


1. DATE ISSUED:		2. PROGRAM: The 1 st Three characters in the grant number identify the grant (i.e. H80 = Health Center)		 NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation)																
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																				
4a. AWARD NO.:		4b. GRANT NO.:	5. FORMER GRANT NO.:																	
6. PROJECT PERIOD: FROM:		THROUGH:		Project Period: Your project period listed here should match the date listed in the Project Narrative.																
7. BUDGET PERIOD: FROM:		THROUGH:		Budget Period: This BPR NCC will provide funding for the FY 2016 budget year (budget periods starting January 1, 2016 – June 1, 2016).																
8. TITLE OF PROJECT (OR PROGRAM):				<table border="1"> <thead> <tr> <th>Budget Period Start Date</th> <th>EHB Access Date</th> </tr> </thead> <tbody> <tr> <td>January 1, 2016</td> <td>Monday, July 6, 2015</td> </tr> <tr> <td>February 1, 2016</td> <td>Monday, July 27, 2015</td> </tr> <tr> <td>March 1, 2016</td> <td>Monday, August 31, 2015</td> </tr> <tr> <td>April 1, 2016</td> <td>Monday, September 28, 2015</td> </tr> <tr> <td>May 1, 2016</td> <td>Monday, October 26, 2015</td> </tr> <tr> <td>June 1, 2016</td> <td>Monday, November 30, 2015</td> </tr> </tbody> </table>			Budget Period Start Date	EHB Access Date	January 1, 2016	Monday, July 6, 2015	February 1, 2016	Monday, July 27, 2015	March 1, 2016	Monday, August 31, 2015	April 1, 2016	Monday, September 28, 2015	May 1, 2016	Monday, October 26, 2015	June 1, 2016	Monday, November 30, 2015
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9. GRANTEE NAME AND ADDRESS:				10. DUNS NUMBER:																
11. APPROVED BUDGET: (Excludes Direct Assistance)				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																
<input type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				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																
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 r. Less Non-Federal Share: \$0.00				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>02</td> <td></td> </tr> <tr> <td>03</td> <td></td> </tr> <tr> <td>04</td> <td></td> </tr> <tr> <td>05</td> <td></td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	02		03		04		05					
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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				14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)																
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED IN THE BUDGET NARRATIVE OF THE BPR.				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																
REMARKS: (Other Terms and Conditions Attached <input type="checkbox"/> Yes <input type="checkbox"/> No)				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.																
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 at:

MailStop Code:

Division of Grants Management Operations:

For assistance on grant administration issues, please contact at: