

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.



1. DATE ISSUED:		2. PROGRAM:															
3. SUPERSEDES AWARD NOTICE dated: _____ <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>																	
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: _____				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)													
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:													
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				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 \$0.00</b>													
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																	
				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">02</td><td></td></tr> <tr><td style="text-align: center;">03</td><td></td></tr> <tr><td style="text-align: center;">04</td><td></td></tr> <tr><td style="text-align: center;">05</td><td></td></tr> </tbody> </table>				YEAR	TOTAL COSTS	02		03		04		05	
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 \$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: <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;">[ ]</span> Estimated Program Income: \$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)																	
<i>Electronically signed by Grants Management Officer on:</i>																	
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 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: