

1. DATE ISSUED MM/DD/YYYY	2. CFDA NO. 93.XXX	3. ASSISTANCE TYPE Grant/Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 90XXXXXX-01- - - Formerly	5. ACTION TYPE New	
6. PROJECT PERIOD MM/DD/YYYY From	Through MM/DD/YYYY	
7. BUDGET PERIOD MM/DD/YYYY From	Through MM/DD/YYYY	

Department of Health and Human Services
Administration For Community Living
AOA - (Grant Program)
 One Massachusetts Avenue NW
 Washington, DC 20001

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 (Statutory Authorization)

8. TITLE OF PROJECT (OR PROGRAM) (Grant Program)	
9a. GRANTEE NAME AND ADDRESS Name Address Address	9b. GRANTEE PROJECT DIRECTOR Name Address Address Phone Number:
10a. GRANTEE AUTHORIZING OFFICIAL Name Address Address Phone Number:	10b. FEDERAL PROJECT OFFICER Name Address Address Phone Number:

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m)	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods	
a. Salaries and Wages		c. Less Cumulative Prior Award(s) This Budget Period	
b. Fringe Benefits		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	
c. Total Personnel Costs		13. Total Federal Funds Awarded to Date for Project Period	
d. Equipment		14. RECOMMENDED FUTURE SUPPORT	
e. Supplies		(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel		YEAR	TOTAL DIRECT COSTS
g. Construction		a. 5	d. 8
h. Other		b. 6	e. 9
i. Contractual		c. 7	f. 10
j. TOTAL DIRECT COSTS →		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS		a. DEDUCTION	
l. TOTAL APPROVED BUDGET		b. ADDITIONAL COSTS	
m. Federal Share		c. MATCHING	
n. Non-Federal Share		d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY 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.	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		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 - Yes No)

GRANTS MANAGEMENT OFFICER:

17. OBJ CLASS	18a. VENDOR CODE	18b. EIN	19. DUNS	20. CONG. DIST.
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a.	b.	c.	d.	e.
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.