



NOTICE OF AWARD AUTHORIZATION
(Legislation/Regulation)

1. DATE ISSUED: 2. PROGRAM: The 1st three characters in the grant number identify the grant (i.e., H80 = Health Center Program)

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AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARDNO.: 4b. GRANTNO.: 5. FORMER GRANTNO.:

6. PROJECT PERIOD: FROM: THROUGH:

7. BUDGET PERIOD: FROM: THROUGH:

8. TITLE OF PROJECT (OR PROGRAM):
9. GRANTEE NAME AND ADDRESS:
DUNS NUMBER:

Project Period: Your project period listed here should match the date listed in the Project Narrative in EHB.

Budget Period: This BPR NCC will provide funding for the FY 2017 budget year (budget periods starting January 1, 2017 – June 1, 2017).

Budget Period Start Date	EHB Access Date
January 1, 2017	Monday, July 11, 2016
February 1, 2017	Monday, July 25, 2016
March 1, 2017	Monday, August 22, 2016
April 1, 2017	Monday, September 26, 2016
May 1, 2017	Monday, October 24, 2016
June 1, 2017	Monday, November 14, 2016

11. APPROVED BUDGET: (Excludes Direct Assistance)
 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 :	\$0.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$0.00
i. Less Non-Federal Share :	\$0.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$0.00
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	\$0.00
AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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

YEAR	TOTAL COSTS
02	
03	
04	
05	

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
AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other
 Estimated Program Income: \$0.00

In EHB, the system pre-populates the **Recommended Federal Budget** with the value provided in the first line of Box 13 - Recommended Future Support of the latest NoA. The year(s) listed in the box will vary from grantee to grantee based on the number of years the organization has been funded and the number of years remaining in the project period.

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED E

The Budget Narrative of the BPR is based on the upcoming 12-month budget period that will follow immediately after the current budget period listed on your most recent NoA.

REMARKS: (Other Terms and Conditions Attached Yes No)

Electronically signed by , Grants Management Officer on :

17. OBJ. CLASS: 18. CRS-EIN: 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE

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://grants.hrsa.gov/webexternal/login.asp> 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 special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

Contacts

Note: Conditions from your previous awards may still be in effect, although not included on the latest NoA. Check with your Project Officer for more information.

NoA Email Address(es):

Name	Role	Email

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact **Name of Project Officer** at:

Division of Grants Management Operations:

For assistance on grant administration issues, please contact **Name of Grants Management Specialist** at: