Understanding Your Notice of Award

Stephannie Young
Maternal Child & Health Systems Branch
Division of Grants Management Operations (DGMO)
Office of Federal Assistance Management (OFAM)
Presentation Outline

I. Welcome and Outline

II. Overview of the Notice of Award (NoA)

III. Question and Answers
II. Overview of Understanding Your NoA

TIP #1
HEALTHY GRANTS REQUIRES ...
Read the entire NoA
Before the NoA is awarded

- NOFO Published
- Applicant Selection Process
- NoA issued to the Recipient
What is a Notice of Award?

It is an official legally binding award document that:

(1) notifies the recipient of the grant award

(2) contains or references all the **terms and conditions** of the grant and federal funding limits; and
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOR:</td>
<td>Authorized Organizational Representative</td>
</tr>
<tr>
<td>PD/PI:</td>
<td>Project Director / Principal Investigator</td>
</tr>
<tr>
<td>PO:</td>
<td>Program Official</td>
</tr>
<tr>
<td>GMO:</td>
<td>Grants Management Officer</td>
</tr>
<tr>
<td>GMS:</td>
<td>Grants Management Specialist</td>
</tr>
<tr>
<td>NCC-PPR:</td>
<td>Noncompeting Continuation Performance - Progress Report</td>
</tr>
<tr>
<td>PMS:</td>
<td>Payment Management System</td>
</tr>
<tr>
<td>Recipient:</td>
<td>The federally funded recipient</td>
</tr>
<tr>
<td>EHBs:</td>
<td>Electronic Handbook Systems</td>
</tr>
</tbody>
</table>
Sections 1-10: Administrative Front Matter

1. DATE ISSUED: 01/12/2018

2. PROGRAM CFDA: 93.224

3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARD NO.: H80CS09-00

4b. GRANT NO.: H800

5. FORMER GRANT NO.:

6. PROJECT PERIOD:
   FROM: 06/01/2009 THROUGH: 02/28/2019

7. BUDGET PERIOD:
   FROM: 03/01/2018 THROUGH: 02/28/2019

8. TITLE OF PROJECT (OR PROGRAM): Health Center Program

9. GRANTEE NAME AND ADDRESS: [Information redacted]

10. DIRECTOR: [Program Director/Principal Investigator] [Information redacted]

SAMPLE NoA
The Award Number
Federal Award Identification Number (FAIN)

Award Types

<table>
<thead>
<tr>
<th>#</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Competitive</td>
</tr>
<tr>
<td>2</td>
<td>Competing Continuation</td>
</tr>
<tr>
<td>5</td>
<td>Noncompeting Continuation</td>
</tr>
</tbody>
</table>

Parts of the Award Number

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H80</td>
<td>Program Unique Activity Code</td>
</tr>
<tr>
<td>CS</td>
<td>HRSA Bureau Code (Based upon Activity Code)</td>
</tr>
<tr>
<td>0000</td>
<td>Unique assigned 5-digit Serial No.</td>
</tr>
<tr>
<td>16</td>
<td>Support of the grant</td>
</tr>
<tr>
<td>00</td>
<td>Award revision No. (00 = types 1, 2, 5)</td>
</tr>
</tbody>
</table>
The Project Address DUNS PD/PI Info is Key

SAMPLE NoA

8. TITLE OF PROJECT (OR PROGRAM): Health Center Program

9. GRANTEE NAME AND ADDRESS:
   Organization = Fiduciary
   Renew DUNS registration annual
   BHCMIS: BPHC System Number

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
TIP #2

HEALTHY GRANTS REQUIRE ...

Know Your Numbers: If they aren’t allocated, you won’t see it.
## Approve Budget

(Excludes Direct Assistance)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>$2,294,895.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$592,274.00</td>
</tr>
<tr>
<td>Total Personnel Costs</td>
<td>$2,887,169.00</td>
</tr>
<tr>
<td>Consultant Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$249,300.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$32,500.00</td>
</tr>
<tr>
<td>Construction/Alteration and Renovation</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other</td>
<td>$444,819.00</td>
</tr>
<tr>
<td>Consortium/Contractual Costs</td>
<td>$303,605.00</td>
</tr>
<tr>
<td>Trainee Related Expenses</td>
<td>$0.00</td>
</tr>
<tr>
<td>Trainee Stipends</td>
<td>$0.00</td>
</tr>
<tr>
<td>Trainee Tuition and Fees</td>
<td>$0.00</td>
</tr>
<tr>
<td>Trainee Travel</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Direct Costs</td>
<td>$3,917,393.00</td>
</tr>
<tr>
<td>Indirect Costs (Rate: % of S&amp;W/TADC)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Approved Budget</td>
<td>$3,917,393.00</td>
</tr>
<tr>
<td>Less Non-Federal Share</td>
<td>$2,481,408.00</td>
</tr>
<tr>
<td>Federal Share</td>
<td>$1,435,985.00</td>
</tr>
</tbody>
</table>

## Award Computation for Financial Assistance

- Authorized Financial Assistance This Period: $1,435,985.00
- Less Unobligated Balance from Prior Budget Periods:
  - Additional Authority: $0.00
  - Offset: $0.00
- Unawarded Balance of Current Year's Funds: $1,316,320.00
- Less Cumulative Prior Awards(s) This Budget Period: $0.00
- Amount of Financial Assistance This Action: $119,665.00

## Recommended Future Support

(Subject to the availability of funds and satisfactory progress of project)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

## Approved Direct Assistance Budget

(In lieu of cash)

- Amount of Direct Assistance: $0.00
- Less Unawarded Balance of Current Year's Funds: $0.00
- Less Cumulative Prior Awards(s) This Budget Period: $0.00
- Amount of Direct Assistance This Action: $0.00

## Program Income Subject to 45 CFR 75.307

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: $2,088,464.00
### Sample NoA

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Salaries and Wages</td>
<td>$2,294,895.00</td>
</tr>
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<tr>
<td>c. Total Personnel Costs</td>
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</tr>
<tr>
<td>d. Consultant Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>e. Equipment</td>
<td>$0.00</td>
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<td>f. Supplies</td>
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</tr>
<tr>
<td>m. Trainee Tuition and Fees</td>
<td>$0.00</td>
</tr>
<tr>
<td>n. Trainee Travel</td>
<td>$0.00</td>
</tr>
<tr>
<td>o. TOTAL DIRECT COSTS</td>
<td>$3,917,393.00</td>
</tr>
<tr>
<td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC)</td>
<td>$0.00</td>
</tr>
<tr>
<td>q. TOTAL APPROVED BUDGET</td>
<td>$3,917,393.00</td>
</tr>
<tr>
<td>i. Less Non-Federal Share</td>
<td>$2,481,408.00</td>
</tr>
<tr>
<td>ii. Federal Share</td>
<td>$1,435,985.00</td>
</tr>
</tbody>
</table>
Sample NoA (Cont.)

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:
   a. Authorized Financial Assistance This Period  $1,435,985.00
   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  $1,316,320.00
   d. Less Cumulative Prior Awards(s) This Budget Period  $0.00
   e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION  $119,665.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

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
   d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION  $0.00
### Block 15. Program Income

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 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: $2,088,464.00

<table>
<thead>
<tr>
<th>Alternative</th>
<th>Use of Program Income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Addition (A)</strong></td>
<td>Added to funds committed to the project or program and used to further eligible project or program objectives</td>
</tr>
<tr>
<td><strong>Deduction (B)</strong></td>
<td>Deducted from total allowable costs of the project or program to determine the net allowable costs on which the Federal share of costs will be based</td>
</tr>
<tr>
<td><strong>Other (D)</strong></td>
<td>Uses all program income up to a specified amount under the additive alternative and any amount of program income under the deductive alternative</td>
</tr>
<tr>
<td><strong>Cost Sharing/Matching (C)</strong></td>
<td>Used to satisfy all or part of the non-Federal share of a project or program</td>
</tr>
</tbody>
</table>
The Award content is based on an approved application as submitted to HRSA, is on the titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

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 obtained from the grant payment system. (16d)
## Funding Detail

<table>
<thead>
<tr>
<th>FY-CAN</th>
<th>CFDA</th>
<th>DOCUMENT NO.</th>
<th>AMT. FIN. ASST.</th>
<th>AMT. DIR. ASST.</th>
<th>SUB PROGRAM CODE</th>
<th>SUB ACCOUNT CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-3981160</td>
<td>93.224</td>
<td>16H80CS</td>
<td>$119,665.00</td>
<td>$0.00</td>
<td>CH</td>
<td>HealthCareCenters_16</td>
</tr>
</tbody>
</table>

**REMARKS:** (Other Terms and Conditions Attached [X]Yes [ ]No)

**SAMPLE NoA**

Electronically signed by Grants Management Officer on: 01/12/2018

17. OBJ. CLASS: 41.51  18. CRS-EIN:  #91000000  19. FUTURE RECOMMENDED FUNDING: $1,469,885.00

- **Linked to PMS**
- **Program Identifier**
- **Linked to PMS**
Sample Loan Program Notice of Award

<table>
<thead>
<tr>
<th>1. DATE ISSUED:</th>
<th>06/19/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. PROGRAM CFDA:</td>
<td>93.342</td>
</tr>
</tbody>
</table>

3. SUPERSEDES AWARD NOTICE dated:
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARD NO.: 4 E32HP-02-00
4b. GRANT NO.: 4 E32HP-
5. FORMER GRANT NO.: 

6. PROJECT PERIOD:
FROM: 07/01/1992 THROUGH: Indefinite

7. BUDGET PERIOD:
FROM: 07/01/2017 THROUGH: 06/30/2018

8. TITLE OF PROJECT (OR PROGRAM): LDS - Optometry

9. GRANTEE NAME AND ADDRESS: 
DUNS NUMBER: 

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) 

