



HRSA
Healthy
Grants
WORKSHOP
Presented as a Web Series

HRSA
Health Resources & Services Administration

Understanding and Managing Your Award

HRSA Healthy Grants Workshop

May 17, 2023

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Grants Management Specialists
Division of Grants Management Operations
Office of Federal Assistance Management

Vision: Healthy Communities, Healthy People



Agenda

- Project Officer (PO) and Grants Management Specialist (GMS) responsibilities
- A Detailed Overview of the Notice of Award
- Terms, Conditions, and Reporting Requirements
- Accurate and Timely Submissions
- Prior Approval Requests (PA/PAR)



Project Officer Roles and Responsibilities

- Primary contact for grant recipient on programmatic aspects
- Monitors awardee's scientific, technical, and programmatic performance
- Conducts site visits
- Ensure proper documentation of deliverables to ensure success
- Reviews and makes recommendations for continued federal support



Grants Management Specialist Roles and Responsibilities

- Primary contact for budgetary aspects of award
- Explains regulations, policies, and financial aspects of your award
- Reviews and makes recommendations on continued federal support
- Explains award and cost principle requirements
- Oversees receipt of all required reports
- Conducts physical and virtual site visits as needed



Payment Management System (PMS) Liaison Accountant

- Can be found at [Payment Management System](https://pms.psc.gov) (<https://pms.psc.gov>)
 - Find your PMS Liaison Accountant
 - Select your state or territory
- **The PMS accountant**
 - reviews, approves, and monitors drawdown of funds
 - Provide payment reports and oversees debt collection



Overview of the Notice of Award (NoA)

The HRSA NoA is the official legally binding award document that:

- Notifies recipients of an awarded grant
- Contains all the terms and conditions of the grant and federal funding limits
- Provides documentation for recording the obligation of federal funds



Overview of the NoA – Page 1



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
EARS:
Federal Award Date:

Recipient Information

1. Recipient Name

2. Congressional District of Recipient

3. Payment System Identifier (PCI)

4. Employer Identification Number (EIN)

5. Data Universal Numbering System (DUNS)

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

8. Authorized Official

Federal Award Information

11. Award Number

12. Unique Federal Award Identification Number (FAIN)

13. Statutory Authority

14. Federal Award Project Title

15. Assistance Listing Number

16. Assistance Listing Program Title

17. Award Action Type

18. Is the Award RRG?

Federal Agency Information

9. Awarding Agency Contact Information

10. Program Official Contact Information

Summary Federal Award Financial Information

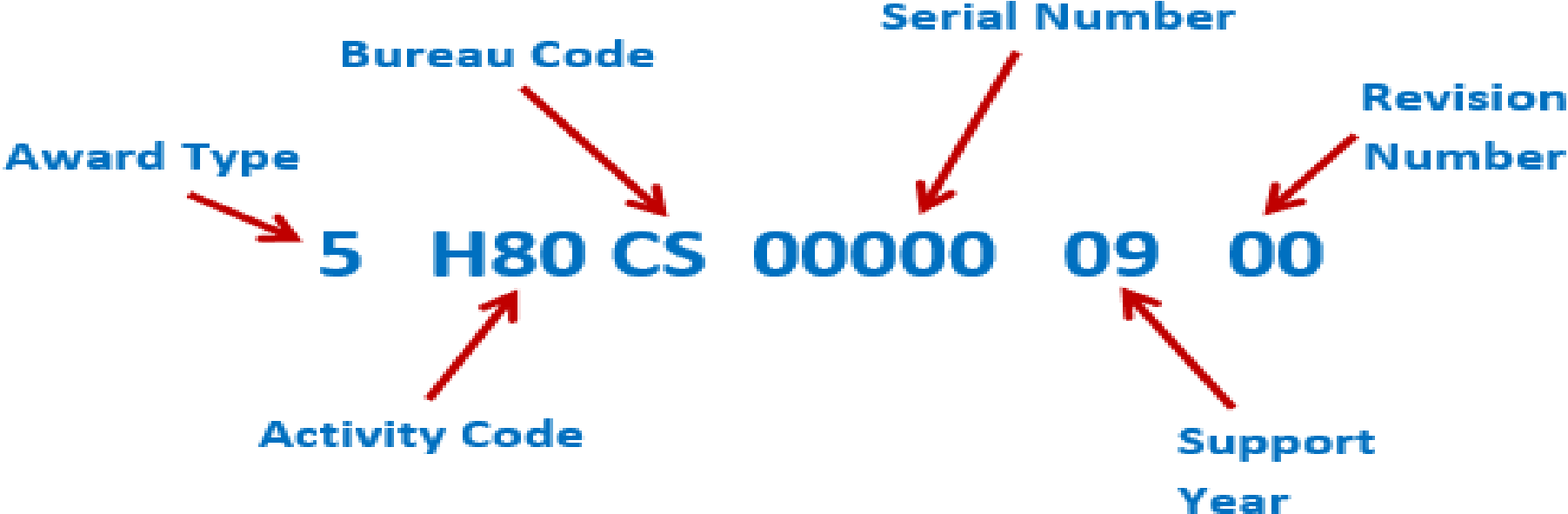
19. Budget Period Start Date 01/01/2020 - End Date 01/31/2021	
20. Total Amount of Federal Funds Obligated by this Action	50.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Approved Carryover	50.00
22. Other	50.00
23. Total Amount of Federal Funds Obligated this Budget Period	1,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable	50.00
25. Total Federal and Non-Federal Agreement this Budget Period	1,050,000.00
26. Project Period Start Date 01/01/2020 - End Date 01/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	1,000,000.00

28. Authorized Treatment of Program Income

29. Grants Management Officer - Signature

30. Remarks:

Overview of the NoA – Award Number



Parts of the Award Number	
H80	Program Activity Code
CS	HRSA Bureau Code
00000	Unique assigned 5-digit Serial Number
09	Support Year of the grant (1 to infinity)
00	Award revision Number (00 = types 1, 2, 5)

NoA Overview: Page 1 - Summary Federal Award Financial Information

19. Budget Period Start Date XX/XX/XXXX – End Date XX/XX/XXXX		
20. Total Amount of Federal Funds Obligated by this Action	\$	0
20a. Direct Cost Amount	\$	0
20b. Indirect Cost Amount	\$	0
21. Authorized Carryover	\$	0
22. Offset	\$	0
23. Total Amount of Federal Funds Obligated this budget period	\$	0
24. Total Approved Cost Sharing or Matching, where applicable	\$	0
25. Total Federal and Non-Federal Approved this Budget Period	\$	0
26. Project Period Start Date XX/XX/XXXX – End Date XX/XX/XXXX		
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$	0
28. Authorized Treatment of Program Income XXXX {A: Addition; B: Deduction; C: Cost Sharing or Matching}		
29. Grants Management Officer - Signature Signature		



Overview of the NoA – Page 2



Health Resources and Services Administration

Notice of Award
Award Number:
Federal Award Date:

21. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		23. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																													
<table border="1"> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> <tr> <td>02</td> <td>\$300,000.00</td> </tr> <tr> <td>03</td> <td>\$300,000.00</td> </tr> <tr> <td>04</td> <td>\$300,000.00</td> </tr> </table>		YEAR	TOTAL COSTS	02	\$300,000.00	03	\$300,000.00	04	\$300,000.00	<table border="1"> <tr> <th colspan="2">24. APPROVED DIRECT ASSISTANCE BUDGET: (in less of each)</th> </tr> <tr> <td>a. Amount of Direct Assistance</td> <td>\$0.00</td> </tr> <tr> <td>b. LHS Unexpended Balance of Current Year's Funds</td> <td>\$0.00</td> </tr> <tr> <td>c. Less Cumulative Prior Award(s) This Budget Period</td> <td>\$0.00</td> </tr> <tr> <td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td> <td>\$0.00</td> </tr> </table>		24. APPROVED DIRECT ASSISTANCE BUDGET: (in less of each)		a. Amount of Direct Assistance	\$0.00	b. LHS Unexpended Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00																										
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22. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: <table border="1"> <tr> <td>a. Authorized Financial Assistance This Period:</td> <td>\$300,000.00</td> </tr> <tr> <td>b. Less Unexpended Balance from Prior Budget Periods:</td> <td></td> </tr> <tr> <td> i. Additional Authority</td> <td>\$0.00</td> </tr> <tr> <td> j. Other</td> <td>\$0.00</td> </tr> <tr> <td>c. Unexpended Balance of Current Year's Funds</td> <td>\$0.00</td> </tr> <tr> <td>d. Less Cumulative Prior Award(s) This Budget Period</td> <td>\$300,000.00</td> </tr> <tr> <td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td> <td>\$0.00</td> </tr> </table>		a. Authorized Financial Assistance This Period:	\$300,000.00	b. Less Unexpended Balance from Prior Budget Periods:		i. Additional Authority	\$0.00	j. Other	\$0.00	c. Unexpended Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$300,000.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00																																
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28. 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: 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 obligated from the grant payment system.																																															
29. ACCOUNTING CLASSIFICATION CODES <table border="1"> <thead> <tr> <th>FF-246</th> <th>CFDA</th> <th>DOCUMENT NO.</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM Y1999</th> <th>SUB ACCOUNT Y1999</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td></td> <td></td> </tr> </tbody> </table>				FF-246	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM Y1999	SUB ACCOUNT Y1999				\$0.00	\$0.00																																
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Overview of the NoA: Page 2 – Approved Budget

31. Approved Budget: (Excludes Direct Assistance)	
[] Grant Funds Only	
[] Total project costs including grant funds and all other financial participation	
a. Salaried and Wages:	\$1,983,100.00
b. Fringe Benefits:	\$329,992.00
c. Total Personnel Costs:	\$2,313,092.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$14,000.
f. Supplies	\$ 1,010.00
g. Travel:	\$20,150.0
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$242,586.00
j. Consortium/Contractual Costs:	\$187,019.00
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:	\$2,887,857.00
p. INDIRECT COSTS (Rate: % of S&W/TADC)	\$0.00
q. TOTAL APPROVED BUDGET:	\$2,887,857.00
i. Less Non-Federal Share:	\$1,782,671.00
ii. Federal Share:	\$1,105,186.00



Overview of the NoA: Page 2 – Award Computation of Financial Assistance

32. Award Computation for Financial Assistance:	
a. Authorized Financial Assistance This Period	\$1,105,186.00
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 Award(s) This Budget Period	\$1,066,200.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$38,986.00



Overview of the NoA: Page 2 – Accounting Classification Codes

39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
20 - 3706310	93.211	20H2ARH39960	\$0.00	\$0.00		20TNP

Linked to PMS

Funds Issued

Program Identifier



Grant Terms and Conditions – Page 3

- **Legal requirements** – must meet according to statute, regulation, or policy
- **Conditions** – specified in the NoA which require a response submitted through the EHBs and reviewed by the PO and GMS
- **Acceptance of Terms** – grantee indicates acceptance of the award and all terms & conditions by drawing down funds from PMS



Reporting Requirements



- Progress Reports
- Federal Financial Reports
- Other Submissions
 - SF-428 Tangible Property Report
 - Conditions



Reporting Requirements (Cont.)

Types of Reporting Requirements	
Non-Competing Continuation Progress Report (NCC)	Annually for programs that are renewed on an annual basis
Annual Performance Report (APR)	Due date varies according to program
Federal Financial Report (FFR)	Every 12 months
Final Performance Report	<ul style="list-style-type: none">• End of Project Period• Within 90 days of grant closure

Accurate and Timely Submissions

Important Reminders:

- GMS & PO submission review
- Revision or Change Requests
- EHB and PMS processing





Prior Approvals

Prior Approval Overview

- Prior Approval Meaning
- Prior Approval Types
- Expanded Authority
- When they are required



What is a Prior Approval Request?

- A recipient needs to change certain aspects of the approved application after the award is issued
- Requires submission in Electronic Handbooks (EHBs) Prior Approval (PA) Module
- Requires a 30-day response from HRSA
- Recipients may not move forward until HRSA approval is received, either via Notice of Award (NoA) or an EHB email notification



Common Prior Approval Request Types

- Change in Key Personnel (Project Director)
- Rebudgeting
- Change in Scope
- Carryover of Unobligated Balance
- Extension with /without Funds (No-cost Extension)
- Property Disposition
- Organizational Name Change or Address change
- Change of Recipient
- Relinquishment

**PRIOR
APPROVAL
REQUIRED**

Expanded Authority

- Waives certain prior approval requirements for some actions
- **Carryovers**
 - Carry over up to 25% of the total award amount of the budget period from which you will transfer the unobligated funds into the consecutive budget period for allowable costs within the original scope of the project.
- **Extension without Funds or No Cost Extension (NCE)**
 - A one-time, no-cost extension of the budget and project period end date up to 12 months.
 - As allowed by the program.

Change in Key Personnel

- Defined in the HHS Grants Policy statement
 - Project director, principal investigator, and other individuals who contribute to the programmatic development or execution of a project or program in a measurable way
- Must provide a resume or Curriculum Vitae (CV) so HRSA staff can verify the person is qualified for the position
- Provide justification, reasoning, and effective date of the change
- Consider if the change will have any budget implications



Carryover of Unobligated Balance

- Request to use unobligated balance in a subsequent budget period
- Recommended to be submitted no later than 30 days after the acceptance of the Federal Financial Report



What to Include in Your Carryover Request

Recipients should provide the following in EHB:

- Identify the funding to be carried forward and how those funds will be utilized in the current budget period
- Explain why the unobligated balance exists
- Indicate how the unobligated funds will be used to complete approved goals and objectives
- Provide a budget and budget justification narrative for the amount requested from the available unobligated balance in whole dollars only

Extension Without Funds (No-cost Extension)

- Request for more time to complete a project, not to exceed 12 months
- Sole purpose cannot be to spend unobligated balance of funds
- The NCE must be requested for the purpose of finishing the project (45 CFR 75.308d(2))



Other Prior Approval Requests

Rebudgeting

- Significant Re-budgeting – cumulative changes over 25% of the originally-approved budget
- Category re-budgeting
- Purchase of real/tangible property, including equipment

Change in Scope of Work

Any major change to the originally-approved scope of work



Other Prior Approval Requests (Page 2)

Property Disposition

- Approval to transfer or sell equipment or transfer, sell, or mortgage real property
- See 45 CFR Parts 75.318-75.321

Organizational Name Change

- Submit under Other, then Name Change
- Make sure you update in SAM.gov, too!



Other Prior Approval Requests (Page 3)

Change in Recipient

Successor-in-Interest: Two organizations merge or one organization takes over another by assuming all assets and liabilities

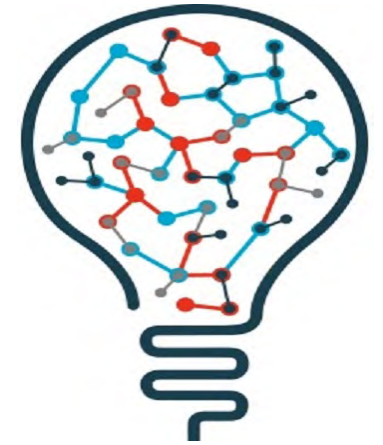
Relinquishment

- Recipient decides it is unable or unwilling to carry out the approved project and has chosen to give up the award
- Full award or part of an award



Tips for Success

- Notice of Award (NoA) and Notice of Funding Opportunity (NOFO)
- Terms and Conditions
- Submit Accurate and Timely Requests
- Review 45 CFR Part 75
- Contact your GMS and PO with questions
- As always, HRSA is here to help you succeed



Resources

- [45 CFR Part 75](#)
- [HHS Grants Policy Statement](#)
- [Manage Your Grant](#)
- [HRSA EHBs Help](#)
- [Prior Approval FAQs](#)



Questions?



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