October 7, 2015

Commissioner
Kentucky Cabinet for Health & Family Services
Department of Social Insurance
CHR Building, 3rd Fl
275 East Min Street
Frankfort, KY 40621-0001

Re: Notice of Award - FY 2016

Dear Grantee:

This grant award represents obligation for fiscal year 2016 for the Temporary Assistance for Needy Families (TANF) program. Those funds are subject to requirements of Title IV-A of the Social Security Act as amended by Title IV-A of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PRWORA, P.L. 104-193.

<table>
<thead>
<tr>
<th>Appropriation</th>
<th>CAN</th>
<th>This Action</th>
<th>Cumulative</th>
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<tbody>
<tr>
<td>75-16-1552</td>
<td>2016G996115</td>
<td>$46,324,309</td>
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<tr>
<td>Total</td>
<td></td>
<td>$46,324,309</td>
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EIN: 1610600439B3  Document Number: 1601KYTANF  CFDA Number: 93.558

With the acceptance of this award, you agree to administer this grant in compliance with conditions set forth in the applicable Program instructions, terms and conditions, Departmental regulations, and OMB Circulars. This award is also subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at https://www.acf.hhs.gov/grants/terms-and-conditions.

Further, in accordance with Department of Treasury regulations 31 CFR Part 205, implementing the Cash Management Improvement Act, you agree to limit your request to draw Federal funds to the minimum amount needed and to time the request in accordance with the actual, immediate requirements in carrying out programs funded through this award. Failure to adhere to these requirements may cause the suspension of grant funds.

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 1-877-614-5633. Fiscal reporting questions regarding this grant should be directed to the ACF Regional Office.

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

Sincerely,

Patrick A Wells
Director
Division of Mandatory Grants
Commissioner
Kentucky Cabinet for Health & Family Services
Department of Social Insurance
CHR Building, 3rd Fl
275 East Min Street
Frankfort, KY 40221-0001

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