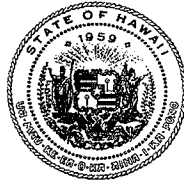


DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

December 2, 2016

DEPT. COMM. NO. 305

The Honorable Ronald D. Kouchi
President of the Senate
Twenty-Eighth State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Joseph M. Souki
Speaker of the House of Representatives
Twenty-Eighth State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear Senate President Kouchi and Speaker Souki:

Pursuant to Section 102 of Act 119, SLH 2015, as amended by Act 124, SLH 2016, the Department of Health has requested approval to extend the appropriation account lapse dates for the federal award and matching non-general funds, as applicable, listed on Form E-4. The reasons for the request are noted on the form.

Attached is a copy of our department's request.

Sincerely,

A handwritten signature in black ink, appearing to read "Virginia Pressler".

Virginia Pressler, M.D.
Director of Health

Attachment

c: Honorable Jill N. Tokuda
Honorable Sylvia Luke
Wesley K. Machida

FEDERAL FUND REQUEST

Form E-4
(June 2016)

REQUEST TO EXTEND LAPSE DATE OF FEDERAL FUNDS OR OTHER FEDERAL FUNDS AND NON-GENERAL MATCHING FUNDS

Approval is requested to extend the lapse date for the following federal awards or non-general matching funds.

1. Department	Department of Health										
2. Program ID	3. Prime (P) or Sub Award (S)	4. CFDA No.	5. Appropriation Account Symbol	6. Appropriation Account Title	7. MOF	8. Act/Year or Non Appropriated. If CIP, Include Item No.	9. Authorized Lapse Date	10. New Lapse Date Requested (6/30/xx)	11. Award Performance Period (Start/End Date)	12. Justification for Extension of Lapse Date	
560/CF	Prime	93.092	S-15-534	Personal Responsibility Educa Pgm	P	Act 122, SLH 2014	6/30/2017	6/30/2018	10/01/2014-09/30/2017	Grant Project Period exceeds State Lapse date of 6/30/2017	
560/KC	Prime	93.110	S-15-505	State Systems Development Initiative	P	Act 122, SLH 2014	6/30/2017	6/30/2018	10/01/1993-11/30/2017	Grant Project Period exceeds State Lapse date of 6/30/2017	
560/CT	Prime	93.505	S-15-596	ACA Maternal, Infant, & Early Childhood	P	Non Appropriated	6/30/2017	6/30/2018	03/01/2015-09/30/2017	Grant Project Period exceeds State Lapse date of 6/30/2017	
560/CT	Prime	93.505	S-15-595	ACA Maternal, Infant, & Early Childhood	P	Non Appropriated	6/30/2017	6/30/2018	03/01/2015-09/30/2017	Grant Project Period exceeds State Lapse date of 6/30/2017	
560/GI	Prime	10.578	S-15-584	WIC EBT TRANSFER PROJECTS	P	Act 122, SLH 2014	6/30/2017	6/30/2018	07/01/2014-09/30/2017	Grant Project Period exceeds State Lapse date of 6/30/2017	
560/CW	Prime	93.217	S-15-295	Family Planning Program	N	Act 122, SLH 2014	6/30/2017	6/30/2018	07/01/2014-06/30/2017	Grant Liquidation end date and FFR due date exceed State Lapse date of 6/30/2017	
560/GI	Prime	10.557	S-15-293	WIC Breastfeeding Peer Counseling	N	Act 122, SLH 2014	6/30/2017	6/30/2018	10/01/2014-09/30/2017	Grant Project Period exceeds State Lapse date of 6/30/2017	
13. Submitted By (Type Name)					Signature					Date	
Matthew Shim, Ph.D., M.P.H.					<i>Matthew G. Shim</i>					12/2/16	
14. Department Head (Type Name)					Signature of Department Head					Date	
Virginia Pressler, M.D.					<i>Virginia Pressler</i>					JAN - 5 2017	
15. Governor's Approval: <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> DISAPPROVED											
_____ David Y. Ige Governor, State of Hawaii				_____ Signature				_____ Date			

- ATTACHMENTS:**
1. Federal Award Notice showing Performance Period (Copy)
 2. Form E-5 (Copy)

