u>	<u>65.1%</u>	\$2,641,979

SECONDARY DEPARTMENT

-Grant-

Program	Program				Total
Period	PBU	Agy.	Percent		
<u>011200</u>	<u>16</u>	<u>767</u>	<u>34.9%</u>		\$1,416,361

TOTAL **\$4,058,340**
(Feb 18 – June 30, 2016)

Based upon the attached "Notification of Grant Award" or other acceptable documentation, the Cabinet for Health Services is authorized to charge expenditures against this grant in the amount of **\$8,232,646** beginning **10/1/15**.



1. DATE ISSUED: 04/18/2016		2. PROGRAM CFDA: 93.994	
3. SUPERSEDES AWARD NOTICE dated: 02/09/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 B04MC29314-01-03		4b. GRANT NO.: B04MC29314	
5. FORMER GRANT NO.:			
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017			
7. BUDGET PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Social Security Act, Title V, 45 CFR 96

8. TITLE OF PROJECT (OR PROGRAM): Maternal and Child Health Services

9. GRANTEE NAME AND ADDRESS:
HEALTH & FAMILY SERVICES, KENTUCKY CABINET FOR
275 EAST MAIN ST #4E-A
FRANKFORT, KY 40601-2321
DUNS NUMBER:
927049767

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Ruth Shepherd
HEALTH & FAMILY SERVICES, KENTUCKY CABINET FOR
Division Line: Maternal & Child Health, Dept for Public Health
275 East Main Street
Frankfort, KY 40621-0001

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

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 :	\$8,232,646.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$8,232,646.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$8,232,646.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$8,232,646.00
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	\$4,174,306.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$4,058,340.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

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)

Electronically signed by Shonda Gosnell, Grants Management Officer on : 04/18/2016

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 - 3893050	93.994	16B04MC29314	\$4,058,340.00	\$0.00		MCHS1-16

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/WebEPSEExternal/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. FY 2016 MCH Block Grant funds for the Third quarter (February 18 – June 30, 2016).

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

Contacts

NoA Email Address(es):

Name	Role	Email
Shelley B Adams	Authorizing Official	shelley.adams@ky.gov
Ruth Shepherd	Program Director	ruth.shepherd@ky.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Ellen Volpe at:
 MailStop Code: Room 18-31
 HRSA/MCHB/DSCH
 5600 Fishers Ln
 Rockville, MD, 20852-1750
 Email: evolpe@hrsa.gov
 Phone: (301) 443-6320
 Fax: (301) 443-9354

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Crystal Howard at:
 MailStop Code: 10W-53C
 OFAM
 5600 Fishers Ln
 Rockville, MD, 20852-1750
 Email: choward@hrsa.gov
 Phone: (301) 443-3844
 Fax: (304) 443-6343