1. DATE ISSUED: 2. PROGRAM CFDA: 93.505 08/08/2018 3. SUPERSEDES AWARD NOTICE dated: 09/13/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4a. AWARD NO.: 4b. GRANT NO.: 5. FORMER GRANT NOTICE OF AWARD 6 D89MC30594-01-05 D89MC30594 NO.: AUTHORIZATION (Legislation/Regulation) 4 D89MC28266-01-Social Security Act, Title V, Section 511 (42 U.S.C. §701), as 02 amended by Section 2951 of the Patient Protection and Affordable 6. PROJECT PERIOD: Care Act of 2010 (Public Law 111-148) FROM: 05/01/2016 THROUGH: 09/30/2017 Social Security Act, Title V, §511 (42 U.S.C. §711), as amended by the Patient Protection and Affordable Care Act, §2951 (P.L. 111-148) Social Security Act, Title V, § 511 (42 U.S.C. §711), as amended by the Patient Protection and Affordable Care Act, § 2951 (P.L. 111-7. BUDGET PERIOD: 148) FROM: 05/01/2016 THROUGH: 09/30/2017 Social Security Act, Title V, § 511 (42 U.S.C. §711), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148) and amended by section 209 of the Protecting Access to Medicare Act of 2014 (P.L. 113-93) 8. TITLE OF PROJECT (OR PROGRAM): Affordable Care Act - Maternal, Infant and Early Childhood Home Visiting Program 9. GRANTEE NAME AND ADDRESS: 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL FAMILY & PROTECTIVE SERVICES, TEXAS DEPARTMENT OF INVESTIGATOR) 701 W 51st St Donna Wood Austin, TX 78751-2312 FAMILY & PROTECTIVE SERVICES, TEXAS DEPARTMENT OF **DUNS NUMBER:** 2535 Ridgepoint Drive 808730360 Austin, TX 78754 11.APPROVED BUDGET:(Excludes Direct Assistance) 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: [X] Grant Funds Only a. Authorized Financial Assistance This Period \$7,811,511.15 [ ] Total project costs including grant funds and all other financial participation b. Less Unobligated Balance from Prior Budget Periods \$0.00 a . Salaries and Wages : i. Additional Authority \$0.00 b . Fringe Benefits : \$0.00 ii. Offset \$0.00 c . Total Personnel Costs : \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Consultant Costs: \$0.00 d. Less Cumulative Prior Awards(s) This Budget \$8,709,491.00 e . Equipment : \$0.00 Period f. Supplies: \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS (\$897,979.85) **ACTION** \$0.00 a . Travel : 13. RECOMMENDED FUTURE SUPPORT: (Subject to the h . Construction/Alteration and Renovation : \$0.00 availability of funds and satisfactory progress of project) Other: \$0.00 **TOTAL COSTS** \$0.00 Not applicable j. Consortium/Contractual Costs: k . Trainee Related Expenses : \$0.00 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) I. Trainee Stipends: \$0.00 a. Amount of Direct Assistance \$0.00 Trainee Tuition and Fees: \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 n . Trainee Travel : \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00 o. TOTAL DIRECT COSTS: \$7,811,511.15 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00 q. TOTAL APPROVED BUDGET: \$7,811,511.15 i. Less Non-Federal Share: \$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

\$7.811.511.15

[A]

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

Estimated Program Income: \$0.00

ii. Federal Share:

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:

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)

This Notice of Award is issued to deobligate (\$897,979.85) and close document #15D89MC30594AC. Please refer to page 2 of this award notice for requirements after closeout, including record retention instructions. For questions concerning this closeout notice, please contact M. Scott Frankhauser at mfrankhauser@HRSA.gov. All other inquiries regarding this award should be directed to the GMS listed on page 2 of this notice.

Electronically signed by Kelly Long, Grants Management Officer on: 08/08/2018

Date Issued: 8/8/2018 4:29:29 PM Award Number: 6 D89MC30594-01-05

<b>17. OBJ. CLASS</b> : 41.51	18. CRS-I	<b>18. CRS-EIN:</b> 1742639167A1 <b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00				
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
15 - 3895612	93.505	15D89MC30594AC	(\$897,979.85)	\$0.00	N/A	HV-15-DEV

Date Issued: 8/8/2018 4:29:29 PM Award Number: 6 D89MC30594-01-05

# 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://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx 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 remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

## **Grant Specific Term(s)**

1. The document number referenced has expired and is closed in the Payment Management System. The closeout of this grant does not automatically cancel any requirements for property accountability, record retention, or financial accountability.
Recipients must continue to track all equipment and supplies acquired under the award after grant closeout in accordance with the property management requirements of 45 CFR Part 75, as applicable. The recipient must request disposition instructions from HRSA for any property that is no longer needed. Any real property acquired with DHHS grant support may not be conveyed, transferred, assigned, mortgaged, or in any other manner encumbered by the grantee, except as expressly authorized in writing by the DHHS awarding component or its successor organization. The Government's interest in real property acquired under grants is described in 45 CFR Part 75.
Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the

Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the Federal government may recover amounts based on the results of an audit covering any part of the period of grant support. All funds due that are not returned constitute a debt to the Federal government.

If the grant is closed based on approved provisional indirect cost rates and negotiated final indirect cost rates are lower than the approved provisional rates, your organization is required to recalculate indirect costs and return all excess indirect costs claimed to HRSA within 45 days of the date of the letter transmitting the final rates. Your final rates may have come from the DHHS or another cognizant Federal agency. The return of excess indirect costs must be accompanied by a revised final Federal Financial Report (FFR).

Please keep in mind financial records, programmatic records, supporting documents, and all other grant-related records shall be retained for a period of 3 (three) years calculated from the date the final FFR was submitted. If any litigation, claim, financial management review, or audit is started before expiration of the 3-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved and final disposition.

All prior terms and conditions remain in effect unless specifically removed.

#### Contacts

#### NoA Email Address(es):

Name	Role	Email	
Donna Wood	Program Director	donna.wood@dfps.state.tx.us	
Kristen Norris	Business Official	kristen.norris@dfps.state.tx.us	
Dolores Tobias	Business Official	dolores.tobias@dfps.state.tx.us	
Kevin Doucet	Authorizing Official	kevin.doucet@dfps.state.tx.us	
Sofia Santillana	Employee	sofia.santillana@dfps.state.tx.us	
Andrea M Jacks	Employee	andrea.mayo@dfps.state.tx.us	
Kristina S Perez	Employee	kristina.perez@dfps.state.tx.us	
Toula Skiadas	Employee	toula.skiadas@dfps.state.tx.us	

Note: NoA emailed to these address(es)

#### **Program Contact:**

For assistance on programmatic issues, please contact Laura Wolfgang at: HRSA Maternal Child Health Bureau 1301 Young St

Dallas, TX, 75202-5433 Email: LWolfgang@hrsa.gov Phone: (214) 767-5320

### **Division of Grants Management Operations:**

Date Issued: 8/8/2018 4:29:29 PM Award Number: 6 D89MC30594-01-05

For assistance on grant administration issues, please contact Tya Renwick at:

MailStop Code: 10W65B MCHSB/DGMO/OFAM/HRSA 5600 Fishers Ln

RM 10W65B

Rockville, MD, 20857-0001 Email: trenwick@hrsa.gov Phone: (301) 594-0227 Fax: (301) 443-6343