- ROUTING:**
- 1. Department to Governor
 - 2. Governor to Department
 - 3. Dept. to DAGS & B&F (Copy)

Date: _____
Date: _____
Date: _____



ADMINISTRATION FOR CHILDREN & FAMILIES

Office of Grants Management 370 L'Enfant Promenade, S.W. Washington, DC 20447

October 17, 2014

Director, Family Health Services Division
Hawaii Department of Health
1250 Punchbowl Street
Honolulu, HI 96813-2416

**Re: Notice of Grant Award
Personal Responsibility Education Program
FY 2015**

Dear Grantee:

The following award is the allocated amount for the fiscal year indicated for the Personal Responsibility Education Program in accordance with Section 513 of the Social Security Act .

Award Amount:	\$250,000
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Catalog of Federal Domestic Assistance (CFDA) Program Number	Entity Identification Number (EIN)	Appropriation Number	Grant Document Number (GDN)	Common Accounting Number (CAN)	Amount
93.092	1-996000449-A4	75-X-1512	1501HIPREP	2015G99SU15	\$250,000

The project period for these funds starts **10/01/2014**. These funds must be obligated **no later than 09/30/2017** and liquidated **no later than 12/31/2017**. Any funds that remain unobligated or unliquidated after these dates will be recouped by this agency.

By accepting this award, the State agrees to use these funds in accordance with the Terms and Conditions and all applicable Federal laws, regulations and policies governing the use of Federal funds and the submission of periodic financial reports. Any expenditure found to have been made in violation of these requirements is subject to disallowance and recoupment by this agency and the imposition of additional interest charges under 45 CFR 30.13 and 30.14.

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at <https://www.acf.hhs.gov/grants/terms-and-conditions> .

Specifically, the State agrees to comply with the provisions of Federal regulations (31 CFR 205) that implements the Cash Management Improvement Act by limiting the amount and timing of your requests to draw Federal funds to the minimum amount necessary to meet actual and immediate program needs and requirements. Failure to adhere to these requirements may result in the unobligated portion of your letter-of-credit to be revoked.


Grant funds are available through HHS' Payment Management System (PMS). Please direct questions as follows:

- (a) Payments and Cash Transactions: Payment Management Services, Program Support Center PO Box 6021, Rockville, Maryland 20852 (<http://www.dpm.psc.gov>) or to the PMS Help Desk at (877) 614-5533.
- (b) Program Requirements: LeBretia White at lebetia.white@acf.hhs.gov or (202) 205-9605;
- (c) Expenditure Reporting: Michael Bratt at michael.bratt@acf.hhs.gov or (202) 401-4629.

Sincerely,

Patrick A. Wells
Director
Division of Mandatory Grants

315505

1. DATE ISSUED: 10/27/2016		2. PROGRAM CFDA: 93.110		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Section 1252, as amended, Public Law 104-166, 42 U.S.C. 300d-52 Social Security Act, Title V, 42 U.S.C. 701 Social Security Act, Section 501(a)(2); (42 U.S.C. 701(a)(2)) Social Security Act § 501(a)(2-3), 42 U.S.C. § 701(a)(2-3) Social Security Act, § 501(a)(2), as amended (42 U.S.C. 701(a)(2)) Social Security Act, Title V, § 501(a)(2), (42 U.S.C. 701(a)(2)), as amended
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.				
4a. AWARD NO.: 5 H18MC00012-24-00	4b. GRANT NO.: H18MC00012	5. FORMER GRANT NO.: MCJ15T042		
6. PROJECT PERIOD: FROM: 10/01/1993 THROUGH: 11/30/2017				
7. BUDGET PERIOD: FROM: 12/01/2016 THROUGH: 11/30/2017				

8. TITLE OF PROJECT (OR PROGRAM): STATE SYSTEMS DEVELOPMENT INITIATIVE

9. GRANTEE NAME AND ADDRESS: STATE OF HAWAII DEPARTMENT OF HEALTH PO BOX 3378 Honolulu, HI 96801-3378 DUNS NUMBER: 136572513	10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Danette Wong Tomiyasu STATE OF HAWAII DEPARTMENT OF HEALTH Division Line: Family Health Services Division/Hawaii Department of Health 1250 Punchbowl St Honolulu, HI 96813-2416
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11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation	12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																				
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	13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																																				
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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 Yes No)
 Please note the change in Grants contact from Tya Renwick to Ernsley Charles.


