1. DATE ISSUED: 06/11/2018
2. PROGRAM CFDA: 93.917

3. SUPERSEDES AWARD NOTICE dated: 04/09/2018
   except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARD NO.: 6X07HA00008-28-01
4b. GRANT NO.: K07HA00008
5. FORMER GRANT NO.: BRX070008

6. PROJECT PERIOD:
   FROM: 04/01/1991 THROUGH: 03/31/2022

7. BUDGET PERIOD:
   FROM: 04/01/2018 THROUGH: 03/31/2019

8. TITLE OF PROJECT (OR PROGRAM): RYAN WHITE CARE ACT TITLE II

9. GRANTEE NAME AND ADDRESS:
   KENTUCKY CABINET FOR HEALTH SERVICES
   Division Line: Cabinet for Health and Family Services
   275 E Main St
   Frankfort, KY 40607-2321
   DUNS NUMBER: 927049767

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
    Karen D Sims
    KENTUCKY CABINET FOR HEALTH SERVICES
    MailStop Code: HSS/EC
    Division Line: Division of Epidemiology/HIV/AIDS Branch
    275 E Main St
    Frankfort, KY 40601-2321

11. APPROVED BUDGET:
    [X] Grant Funds Only
    [ ] Total project costs including grant funds and all other financial participation
    
    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: $9,791,461.00
    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: $9,791,461.00
    p. INDIRECT COSTS (Rate: % of S&W/TADC): $0.00
    q. TOTAL APPROVED BUDGET: $9,791,461.00
      i. Less Non-Federal Share: $0.00
      ii. Federal Share: $9,791,461.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:
    a. Authorized Financial Assistance This Period $9,791,461.00
    b. Less Unobligated Balance from Prior Period
       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 Period $3,554,628.00
    e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION $6,236,833.00

13. RECOMMENDED FUTURE SUPPORT:
    (Subject to the availability of funds and satisfactory progress of project)
    
    | YEAR | TOTAL COSTS     |
    |------|-----------------|
    | 29   | $9,593,361.00   |
    | 30   | $9,593,361.00   |
    | 31   | $9,593,361.00   |

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 78.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
    A=Addition B=Deduction C=Cost Sharing or Matching D=Other
    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, issued below under REMARKS. d. 45 CFR Part 76 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 [X]Yes [ ]No)

This award includes the following sources of funding:

FY18 FRML: $4,092,385
FY18 ADAP: $5,378,982
FY18 MAI: $45,753
FY18 EC: $274,340
Total Funding: $9,791,461

Electronically signed by Brad Barney, Grants Management Officer on: 06/11/2018

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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/WebEPSExternalInterface/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. The total award amount for Emerging Communities is $274,340.00 (Louisville/Jefferson County, KY-IN – $274,340.00). Emerging Community funding must be spent in the Metropolitan Statistical Area (MSA) listed.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2018 (FY18) funding based on HRSA’s FY18 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

2. In accordance with the RWHP client eligibility determination and recertification requirements (Policy Clarification Notice 13-02), HRSA expects clients’ eligibility be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12-month period or calendar year) to ensure that the program only serves eligible clients, and that the RWHP is the payer of last resort.

Reporting Requirement(s)

1. Due Date: 08/13/2018
   The recipient must submit the RWHP Part B MAI Annual Plan via the HRSA EHBs, consistent with reporting guidelines and instructions provided in EHBs.

2. Due Date: 11/12/2018
   The recipient must submit an Interim Federal Financial Report SF-425 (FFR), showing the amount of RWHP Part B funds obligated and made available via the HRSA EHBs. No extensions are allowed for this condition. The Interim FFR reporting period is April 1, 2018 –October 13, 2018.

3. Due Date: 09/13/2018
   The recipient must submit a Program Terms Report via the Program Terms Report (PTR) Web Application, consistent with reporting guidelines, instructions, and reporting templates provided in PTR Web Application. The Report must include the following items:
   a. The RWHP Part B and MAI Allocation Report indicating the priority areas established by the Recipient and the dollar amount of RWHP Part B and MAI funds allocated to each prioritized service category related to eligible Core Medical and Support Services.
   b. A revised SF-424A budget and narrative justification for: Administration, Clinical Quality Management, and HIV Services for all funding. The Form can be found at http://apply07.grants.gov/applyforms/sample/SF424A-V1.0.pdf. The Recipient should only print the Budget Information-Non Construction Programs (Section A-F).
   c. A complete Implementation Plan that reflects all Core Medical and Support service categories and priorities established by the recipient and that are consistent with the RWHP Part B & MAI Allocations Report. Emerging Community activities and funding allocations must be clearly identified.
   d. A Consolidated List of Contractors (CLC) for all direct service providers receiving RWHP Part B funding through contracts, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), and/or Letters of Agreement(LLA). Providers funded at the Consoritium level should also be included in the CLC.
   e. A Contract Review Certification (CRC) for all funds for direct service contracts, including RWHP Part B, ADAP, and MAI.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions. All prior terms and conditions remain in effect unless specifically removed.
Contacts

NoA Email Address(es):

