Kentucky Cabinet for Health and Family Services  
275 East Main Street, #5W-A  
Frankfort, KY 40601-2321

Re: Notice of Grant Award - FY 2016

Dear Grantee:

This grant award represents the allocation for fiscal year 2016 to the State for the Low Income Home Energy Assistance program made available under Public Law 114-113.

<table>
<thead>
<tr>
<th>Appropriation</th>
<th>CAN</th>
<th>Allotment</th>
<th>This Action</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>75-6-1502</td>
<td>2016G992201</td>
<td>46,514,386</td>
<td></td>
<td>$46,514,386</td>
</tr>
</tbody>
</table>

EIN: 1-610600439-B3  
Fiscal Year: 2016  
Document Number: G-16B1KYLIEA  
CFDA #: 93.568  
Grant Period: 10/01/2015 - 09/30/2017

Funds must be expended in accordance with Title XXVI of Public Law 97-35, as amended, your assurances and plan submitted in accordance with 45 CFR Part 96 and 31 CFR Part 205, which implements the Cash Management Improvement Act of 1990, and procedures applicable to the expenditure of your revenues. Section 2605(d) of P.L. 97-35 requires the State to expend funds in accordance with the State Plan. Determinations as to whether the State has complied with these requirements may be made as the result of the audit required by Section 2605(e) of P.L. 97-35 and the Single Audit Act of 1984, or as the result of reviews conducted under Section 2608 of P.L. 97-35.

Although the grant period shown is through 09/30/2017, Sec. 2607 of P.L. 97-35, as amended requires that at least 90 percent of the amount payable to you must be obligated no later than 09/30/2016.

Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5333.

Program questions about this grant should be referred to Lauren Christopher at (202) 401-4870. Fiscal reporting questions regarding this grant should be directed to Lydia Peele, Administration for Children and Families, (202) 401-6493. The electronic Terms and Conditions that apply to this program can be found at https://www.acf.hhs.gov/grants/terms-and-conditions.

Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Sincerely,

[Signature]

Patrick A. Wells  
Director, Division of Mandatory Grants

*This action represents a correction to an erroneous allotment amount; that was generated on the second release of FY 2016 LIHEAP letter dated April 1, 2016.
INQUIRY: SA-G  DATE: 05/10/2016  TIME: 07:55:37 AM

BACK TO MAIN MENU

ACCOUNT**  *PIN*
V624B     E940

SUBACCOUNT  *****AUTHORIZED*****  *****PAYMENTS*****  ***FUNDS AVAILABLE***

LIEA16
$46,514,386.00  $32,248,175.81  $14,266,210.19
$567.76 IN-TRANSIT PAYMENTS
$14,265,642.43 NET OF IN-TRANSIT

*****AUTHORIZED*****  *****PAYMENTS*****  ***FUNDS AVAILABLE***

ACCT TOTAL
$2,809,289,592.66  $2,780,390,748.75  $20,890,833.91
$2,265,585,217.25  $2,265,585,217.25  $5.00 CANCELED AMT
$543,704,365.41  $514,805,531.50  $28,890,833.91 NET OF CANCELED AMT
$28,279,563.08  $28,279,563.08  $103.50 NET OF IN-TRANSIT
$28,279,563.08 NET OF IN-TRANSIT
$103.50 AVAILABLE AMT > 90 DAYS (EXPIRED)

*DEBITED**  **POSTED**  *SCHD*  *****AMOUNT*****

LAST ACCT TRANSACTION 05/09/2016  53437  $94,504.17
PREV ACCT TRANSACTION 05/09/2016  53437  $524,386.66

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********** Inquiry Results Complete **********
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You may now make another selection from the Menu