

1. DATE ISSUED: 07/31/2020		2. PROGRAM CFDA: 93.912		U.S. Department of Health and Human Services HRSA Health Resources and Services Administration NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Section 711(b) of the Social Security Act (42 U.S.C. 912(b)), as amended. Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended; Public Law No. 116-94.						
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.										
4a. AWARD NO.: 1 GA1RH39597-01-00		4b. GRANT NO.: GA1RH39597					5. FORMER GRANT NO.:			
6. PROJECT PERIOD: FROM: 09/01/2020 THROUGH: 08/31/2023										
7. BUDGET PERIOD: FROM: 09/01/2020 THROUGH: 08/31/2023										
8. TITLE OF PROJECT (OR PROGRAM): Rural Communities Opioid Response-Implementation										
9. GRANTEE NAME AND ADDRESS: SNOHOMISH HEALTH DISTRICT 3020 Rucker Ave Ste 306 Everett, WA 98201-3900 DUNS NUMBER: 086831146				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Heather M Thomas SNOHOMISH HEALTH DISTRICT 3020 Rucker Ave, Ste 306 Everett, WA 98201-3900						
11. APPROVED BUDGET: (Excludes Direct Assistance) [X] Grant Funds Only [] Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$1,000,000.00 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 \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$1,000,000.00						
a. Salaries and Wages : \$231,877.00 b. Fringe Benefits : \$77,979.00 c. Total Personnel Costs : \$309,856.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$26,050.00 g. Travel : \$10,500.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$6,752.00 j. Consortium/Contractual Costs : \$461,000.00 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 : \$814,158.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$185,842.00 q. TOTAL APPROVED BUDGET : \$1,000,000.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$1,000,000.00				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td colspan="2">Not applicable</td></tr></table>			YEAR	TOTAL COSTS	Not applicable	
YEAR	TOTAL COSTS									
Not applicable										
				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						
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 [A] 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: 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 Brad Barney , Grants Management Officer on : 07/31/2020										
17. OBJ. CLASS: 41.91		18. CRS-EIN: 1911866899A1		19. FUTURE RECOMMENDED FUNDING: \$0.00						
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE				
20 - 3704147	93.211	20GA1RH39597	\$1,000,000.00	\$0.00		20RCORP-I				

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/WebEPSEExternal/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.

Program Specific Condition(s)

1. Due Date: 09/30/2020

RCORP-Implementation grant recipients are required to provide baseline information on other substance use disorder funding received, consortium membership, and staffing. Further information will be provided by the HRSA Project Officer upon receipt of award.

Grant Specific Term(s)

1. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account.

This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pms.psc.gov/grant-recipients/access-newuser.html> and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.

2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.

3. Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.

4. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantpolicy.pdf>

Program Specific Term(s)

1. RCORP-Implementation grantees, in receipt of more than one RCORP grant during the period of performance, are required to work with their respective HRSA Project Officers to avoid duplication of effort and staffing across grants.

2. RCORP-Implementation grant recipients are expected to send two staff members to attend one 2-3 day meeting per year.

3. RCORP-Implementation grant recipients must exclusively target rural service areas, as defined by the Rural Health Grant Eligibility Analyzer.

4. RCORP-Implementation consortia must make progress towards completing all prevention, treatment, and recovery core activities outlined in the Notice of Funding Opportunity during each year of the three-year grant. Note that activities do not need to be completed until the end of

the period of performance.

