



Notice of Award

Older Americans Act Title III – Grants for State and Community Programs on Aging

Grantee:
Oregon
Department of Human Services
Aging and People with Disabilities
500 Summer Street NE, E-12
Salem, OR 97301

Date:
January 30, 2015

Grant No.: [See Below†] **Seq. No.:** 2015 / 2
Award Instrument: Grant (Formula)
Budget Period: 10/1/2014 - 9/30/2015

Award Authority: P.L. 109-365

EIN: 1-930592162-A3
DUNS: 145747267

CFDA Program Title	Grant No.†	Award This Action	Cumulative Grant Award to Date	Appropriation	Object Class Code
93.044 IIIB: Supportive Services	15AAORT3SS	\$3,271,393	\$4,074,931	75-5-0142	41.15
93.045 IIIC1: Congregate Meals	15AAORT3CM	\$4,442,737	\$5,533,521	75-5-0142	41.15
93.045 IIIC2: Home-Delivered Meals	15AAORT3HD	\$2,273,898	\$2,832,426	75-5-0142	41.15
93.043 IIID: Preventive Health	15AAORT3PH	\$191,249	\$238,225*	75-5-0142	41.15
93.052 IIIE: NFCSP	15AAORT3FC	\$1,469,416	\$1,830,342	75-5-0142	41.15
Total		\$11,648,693	\$14,509,445		

Terms and Conditions:

- 217. The terms and conditions of this Notice of Award and other requirements have the following order of precedence if there is any conflict in what they require: (1) the Older Americans Act Amendments of 2006 (OAA, as amended); (2) other applicable Federal statutes and their implementing regulations; (3) program regulations; and (4) terms and conditions of award.
- 218. This formula grant award is issued under the authority of the Older Americans Act Amendments of 2006 (OAA, as amended), P.L. 109-365. By requesting or receiving funds under this award, the recipient assures that it will carry out the project/program described in its approved state plan(s) and will comply with the terms and conditions and other requirements of this award. Additional terms and conditions can be found on the ACL website: http://acl.gov/Funding_Opportunities/Grantee_Info/Terms.aspx. HHS terms and conditions can be found in Part II of the HHS Grants Policy Statement (<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>).
- 219. **REVISED:** This grant is subject to the requirements of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards under Title 45 CFR Part 75.
- 220. † The Federal Funding Accountability Transparency Act (FFATA) requires all grantees to report on sub-awards. Grantee must report on all sub-award activity at USASpending.gov in accordance with FFATA requirements. Each individual Part of Title III is awarded as a separate unique award number under this single award letter. They are listed above along with funding amounts. Grantee is required to submit a separate SF-425 and the AoA Title III supplemental form to the SF-425 on a semi-annual basis. Reports are due within 30 days for the periods ending March 31 and September 30 (i.e., due April 30 and October 30), through September 30, 2017, a final report is due 90 days after September 30, 2017 (i.e., due December 30, 2017). Download the forms from http://acl.gov/Funding_Opportunities/Grantee_Info/Reporting.aspx and submit the completed forms to the fiscal award administrator identified in the award. Complete all lines, as appropriate, including lines 10. a through c.

60. **REVISED:** * Funding amount of \$238,225 for Title III Part D section 361 of the Older Americans Act for Disease Prevention and Health Promotion may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective. Further guidance may be found at the AoA website: http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx.

Remarks:

217. The Title III grant award to your state under the approved plan of the state agency has been approved for the current period of the fiscal year in the amount shown above. Award levels represent annual FY 2015 funding.
218. Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. Inquiries regarding payments should be directed to Program Support Center/Division of Payment Management (PSC/DPM), DHHS; Post Office Box 6021; Rockville, MD 20852; 1-877-614-5533; PMSSupport@psc.gov.
219. Federal Cash Reporting: On the SF-425 form, lines 10 a through c are reported on a quarterly calendar year basis at the HHS Departmental Payment Management System (PMS). PMS website is located at: <http://www.dpm.psc.gov>.
220. All previous terms and conditions remain in effect unless revised by this Notice of Award.

ACL Contact Information:

ACL Regional Administrator

Name: David Ishida
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ACL Fiscal Award Administrator

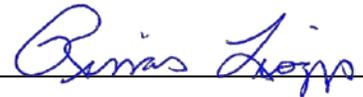
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ACL Authorizing Official



Funds Certifying Official



ACL Grants Officer