


<b>1. DATE ISSUED:</b> 08/26/2016		<b>2. PROGRAM CFDA:</b> 93.994		 <p><b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Social Security Act, Title V, 45 CFR 96</p>						
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 07/20/2016 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>										
<b>4a. AWARD NO.:</b> 6 B04MC29314-01-05		<b>4b. GRANT NO.:</b> B04MC29314					<b>5. FORMER GRANT NO.:</b>			
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 10/01/2015 <b>THROUGH:</b> 09/30/2017										
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 10/01/2015 <b>THROUGH:</b> 09/30/2017										
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Maternal and Child Health Services										
<b>9. GRANTEE NAME AND ADDRESS:</b> HEALTH & FAMILY SERVICES, KENTUCKY CABINET FOR 275 EAST MAIN ST #4E-A FRANKFORT, KY 40601-2321 <b>DUNS NUMBER:</b> 927049767				<b>10. DIRECTOR:</b> (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						
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period <b>\$10,986,565.00</b> 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 \$10,977,790.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$8,775.00</b>						
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 : \$10,986,565.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$10,986,565.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$10,986,565.00				<b>13. RECOMMENDED FUTURE SUPPORT:</b> (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: 30%;">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										
				<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (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 <b>\$0.00</b>						
<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[A]</b></span> Estimated Program Income: \$0.00										
<b>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:</b> <small>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.</small>										
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)										
<i>Electronically signed by Tammy Ponton , Grants Management Officer on : 08/26/2016</i>										
<b>17. OBJ. CLASS:</b> 41.15		<b>18. CRS-EIN:</b> 1610600439B5		<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00						
<b>FY-CAN</b>	<b>CFDA</b>	<b>DOCUMENT NO.</b>	<b>AMT. FIN. ASST.</b>	<b>AMT. DIR. ASST.</b>	<b>SUB PROGRAM CODE</b>	<b>SUB ACCOUNT CODE</b>				
16 - 3893050	93.994	16B04MC29314	\$8,775.00	\$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. This revised Notice of Award(NoA) reflects a MCH Block Grant 4<sup>th</sup> quarter administrative supplement in the amount of \$8,775.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Ruth Shepherd	Employee, Program Director	ruth.shepherd@ky.gov
Joyce M Robl	Authorizing Official	joyce.robl@ky.gov

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Michael Spencer at:  
5600 Fishers Lane  
Rockville, MD, 20852-0000  
Email: [mspencer@hrsa.gov](mailto:mspencer@hrsa.gov)  
Phone: (301) 443-6320

### 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](mailto:choward@hrsa.gov)  
Phone: (301) 443-3844  
Fax: (304) 443-6343