09/14/2020 except th	SEDES AWARD NOTICI eat any additions or restric effect unless specifically	ctions previously imposed	3	DEPARTMENT OF HE PUBLIC OASH Office	HEALTH S	ERVICE	
3. ASSISTANCE TYPE Project Grant			_	000.1			
4. GRANT NO. 6 FPHPA006463-02-01	5. TYPE OF AWARD		-		endence Ave ngton, DC 20		
Formerly	Service						
4a. FAIN FPHPA006463	5a, ACTION TYPE P	ost Award Amendment					
6. PROJECT PERIOD MM/DD/YYYY From 04/01/2019		MM/DD/YYYY		NOTIC	E OF AV	WARD	
7 DUDGET DEDICE	Through	03/31/2022		AUTHORIZATION	ON (Legislati	ion/Regulations)	
7. BUDGET PERIOD MM/DD/YYYY From 04/01/2020	Through	MM/DD/YYYY		P.L. 91-572 PHS Act Se	ec. 1001 as	Amended, 42 CFR 59	
8. TITLE OF PROJECT (OR PROGRAM)	Through	03/31/2021					
Family Planning services in Washoe County, N	evada to Include the cities	s of Reno and Sparks.					
Washoe, County of			1	NTEE PROJECT DIRECTOR Kelly Verling			
1001 E 9th St Bldg B				E 9TH ST			
Reno, NV 89512-2845				O, NV 89512-2845			
			Pho	ne: 775-328-2465			
10a. GRANTEE AUTHORIZING OFFICIAL							
Mr. Kevin Dick			OIL	RAL PROJECT OFFICER			
1001 EAST 9TH STREET BUILDING B			1	Creatura Wootlon Parkway			
RENO, NV 89512-2845			Suite	·			
Phone: 775-328-2416			Rockville, MD 20852				
			Phor	e: 240-453-2837			
		ALL AMOUNTS ARE	SHOWN IN	USD			
APPROVED BUDGET (Excludes Direct Assistant Financial Assistance from the Federal Awarding A	ce)			COMPUTATION			
Il Total project costs including grant funds and all other		[11]		of Federal Financial Assistance (fron	,	941,200.00	
	ner imancial participation	-		obligated Balance From Prior Budget		0,00	
	••••••	541,294.00		mulative Prior Award(s) This Budget I T OF FINANCIAL ASSISTANCE TH		781,200.00	
b. Fringe Benefits	*****************************	260,470.00		deral Funds Awarded to Date for P		160,000.00	
c. Total Personnel Costs	**************	801,764.00	14. RECOM	MENDED FUTURE SUPPORT		1,722,400.00	
d. Equipment		0.00	(Subject to	the availability of funds and satisfacto	ry progress of th	ne project):	
e. Supplies	***************************************	16,500.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS	
f. Travel		9,104.00	a. 3		d. 6		
g. Construction		0,00	b. 4		e. 7		
h Other			c. 5		f. 8		
	*************	278,451,00	ALTERNATIV	I INCOME SHALL BE USED IN ACCORD WITH SS:	ONE OF THE FOLLO	OWING	
The state of the s	***************************************	58,416.00	a. b.	DEDUCTION ADDITIONAL COSTS		e	
TOTAL DIRECT COSTS —	─	1,164,235.00	d,	MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS)			
k, INDIRECT COSTS		89,168.00		210-21-400-2002			
I. TOTAL APPROVED BUDGET		1,253,403.00	OR BY REFER	THE PROJECT AND IS SUBJECT TO THE TIENCE IN THE FOLLOWING: The grant program legislation	ED TO, AND AS APPE ERMS AND CONDITION	ROVED BY, THE FEDERAL AWARDING AGENCY DNS INCORPORATED EITHER DIRECTLY	
m. Federal Share		044.000.00	b, c.	The grant program regulations. This award notice including terms and conditions	s, if any, noted below t	under REMARKS.	
n. Non-Federal Share		941,200.00	d. In the event th	rederal administrative requirements, cost principate are conflicting or otherwise inconsistent of	oles and audit requirer	ments applicable to this grant.	
		312,203.00		lance of the grant terms and conditions is ac the grant payment system.	knowledged by the (grantee when funds are drawn or otherwise	
REMARKS (Other Terms and Conditions Attac This action provides a supplement in the amount			No)				
See attached Terms and Conditions,							

GRANTS MANAGEMENT OFFICIAL:

Scott Moore, OASH Grants Management Officer

1101 Wootton Parkway Rockville, MD 20852

Phone: 2404538822

17.0BJ CLA	SS 41.51	18a, VEN	DOR CODE	1886000138A1	18b. EIN		19, DUNS	073786998	20. CONG. DIST.	
FY	-ACCOUNT NO.		DOCUM	ENT NO.		ADMINISTRATIVE CODE		ACTION FIN ASST	APPROPRIA	U2 TION
21. a.	0-3984521	b.	FPHF	PA6463A	c.	FPH70	d.	\$160,000,00		75-20-0359
22. a.		b.			C.		d -	4.50,000,00		0-20-0000
23. a.		b.			c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2		DATE ISSUED 09/14/2020	
GRANT NO. 6 FPHPA006463-02-01			

Federal Financial Repor	t Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date	
04/01/2019	06/30/2019	Quarterly	07/30/2019	
07/01/2019	09/30/2019	Quarterly	10/30/2019	
10/01/2019	12/31/2019	Quarterly	01/30/2020	
01/01/2020	03/31/2020	Quarterly	04/30/2020	
04/01/2020	06/30/2020	Quarterly	07/30/2020	
07/01/2020	09/30/2020	Quarterly	10/30/2020	
10/01/2020	12/31/2020	Quarterly	01/30/2021	
01/01/2021	03/31/2021	Quarterly	04/30/2021	
04/01/2021	06/30/2021	Quarterly	07/30/2021	
07/01/2021	09/30/2021	Quarterly	10/30/2021	
10/01/2021	12/31/2021	Quarterly	01/30/2022	
01/01/2022	03/31/2022	Final	06/29/2022	

SPECIAL TERMS AND REQUIREMENTS

1. Use of Supplement Funds

Funds awarded under this supplement are restricted to activities necessary to preparing and transitioning the current project for implementation of FPAR2.0. The purpose of the supplemental award is to assist awardees in preparing the project for encounter-level data collection with FPAR 2.0 and to expand the use of data to drive continuous improvements in Title X service provision. The activities that each awardee will need to take to prepare for FPAR 2.0 are varied, but may include, assessing the readiness of their subrecipients and services sites and taking actions to improve readiness; providing training for staff at the awardee, subrecipient, and service site levels on how to collect and use encounter-level data; and working with their EHR vendors to add data elements.

2. Prior Terms, Conditions, and Requirements

Unless specifically removed, all prior terms, conditions, and requirements under this grant remain in effect.

CONTACTS

1. Grants Administration Assistance.

For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at (240) 453-8830, or e-mail robin.fuller@hhs.gov or mail:

OASH Grants and Acquisitions Management Division Department of Health and Human Services Office of the Secretary Office of the Assistant Secretary for Health 1101 Wootton Parkway, Rockville, MD 20852.