1. DATE ISSUED:	2.PROGR/	AM CFDA:	U.S. Department		
3. SUPERSEDES AWARD	NOTICE dated:				
4a. AWARD NO.:	4b. GRANT NO.:	5. FORMER GRANT NO.:	Health Resource		
	H80CSXXXXX		NOTIC		
6. PROJECT PERIOD: FROM:	THROUGI	1:	Budget Period: The BF for the FY18 budget ye January 1, 2018 – June		
7. BUDGET PERIOD: FROM:	THROUGH	ı: <b>(</b>	Budget Period Start Da		
8. TITLE OF PROJECT (OF	R PROGRAM):		January 1, 2018		
9. GRANTEE NAME AND DUNS NUMBER:	ADDRESS:		February 1, 2018		
11. APPROVED BUDGET	March 1, 2018				
[] Grant Funds Only [] Total project costs inc	April 1, 2018				
a. Salaries and Wages:			May 1, 2018		
<ul> <li>b. Fringe Benefits:</li> <li>c. Total Personnel Cost</li> <li>d. Consultant Costs:</li> </ul>	sts:	\$0.00 \$0.00	June 1, 2018		
<ul> <li>e. Equipment:</li> <li>f. Supplies</li> <li>g. Travel:</li> <li>h. Construction/Alter Renovation:</li> <li>i. Other:</li> <li>j. Consortium/Contrack</li> <li>k. Trainee Related Expl.</li> <li>l. Trainee Stipends:</li> <li>m. Trainee Tuition and</li> <li>n. Trainee Travel:</li> <li>o. TOTAL DIRECT COSTS (R S&amp;W/TADC):</li> <li>q. TOTAL APPROVED F</li> <li>i. Less Non-Fede</li> </ul>	ctual Costs: penses: I Fees: TS: ate: % of BUDGET: ral Share:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	c. Unawarded Balance d. Less Cumulative Pric Period e. AMOUNT OF FINANG ACTION <b>13. RECOMMENDED FUT</b> availability of funds and sati		
ii. Federal Share:		\$0.00	YEAR         02         03         In HRSA EHB, the system p         Federal Budget with the value         Box 13 - Recommended Fulter         The year(s) listed in the bograntee based on the number         project period.         The Budget Narrative of the current budget period to the current budget period         14. APPROVED DIRECT ASS         a. Amount of Direct Ass         b. Less Unawarded Balar         Funds		

U.S. Department of Health and Human Services

## NOTICE OF AWARD

Budget Period: The BPR NCC will provide funding or the FY18 budget year (budget periods starting anuary 1, 2018 – June 1, 2018).

	Budget Period Start DateHRSA EHB Access DateJanuary 1, 2018Monday, June 26, 2013							
	February 1, 2018         Monday, July 17, 2017           March 1, 2018         Monday, August 21, 2017							
	April 1, 2018	oril 1, 2018 Monday, Sept. 18, 2017						
	May 1, 2018	Monday, Oct. 23, 2017						
	June 1, 2018	Monday, Nov. 20, 2017						
	<ul> <li>c. Unawarded Balance of Current Year's Funds</li> <li>d. Less Cumulative Prior Awards(s) This Budget Period</li> <li>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</li> </ul>							
			\$0.0	00				
	. RECOMMENDED FUTURE ailability of funds and satisfac							
	YEAR	TOTAL COSTS						
	02	\$0.00						
	03	\$0.00						
In HRSA 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. 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.								

## I4. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance\$0.00b. Less Unawarded Balance of Current Year's<br/>Funds\$0.00

					d.	Period	ve Prior Awards(s) Thi DIRECT ASSISTANCE TH	0	\$0.00 \$0.00
15.PROGRAM INCO A=Addition B=Deduc					D IN AC	CORD WITH O	NE OF THE FOLLOWIN	G ALTERNA	TIVES:
Estimated Program I	ncome: \$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:									
REMARKS: (Other Terms and Conditions Attached []Yes []No)									
Electronically signed	l by								
17. OBJ. CLASS:			18. CRS-EIN:			<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00			
FY-CAN	CFDA	DOC	CUMENT NO.	AMT. FIN. ASST.	AMT	. DIR. ASST.	SUB PROGRAM CODE	SUB ACC COL	
				\$0.00		\$0.00	СН		
				\$0.00		\$0.00	МНС		
				\$0.00		\$0.00	РНРС		
				\$0.00		\$0.00	НСН		