



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE SECRETARY**

Steven L. Beshear
Governor

Department for Public Health
Division of Administration & Financial Management
275 East Main Street, HS1W-C
Frankfort, KY 40601
502-564-6663 * Fax 502-564-0919

Audrey Tayse Haynes
Secretary

TO: Kelli Hill, Assistant Director
Division of General Accounting

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

DATE: October 26, 2015

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 Award/Grant Amount: \$2,161,890
Award/Grant No.: 1 B04MC29314-01-00 CFDA No.: 93.994
Contact Person: Martie Kupchinsky

PRIMARY DEPARTMENT

- Grant-					Total
Program	Program				
	Period	PBU	Agy	Percent	
<u>011200</u>	<u>16</u>	<u>SJBB</u>	<u>728</u>	<u>65.1%</u>	\$1,407,390

SECONDARY DEPARTMENT

-Grant-					Total
	Program				
Program	Period	PBU	Agy.	Percent	
<u>011200</u>	<u>16</u>		<u>767</u>	<u>34.9%</u>	\$ 754,500

TOTAL \$2,161,890

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 \$2,161,890 beginning 10/1/15.

1. DATE ISSUED: 10/21/2015		2. PROGRAM CFDA: 93.994		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Social Security Act, Title V, 45 CFR 96							
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.											
4a. AWARD NO.: 1 B04MC29314-01-00		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											
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) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:							
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 : \$2,161,890.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$2,161,890.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$2,161,890.00				a. Authorized Financial Assistance This Period \$2,161,890.00 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 \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$2,161,890.00							
				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)							
				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>				YEAR	TOTAL COSTS	Not applicable	
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Partial first quarter MCH Block Grant awards to States, as authorized under the Continuing Resolution, P.L. 114-53, for the period of 10/1 - 12/11/2015											
Electronically signed by Shonda Gosnell, Grants Management Officer on : 10/21/2015											
17. OBJ. CLASS: 41.15		18. GRS-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	\$2,161,890.00	\$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. Grantee will disregard Block 15, "Program Income" and Block 16 part "d" of the Notice of Award, page 1. Instead this Block Grant award is subject to 45 CFR Part 75 as applicable and individual State Regulations.
2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109--282), as amended by section 6202 of Public Law 110--252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (<http://www.hrsa.gov/grants/ffata.html>). The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>
4. The requirements of 48 CFR section 3.908 (found at <http://www.ecfr.gov>) implementing section 828 of the National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections" apply to this award. This notice requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce. The details of 41 U.S.C. 4712 can be found at <http://uscode.house.gov/browse.xhtml>. (regarding 48 CFR section 3.908, note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term, should read as "grant," "grantee," "subgrant," or "subgrantee").
5. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contact/contact.aspx>.

6. Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.

Program Specific Term(s)

1. Grantee will disregard Block 15, "Program Income" and Block 16 part "d" of the Notice of Award, page 1. Instead this Block Grant award is

subject to 45 CFR Part 75 as applicable and individual State Regulations.

2. Travel is required for the MCH and CSCHN Directors for the Block Grant Application/Annual Report Review and the MCH Federal-State Partnership Meeting as indicated in the Maternal and Child Health Services Title V Block Grant Program Guidance approved by the Office of Management and Budget (OMB) under OMB Number 0915-0172.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Shelley B Adams	Authorizing Official, Point of Contact	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 Morrissa Rice at:
 MailStop Code: 5C-26
 MCHB/DSCH
 5600 Fishers Ln
 RM 5C-26
 Rockville, MD, 20857-
 Email: mrice@hrsa.gov
 Phone: (301) 443-6838

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