11. APPROVED BUDGET: 
[ ] Grant Funds Only
[X] Total project costs including grant funds and all other financial participation

a. TOTAL APPROVED BUDGET: $27,952.00
   i. Less Non-Federal Share: $2,795.00
   ii. Federal Share: $25,157.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:
   a. Authorized Financial Assistance This Period $25,157.00
   b. Less Cumulative Prior Awards(s) This Budget Period $0.00
   c. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION $25,157.00

13. 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 obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [X]Yes [ ]No)

Electronically signed by [ ]Yes [ ]No Grants Management Officer on 06/19/2017
EHBs Service / Technical Assistance

TIP #3

HEALTHY GRANTS REQUIRES ...

Knowledge of the EHBs Support System
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 of Award

Your Life Line to a Healthy Grant...

TIP #4

HEALTHY GRANTS REQUIRES ... Knowledge of the Rules
Terms Of Award

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account of denials of future funding.

- Grant Specific Term(s)
- Program Specific Term(s)
- Standard Term(s)
- Grant Specific Condition(s)
HEALTHY GRANTS REQUIRE ...
Not Knowing Policy changes doesn’t pay.

TIP #5
System for Award Management (SAM.gov)
New Registration Requirements

• GSA will now require an original, signed notarized letter Identifying the authorized Entity Administrator before a new SAM.gov registration will then be activated.

• March 22, 2018 - GSA issued notice of active GSA/OIG investigation of third party fraudulent SAM activity (HHS grants have not been impacted to date).
FAPIIS and Mandatory Disclosure Requirements

Key Facts about the Federal Awardee Performance and Integrity Information System (FAPIIS):

• Publicly accessible online database established to store data about recipients’ qualification to receive awards.

• Several systems feed into FAPIIS, including SAM, as well as CPARS and PPIRS.

• FAPIIS impacts how federal agencies evaluate awardees.

• Data about awardees is stored in FAPIIS for five years.
The Language Access Policy Statement

The policy of HRSA is to provide LEP individuals with timely, meaningful access to HRSA-conducted programs and activities, in accordance with the agency’s needs, capacity, and this plan.
The Language Access (Cont.)
Executive Order 13166

• History of HHS and HRSA Implementation of Executive Order 13166

• Executive Order 13166 set two overarching goals for each Federal agency:

  1) Improve access to federally funded programs and activities by persons with limited English proficiency; and

  2) Implement a system by which LEP persons can meaningfully access the agency’s services consistent with, and without unduly burdening, the fundamental mission of the agency.
Updated Acknowledgement of Federal Funding Statement

FY 2018 Consolidated Appropriations Act

The new Consolidated Appropriations Act requires recipients to state the following on products developed with federal funds:

1. the percentage of the total costs of the program or project which will be financed with Federal money;

2. the dollar amount of Federal funds for the project or program; and

3. percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
“This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”
The Faith-based Executive Order 13279

- Require faith-based organizations to provide written notice to service beneficiaries detailing religious liberty protections available to them;
- Require faith-based organizations to make reasonable efforts to identify and refer requesting beneficiaries to alternative service providers; and
- Apply the requirements to faith-based organization that are subrecipients
- Prohibit the use of direct federal assistance in “explicitly religious” activities
Notice of Award Contacts

Our Goal is to Serve...

TIP #6

HEALTHY GRANTS REQUIRE ...

Knowing Contacts means Efficient Service
Reporting Requirement(s)

- Reporting Requirements
  - Program
  - FFR
NoA Contact Information

NoA Email Addresses
- 3 Roles
- PD/PI
- Authorizing Official
- Business Official
- Receives NoA

Programmatic Contact
- HRSA Project Officer
- Provides Programmatic Services

Grants Management Contact
- Grants Management Specialist
- Fiscal & Administrative Services
Grant Resources

DGMO’s Healthy Grants Workshop

TIP #7

HEALTHY GRANTS REQUIRE ...

We’re here to Serve YOU!
Resources

- **www.SAM.gov**
  Contact the supporting Federal Service Desk at [www.fsd.gov](http://www.fsd.gov), or by telephone at **866-606-8220** (toll free) or **334-206-7828** (internationally), Monday through Friday, 8 a.m. to 8 p.m. (ET)

- **www.Grants.gov**

- **www.CFDA.gov**

- EHBs Knowledge Base Help
Questions?
Contact Information

Stephannie Young
Supervisory Grants Management Specialist
Email: SYoung1@hrsa.gov
Phone: 301-594-1246

Web: hrsa.gov/about/organization/bureaus
Twitter: twitter.com/hrsa.gov
Facebook: facebook.com/hrsa.gov
Connect with HRSA

To learn more about our agency, visit www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US: