

The 1st three characters in the grant number identify the grant (i.e., H80 = Health Center). Input your H80 number in box 4 of the SF-424 form.

U.S. Department of Health and Human Services  
**HRSA**  
 Health Resources and Services Administration  
**NOTICE OF AWARD AUTHORIZATION**  
 (Legislation/Regulation)

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

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 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.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

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

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. 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

To compete for funding after the project period end date, apply for the appropriate Service Area Competition (SAC) funding opportunity announcement (FOA) based on your current project period end date:

Project Period End Date	Apply to
10/31/14	HRSA-15-008
11/30/14	HRSA-15-009
12/31/14	HRSA-15-010
01/31/15	HRSA-15-011
02/28/15	HRSA-15-012
03/31/15	HRSA-15-013
04/30/15	HRSA-15-014
05/31/15	HRSA-15-015

If your project period does not end within the time frames noted above, complete a Budget Period Progress Report for FY 2015.

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>

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
<b>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</b>	<b>\$0.00</b>

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

A=Addition B=Deduction C=Cost Sharing or Matching D=Other

Estimated Program Income: \$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY \_\_\_\_\_ IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR \_\_\_\_\_

Current grantees applying to continue serving their current service area may enter this amount on Form SF-424A for the appropriate section 330 funding request amount. **AND**

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:  

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 Condition(s)**  
**Program Specific Condition(s)**

*The number of conditions related to Health Center Program Requirements influences the length of a SAC project period.*

*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.*

**Grant Specific Term(s)**  
**Program Specific Term(s)**  
**Contacts**

**NoA Email Address(es):**

Name	Role	Email

Note: NoA emailed to these address(es)

**Program Contact:**

For assistance on programmatic issues, please contact at:

**Division of Grants Management Operations:**

For assistance on grant administration issues, please contact at: