

1. DATE ISSUED (Mo./Day/Yr.)		2. CFDA NO.		<div>DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE</div> <div>NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulations)</div>																	
3. SUPERCEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded																					
4. GRANT NO. Formerly:		5. ADMINISTRATIVE CODES																			
6. PROJECT PERIOD Mo./Day/Yr. From		Through Mo./Day/Yr.																			
7. BUDGET PERIOD Mo./Day/Yr. From		Through Mo./Day/Yr.																			
8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)																					
9. GRANTEE NAME AND ADDRESS a. b. c. d. e. f.				10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR) (LAST NAME FIRST AND ADDRESS) Phone:																	
11. APPROVED BUDGET (Excludes PHS Direct Assistance) I PHS Grant Funds Only II Total project costs including grant funds and all other financial participation (Select one and place NUMERAL in box)				12. AWARD COMPUTATION FOR GRANT a. Amount of PHS Financial Assistance (from item 11.u) b. Less Unobligated Balance From Prior Budget Periods c. Less Cumulative Prior Award(s) This Budget Period d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION																	
a. Salaries and Wages b. Fringe Benefits c. Total Personnel Costs d. Consultants Costs e. Equipment f. Supplies g. Travel h. Patient Care – Inpatient i. Patient Care – Outpatient j. Alterations and Renovations k. Other l. Consortium/Contractual Costs m. Trainee Related Expenses n. Trainee Stipends o. Trainee Tuition and Fees p. Trainee Travel q. TOTAL DIRECT COSTS →				13. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project): <table><tr><td>YEAR</td><td>TOTAL DIRECT COSTS</td><td>YEAR</td><td>TOTAL DIRECT COSTS</td></tr><tr><td>a.</td><td></td><td>d.</td><td></td></tr><tr><td>b.</td><td></td><td>e.</td><td></td></tr><tr><td>c.</td><td></td><td>f.</td><td></td></tr></table>		YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS	a.		d.		b.		e.		c.		f.	
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS																		
a.		d.																			
b.		e.																			
c.		f.																			
r. INDIRECT COSTS s. TOTAL APPROVED BUDGET \$ t. SBIR Fee u. Federal Share \$ v. Non-Federal Share \$				14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH): a. AMOUNT OF PHS Direct Assistance b. Less Unobligated Balance From Prior Budget Periods c. Less Cumulative Prior Award(s) This Budget Period d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION																	
REMARKS: (Other Terms and Conditions Attached - Yes No)				15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select one and place LETTER in box.) a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING 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 PHS 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 legislations cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. PHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period. e. 45 CFR Part 74 or 45 CFR Part 92 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.																	

PHS GRANTS MANAGEMENT OFFICER: (Signature) (Name – Typed/Print) (Title)				
17. OBJ CLASS FY-CAN		18. CRS - EIN DOCUMENT NO. ADMINISTRATIVE CODE		19. LIST NO. AMT ACTION FIN ASST
20. a.		b.		c.
21. a.		b.		c.
22. a.		b.		c.