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leesa Harrison</td>
<td>Business Official</td>
<td><a href="mailto:leesa.harrison@ky.gov">leesa.harrison@ky.gov</a></td>
</tr>
<tr>
<td>Myra C Kelemen</td>
<td>Business Official</td>
<td><a href="mailto:myrac.kelemen@ky.gov">myrac.kelemen@ky.gov</a></td>
</tr>
<tr>
<td>Gloria F Dennis</td>
<td>Employee</td>
<td><a href="mailto:gloria.dennis@ky.gov">gloria.dennis@ky.gov</a></td>
</tr>
<tr>
<td>Nicole R Wolf</td>
<td>Authorizing Official</td>
<td><a href="mailto:nicole.wolf@ky.gov">nicole.wolf@ky.gov</a></td>
</tr>
<tr>
<td>Karen D Sams</td>
<td>Program Director</td>
<td><a href="mailto:karen.sams@ky.gov">karen.sams@ky.gov</a></td>
</tr>
<tr>
<td>Jessica R Southwood</td>
<td>Business Official</td>
<td><a href="mailto:jessica.southwood@ky.gov">jessica.southwood@ky.gov</a></td>
</tr>
<tr>
<td>Christine S White</td>
<td>Business Official</td>
<td><a href="mailto:christinas.white@ky.gov">christinas.white@ky.gov</a></td>
</tr>
</tbody>
</table>

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Roberto Nolte at:
HRS/AHAB/DSHAP
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: molte@hrsa.gov
Phone: (301) 443-2838
Fax: (301) 443-6143

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Marie Mehaffey at:
OFAMD/GM/OHRHB
5600 Fishers Lane
Rockville, MD, 20852-
Email: MMehaffey@hrsa.gov
Phone: (301) 945-3934
1. DATE ISSUED: 10/22/2016

3. SUPERSEDES AWARD NOTICE dated: 06/11/2018

4A. AWARD NO.: 6X07HA0008-28-02
4B. GRANT NO.: X07HA00008
5. FORMER GRANT NO.: BRX070008

6. PROJECT PERIOD: FROM: 04/01/1991 THROUGH: 03/31/2022

7. BUDGET PERIOD: FROM: 04/01/2018 THROUGH: 03/31/2019

8. TITLE OF PROJECT (OR PROGRAM): RYAN WHITE CARE AACT TITLE II

9. GRANTEE NAME AND ADDRESS:
KENTUCKY CABINET FOR HEALTH SERVICES
Division Line: Cabinet for Health and Family Services
275 E Main St
Frankfort, KY 40601-2321
DUNS NUMBER: 927048767

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Karen D Sams
KENTUCKY CABINET FOR HEALTH SERVICES
MailStop Code: HS2EC
Division Line: Division of Epidemiology/HIV/AIDS Branch
275 E Main St
Frankfort, KY 40601-2321

11. APPROVED BUDGET: (Excludes Direct Assistance)
   [X] Grant Funds Only
   [ ] Total project costs including grant funds and all other financial participation

   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: $13,291,461.00
   p. INDIRECT COSTS (Rate: % of S&M/TADC): $0.00
   q. TOTAL APPROVED BUDGET: $13,291,461.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:
   a. Authorized Financial Assistance This Period $13,291,461.00
   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 $9,791,461.00
   e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION $3,500,000.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

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<th>YEAR</th>
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   a. Amount of Direct Assistance $0.00
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   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
Estimated Program Income: $0.00

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A print version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 5 pm ET, weekdays.
**NOTICE OF AWARD (Continuation Sheet)**

**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 [X]Yes [ ]No)

Prior Approval Request Tracking Number PA-00074193. Prior Approval Request Type: Carryover

*Electronically signed by Brad Baryer, Grants Management Officer on 10/22/2018*

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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grantees (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 non-competing 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/WebEPExternal/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 Notice of Award authorizes the carryover of an unobligated balance in the amount of $3,600,000.00 from budget period 04/01/2017 - 03/31/2018 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request.

   Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

Contacts

NoA Email Address(es):

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen D Sams</td>
<td>Program Director</td>
<td><a href="mailto:karen.sams@ky.gov">karen.sams@ky.gov</a></td>
</tr>
<tr>
<td>Myra C Kelemen</td>
<td>Business Official</td>
<td><a href="mailto:myra.kelemen@ky.gov">myra.kelemen@ky.gov</a></td>
</tr>
<tr>
<td>Nicole R Wolf</td>
<td>Authorizing Official</td>
<td><a href="mailto:nicole.wolf@ky.gov">nicole.wolf@ky.gov</a></td>
</tr>
<tr>
<td>Leesa Harrison</td>
<td>Authorizing Official</td>
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<td>Christina S White</td>
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<td><a href="mailto:christina.s.white@ky.gov">christina.s.white@ky.gov</a></td>
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<tr>
<td>Jessica R Southwood</td>
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<td><a href="mailto:jessica.southwood@ky.gov">jessica.southwood@ky.gov</a></td>
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HRSA/HAB/DSHPA
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: nolte@hrsa.gov
Phone: (301) 443-2838
Fax: (301) 443-8143

Division of Grants Management Operations:

For assistance on grant management issues, please contact Marie Mehaffey at:
OFAM/DGMO/HRHB
5600 Fishers Lane
Rockville, MD, 20852
Email: MMehaffey@hrsa.gov
Phone: (301) 945-3934