1. DATE ISSUED: 05/10/2018 2. PROGRAM CFDA: 93.110

3. SUPERSEDES AWARD NOTICE dated: 03/22/2018

4a. AWARD NO .: 4b. GRANT NO.: 5. FORMER GRANT 6 H18MC00020-25-03 H18MC00020 NO. MCJ21T017

6. PROJECT PERIOD:

FROM: 10/01/1993 THROUGH: 11/30/2022

7. BUDGET PERIOD:

FROM: 12/01/2017 THROUGH: 11/30/2018



AUTHORIZATION (Legislation/Regulation)

Public Health Service Act, Section 1252, as amended, Public Law 104-166, 42 U.S.C. 300d-52

Social Security Act, Title V, 42 U.S.C. 701 Social Security Act, Section 501(a)(2); (42 U.S.C. 701(a)(2)) Social Security Act § 501(a)(2-3), 42 U.S.C. § 701(a)(2-3) Social Security Act, § 501(a)(2), as amended (42 U.S.C. 701(a)(2)) Social Security Act, Title V, § 501(a)(2), (42 U.S.C. 701(a)(2)), as amended

8. TITLE OF PROJECT (OR PROGRAM): STATE SYSTEMS DEVELOPMENT INITIATIVE

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:** 

927049767

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: \$25,680.00 b. Fringe Benefits: \$19 719 00 \$45,399.00 c. Total Personnel Costs: d. Consultant Costs: \$0.00 e. Equipment: \$0.00 \$2.064.00 f. Supplies:

Travel: h. Construction/Alteration and Renovation:

Other: Consortium/Contractual Costs:

Trainee Related Expenses : Trainee Stipends:

m Trainee Tuition and Fees: n . Trainee Travel :

o. TOTAL DIRECT COSTS:

p. INDIRECT COSTS (Rate: % of S&W/TADC): q. TOTAL APPROVED BUDGET:

i. Less Non-Federal Share: ii. Federal Share:

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)

KENTUCKY CABINET FOR HEALTH SERVICES

MailStop Code: HS 2WA

Division Line: Maternal and Child Health

275 F Main St

Frankfort, KY 40601-2321

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period \$100,000.00

b. Less Unobligated Balance from Prior Budget Periods

i. Additional Authority \$0.00 ii. Offset \$0.00 \$0.00

\$47,350,00

[A]

c. Unawarded Balance of Current Year's Funds d. Less Cumulative Prior Awards(s) This Budget Period

e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$52,650,00

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

YEAR	TOTAL COSTS
26	\$100,000.00
27	\$100,000.00
28	\$100,000.00
29	\$100,000.00

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance 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

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:

\$1.930.00

\$14.000.00

\$27,619.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00 \$100,000.00

\$91.012.00

\$8,988.00

\$100,000.00

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

REMARKS: (Other Terms and Conditions Attached [ X ]Yes []No)

Electronically signed by Tammy Ponton, Grants Management Officer on: 05/10/2018

17. OBJ. CLASS: 41.51	8: 41.51   <b>18. CRS-EIN</b> : 1610600439B5   <b>19. FUTURE RECOMMENDED FUNDING</b> : \$0.00					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 3893310	93.110	18H18MC00020	\$52,650.00	\$0.00		SSDI-18

Date Issued: 5/10/2018 11:13:24 AM Award Number: 6 H18MC00020-25-03

# 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/WebEPSExternal/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 is issued to provide an additional \$52,650 to satisfy the requested level of FY18 funding. These funds have been allocated to the approved budget categories.

Grant funds totaling 25% or more of the authorized total must receive prior approval before being reallocated.

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

#### Contacts

### NoA Email Address(es):

Name	Role	Email	
Tracey Jewell	Program Director	tracey.jewell@ky.gov	
Tony Adkins	Business Official	tonyg.adkins@ky.gov	
Christina S White	Business Official	christinas.white@ky.gov	

Note: NoA emailed to these address(es)

## **Program Contact:**

For assistance on programmatic issues, please contact Jennifer O'Brien at: MailStop Code: 18N100B MCHB/DSCH 801 Market Street STE 8200 Philadelphia, PA, 19107-3134

Email: jobrien@hrsa.gov Phone: (215) 861-4043 Fax: (301) 443-9354

### **Division of Grants Management Operations:**

For assistance on grant administration issues, please contact Ernsley Charles at: HRSA/OFAM 5600 Fishers Ln RM 10N146A Rockville, MD, 20852-1750

Email: ECharles@hrsa.gov Phone: (301) 443-8329 Fax: (301) 443-6343