5. Purchase or leasing of a mobile unit or vehicle is an allowable cost as long as the unit is exclusively used to deliver, or facilitate transport to, services funded by the RCORP-Implementation grant. The grant recipient must establish both that the vehicle is needed and the cost is reasonable. You may not begin any purchases until you receive HRSA approval and must have contingency plans in place to ensure that delays in receiving HRSA approval of your mobile unit or vehicle purchase do not affect your ability to execute work plan activities and HRSA deliverables on time.
6. RCORP-Implementation grant recipients will be required to submit biannual PIMS reports to HRSA. Data and information included in the report must reflect the activities of all consortium members (not just the lead applicant) and RCORP-Implementation award recipients should ensure that they have adequate staffing and resources devoted to collecting, monitoring, and reporting data/information to HRSA in a timely manner. Additional guidance on the PIMS reports will be provided during the period of performance.
7. RCORP-Implementation grant recipients may use grant funds to purchase telehealth infrastructure in an urban setting if the infrastructure will exclusively be used to provide services to patients at a service delivery site located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer. It is also allowable for a provider to be located in an urban facility, but serving patients in HRSA-designated rural areas through telemedicine so long as the target patient population is exclusively rural, as defined by the HRSA Rural Health Grants Eligibility Analyzer.
8. For any given staff member, RCORP Implementation grant recipients are not permitted to bill more than 1.0 fulltime equivalent (FTE) across Federal awards. This applies to both the application organization and any consortium member receiving RCORP-Implementation funds.
9. RCORP-Implementation grant recipients are expected to work with HRSA-funded technical assistance provider and evaluator throughout the three-year grant period (and potentially share project updates and information with them after the grant period ends). Additional guidance on the technical assistance and evaluation components of the project will be provided during the period of performance.
10. RCORP-Implementation grant recipients must have an assigned Project Director and Data Coordinator during the entire three-year award period. The Data Coordinator must track, collect, aggregate, and report qualitative data and information from consortium members to fulfill HRSA's reporting requirements.
11. RCORP-Implementation grant recipients are required to allocate the award amount over a three-year period of performance.
12. RCORP-Implementation grant recipients are expected to participate in monthly progress calls with a HRSA Project Officer and HRSA-funded technical assistance provider and respond to inquiries and requests from HRSA staff in a timely manner.
13. RCORP-Implementation grant recipients must maintain a consortium that meets the requirements outlined in the Notice of Funding Opportunity throughout the entire three-year period of performance: 1) consortia must be comprised of at least four separately owned entities, including the applicant organization, and 2) two consortium members must be located in HRSA-designated rural areas. It is the responsibility of the Project Director to inform the HRSA Project Officer if the consortium composition changes such that it no longer meets these minimum requirements.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. Acknowledgement of Federal Funding: When issuing statements (i.e. press releases, publications, bid solicitations...) regarding activities or products (tool-kits, resource guides, websites...), resulting from HRSA support, HRSA requires recipients must to use the following acknowledgement and disclaimer on all products produced by HRSA funds:
 "This [project/publication/program/website, etc.] [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 a financial assistance award totaling \$XX with XX percentage funded by HRSA/HHS and \$XX amount and XX percentage funded by non-government source(s). 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."
 For more information, please visit: <https://www.hrsa.gov/grants/manage/acknowledge-hrsa-funding>.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any

remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in 45 CFR Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share of the project exceeds the Simplified Acquisition Threshold and the cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period.

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at <https://pms.psc.gov/>.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at [HHS Limited English Proficiency \(LEP\)](#).
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Further Consolidated Appropriations Act, 2020, § 202, (P.L. 116-94), enacted December 20, 2019, restricts the amount of direct salary that may be paid to an individual under a HRSA grant or cooperative agreement to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 2020, the Executive Level II salary level is \$197,300. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. For individuals whose salary rates are in excess of Executive Level II, the non-federal entity may pay the excess from non-federal funds.
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights/for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their

national origin. Please see <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov/SAM/>. It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14. **§75.113 Mandatory disclosures.**

Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

Department of Health and Human Services
Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Management Operations
5600 Fishers Lane, Mailstop 10SWH-03
Rockville, MD 20879

AND

U.S. Department of Health and Human Services
Office of Inspector General
Attn: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to www.sam.gov. Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

Recipient integrity and performance matters. If the total Federal share of the Federal award is more than \$500,000 over the period of performance, [Appendix XII to CFR Part 200](#) is applicable to this award.

Reporting Requirement(s)

1. **Due Date: Quarterly (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 30 days after end of reporting period.**

RCORP-Implementation grant recipients will be required to submit quarterly reports to HRSA documenting progress towards implementing all required core activities and any proposed additional activities. Data and information included in the report must reflect the activities of all consortium members (not just the lead applicant) and RCORP-Implementation award recipients should ensure that they have adequate staffing and resources devoted to collecting, monitoring, and reporting data/information to HRSA in a timely manner.

2. **Due Date: 09/30/2023**

RCORP-Implementation grant recipients will be required to submit a three-part Sustainability Plan outlining how they will ensure financial and programmatic sustainability of the project after grant funding ends. Additional guidance on the Sustainability Plan (including templates) will be provided during the period of performance.

3. **Due Date: 09/30/2021**

RCORP-Implementation grant recipients will be required to submit a three-part Sustainability Plan outlining how they will ensure financial and programmatic sustainability of the project after grant funding ends. Additional guidance on the Sustainability Plan (including templates) will be provided during the period of performance.

4. Due Date: Within 90 Days of Project End Date

RCORP-Implementation grant recipients must submit a final closeout report. Additional guidance on the Closeout Report will be provided during the period of performance.

5. Due Date: 09/30/2022

RCORP-Implementation grant recipients will be required to submit a three-part Sustainability Plan outlining how they will ensure financial and programmatic sustainability of the project after grant funding ends. Additional guidance on the Sustainability Plan (including templates) will be provided during the period of performance.

6. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Heather M Thomas	Program Director, Point of Contact, Business Official	hthomas@snohd.org
Shawn Frederick	Authorizing Official	sfrederick@snohd.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Kamu Aysola at:
5600 Fishers Ln
Rockville, MD, 20857-
Email: kaysola@hrsa.gov
Phone: (301) 443-5217

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Ann Maples at:
5600 Fishers Ln
Rockville, MD, 20852-1750
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Fax: (301) 443-2953