



**NOTICE OF AWARD AUTHORIZATION**  
(Legislation/Regulation)

1. DATE ISSUED: \_\_\_\_\_ 2. PROGRAM: \_\_\_\_\_

The 1<sup>st</sup> Three characters in the grant number identify the grant (i.e. H80 = Health Center)

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except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.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.: \_\_\_\_\_

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

6. PROJECT PERIOD: FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_

**Budget Period:** This BPR NCC will provide funding for the FY 2015 budget year (budget periods starting November 1, 2014 – June 1, 2015).

7. BUDGET PERIOD: FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_

NCC Cycle Number	Budget Period Start Date	EHB Access to Submission
5-H80-15-001	November 1, 2014	July 10, 2014
5-H80-15-002	December 1, 2014	July 16, 2014
5-H80-15-003	January 1, 2015	August 6, 2014
5-H80-15-004	February 1, 2015	September 3, 2014
5-H80-15-005	March 1, 2015	October 8, 2014
5-H80-15-006	April 1, 2015	October 29, 2014
5-H80-15-007	May 1, 2015	December 3, 2014
5-H80-15-008	June 1, 2015	January 7, 2015

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

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

a. Authorized Financial Assistance This Period	<b>\$0.00</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	\$0.00
<b>AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>\$0.00</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 :	\$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)

YEAR	TOTAL COSTS
02	
03	
04	
05	

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 remaining in the project period.

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 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 at:

MailStop Code:

**Division of Grants Management Operations:**

For assistance on grant administration issues, please contact at: