



Grant Number: 5H79TI024158-03 REVISED
FAIN: TI024158

Program Director:
 Lynn Posze

Project Title: Enhanced Families Moving Beyond Abuse

Grantee Address	Business Address
KY ST CABINET/HEALTH/FAMILY SERVICES Commissioner 100 Fair Oaks Lane 4E-D Frankfort, KY 406210000	Kentucky Division of Behavioral Health Director 100 Fair Oaks Lane 4E-D Frankfort, KY 40621

Budget Period: 09/30/2014 – 09/29/2016

Project Period: 09/30/2012 – 09/29/2016

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to KY ST CABINET/HEALTH/FAMILY SERVICES in support of the above referenced project. This award is pursuant to the authority of Section 509 of the Public Health Service Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on “Grants” then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Roger George
 Grants Management Officer
 Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 5H79TI024158-03 REVISED

Award Calculation (U.S. Dollars)

Consortium/Contractual Cost	\$530,768
Travel Costs	\$3,000
Direct Cost	\$533,768
Indirect Cost	\$3,104
Approved Budget	\$536,872
Federal Share	\$536,872
Less Unobligated Balance	\$286,872
Cumulative Prior Awards for this Budget Period	\$250,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
3	\$250,000

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.243
EIN: 1610600439B5
Document Number: 12TI24158A
Fiscal Year: 2014

IC	CAN	Amount
TI	C96T511	\$250,000

IC	CAN	2014
TI	C96T511	\$250,000

TI Administrative Data:

PCC: DCT-FA / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79TI024158-03 REVISED

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 5H79TI024158-03 REVISED

This award is based on the application submitted to, and as approved by, SAMHSA on the

above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – TI Special Terms and Conditions – 5H79TI024158-03 REVISED

REMARKS:

This award is revised to extend the budget and project end periods from September 29, 2015 to September 29, 2016 per your original request dated July 31, 2015.

This award approves carryover of an unobligated balance in the amount of \$286,872 from 01 year funds and 02 year funds into the No-cost extension period funds which was originally submitted on July 31, 2015. If the final resolution of the audit covering the above stated budget period(s) determines that the unobligated balance of funds is incorrect, SAMHSA will not make additional funds available to cover any shortfall.

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for the Closeout instructions which applies to the last year of the Project Period: <http://www.samhsa.gov/grants/grants-management/grant-closeout> (Closeout instructions)

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

CONTACTS:

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Helen Zhou, Grants Specialist

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