

<b>1. DATE ISSUED:</b> 10/15/2010		<b>2. PROGRAM CFDA:</b> 93.887		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) The Consolidated Appropriations Act of 2008, P.L.110-161 P.L.111-8 Consolidated Appropriations Act, 2010 (P.L. 111-117)					
<b>3. SUPERCEDES AWARD NOTICE dated:</b> 08/20/2010 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.									
<b>4a. AWARD NO.:</b> 6 C76HF19799-01-01		<b>4b. GRANT NO.:</b> C76HF19799	<b>5. FORMER GRANT NO.:</b>						
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 09/01/2010 <b>THROUGH:</b> 08/31/2015									
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 09/01/2010 <b>THROUGH:</b> 08/31/2015									
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Health Care and Other Facilities									
<b>9. GRANTEE NAME AND ADDRESS:</b> Hidalgo County Health & Human Services 1304 South 25th Avenue Edinburg, TX 78542-7205			<b>10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)</b> Eduardo Olivarez Hidalgo County Health & Human Services 1304 S 25th Ave Edinburg , TX 78542-7205						
<b>11. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation			<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE</b>						
a. Salaries and Wages: \$ 0.00 b. Fringe Benefits: \$ 0.00 c. Total Personnel Costs: \$ 0.00 d. Consultant Costs: \$ 0.00 e. Equipment: \$ 374,417.00 f. Supplies: \$ 0.00 g. Travel: \$ 0.00 h. Construction/Alteration and Renovation: \$ 0.00 i. Other: \$ 1,783.00 j. Consortium/Contractual Costs: \$ 0.00 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: <b>\$ 376,200.00</b> p. INDIRECT COSTS: (Rate: % of S&W/TADC) <b>\$ 0.00</b> q. TOTAL APPROVED BUDGET: <b>\$ 376,200.00</b> i. Less Non-Federal Resources: \$ 0.00 ii. Federal Share: \$ 376,200.00			a. Authorized Financial Assistance This Period <b>\$ 376,200.00</b> 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 Award(s) This Budget Period \$ 376,200.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$ 0.00</b>						
			<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)						
			<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not Applicable</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	Not Applicable	
YEAR	TOTAL COSTS								
Not Applicable									
			<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (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 <b>\$ 0.00</b>						
<b>15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[A]</b></span> Estimated Program Income: \$ 0.00									
<b>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:</b> <small>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 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.</small>									
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ) This NGA is issued to remove one or more Grant Conditions imposed on projects.									
<i>Electronically signed by Neal Meyerson, Grants Management Officer on: 10/15/2010</i>									
<b>17. OBJ. CLASS:</b> 41.61		<b>18. CRS-EIN:</b> 1746000717A5		<b>19. FUTURE RECOMMENDED FUNDING:</b>					
<b>FY-CAN</b>	<b>CFDA</b>	<b>DOCUMENT NO.</b>	<b>AMT. FIN. ASST.</b>	<b>AMT. DIR. ASST.</b>	<b>SUBPROGRAM CODE</b>	<b>SUB ACCOUNT CODE</b>			
10-3880581	93.887	10C76HF19799	\$ 0.00	\$ 0.00	N/A	N/A			

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) 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 NGA. 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://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

### Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

#### Grant Specific Terms:

1. The grant condition stated below on NGA 1 C76HF19799-01-00 is hereby lifted. Within 30 days of this Notice of Grant Award, please provide the Division of Grants Management Operations a description of items for the \$1,783 in misc funds.

#### Reporting Requirements:

1. Due Date: Within 90 days of Project End Date  
The following types of photos are needed as a part of the Close Out process. Grantee should scan and upload into the HRSA Electronic Handbooks photos, with brief descriptions of the completed project. Exterior shots (front, rear of building) and major rooms should be included as well. Please upload the required documentation into the HRSA Electronic Handbooks.
2. Due Date: Within 90 days of Budget Start Date  
Interim Progress Reports will be due to the Project Officer listed below in the contacts sections on January 30, 2006, April 30, 2006, and July 31, 2006 in a format prescribed in the attachment to this award. Please upload the required documentation into the HRSA Electronic Handbooks.

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

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

#### NGA Email Address(es):

eddie.olivarez@hchd.org;rene.ramirez@hidalgocountyjudge.com

Note: NGA emailed to these address(es)

#### Contacts:

**Program Contact:** For assistance on programmatic issues, please contact Jeremy Nelson at:

10-105

HRSA/HSB/DFCR

5600 Fishers Ln

Rockville, MD 20852-1750

Phone: (301)443-8226

Email: JeNelson@hrsa.gov

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**Division of Grants Management Operations:** For assistance on grants administration issues, please contact LaShawna Smith at:  
HRSA/OFAM/DGMO  
5600 Fishers Ln RM 11A-02  
Rockville, MD 20857-0001  
Phone: (301)443-4241  
Email: lsmith3@hrsa.gov  
Fax: (301)443-6343

If description of your Condition or Reporting Requirement specified in the NGA does not include the statement "Please upload the required documentation into the HRSA Electronic Handbooks" then the responses to reporting requirements and conditions must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.