Electronically signed by Tammy Ponton , Grants Management Officer on : 10/27/2016

17. OBJ. CLASS: 41.51 **18. CRS-EIN:** 1996000449A4 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
17 - 3893310	93.110	15H18MC00012	\$19,152.00	\$0.00		SSDI/15

515 596 Expansion Grant

① EHBs will be undergoing scheduled monthly maintenance and will be unavailable from Wednesday, February 18th @ 8:00pm ET to Thursday, February 19th @ 3:00AM ET.

1. DATE ISSUED: 02/18/2015	2. PROGRAM CFDA: 93.505	 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Social Security Act, Title V, Section 511 (42 U.S.C. §701), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (Public Law 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. 111-148). Social Security Act, Title V, § 511 (42 U.S.C. §711), as amended by the Patient Protection and Affordable Care Act, § 2951 (P.L. 111-148). 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)																																																				
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																						
4a. AWARD NO.: 1 D89MC28280-01-00	4b. GRANT NO.: D89MC28280		5. FORMER GRANT NO.:																																																			
6. PROJECT PERIOD: FROM: 03/01/2015 THROUGH: 09/30/2017																																																						
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8. TITLE OF PROJECT (OR PROGRAM): Affordable Care Act - Maternal, Infant and Early Childhood Home Visiting Program																																																						
9. GRANTEE NAME AND ADDRESS: HEALTH, STATE HAWAII DEPARTMENT OF 741-A SUNSET AVENUE HONOLULU, HI 96816-2343 DUNS NUMBER: 783611122		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Danette Wong Tomiyasu HEALTH, STATE HAWAII DEPARTMENT OF 1250 Punchbowl Street Honolulu, HI 96813-2343																																																				
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d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00																																																					
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$8,430,783.00																																																					
		13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Not applicable</td> </tr> </tbody> </table>	YEAR	TOTAL COSTS		Not applicable																																																
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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																																																						
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REMARKS: (Other Terms and Conditions Attached [X]Yes []No) Please see attachment for Terms, Conditions, and Reporting Requirements.																																																						
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17. OBJ. CLASS: 41.51	18. CRS-EIN: 1996000449A4	19. FUTURE RECOMMENDED FUNDING: \$0.00																																																				

Ⓢ EHBs will be undergoing scheduled monthly maintenance and will be unavailable from Wednesday, February 18th @ 8:00pm ET to Thursday, February 19th @ 3:00AM ET.

1. DATE ISSUED: 02/18/2015	2. PROGRAM CFDA: 93.505	 <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Patient Protection and Affordable Care Act, P.L. 111-148 Social Security Act, Title V, Section 511(b)(42 U.S.C. 701), as amended by the Patient Protection and Affordable Care Act of 2010 Affordable Care Act, P.L. 111-148 Social Security Act, Title V, Section 511 (42 U.S.C. §701), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) Social Security Act, Title V, Section 511 (42 U.S.C. §711), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148). Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148)</p>																																																				
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																						
4a. AWARD NO.: 1 X02MC28216-01-00	4b. GRANT NO.: X02MC28216		5. FORMER GRANT NO.:																																																			
6. PROJECT PERIOD: FROM: 03/01/2015 THROUGH: 09/30/2017																																																						
7. BUDGET PERIOD: FROM: 03/01/2015 THROUGH: 09/30/2017																																																						
8. TITLE OF PROJECT (OR PROGRAM): Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program																																																						
9. GRANTEE NAME AND ADDRESS: HEALTH, STATE HAWAII DEPARTMENT OF 1250 Punchbowl Street Honolulu, HI 96813 DUNS NUMBER: 783611122		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Danette Wong Tomiyasu HEALTH, STATE HAWAII DEPARTMENT OF 1250 Punchbowl Street Honolulu, HI 96813-2343																																																				
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																				
<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;">a. Salaries and Wages :</td><td style="text-align: right;">\$287,240.00</td></tr> <tr><td>b. Fringe Benefits :</td><td style="text-align: right;">\$122,048.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td style="text-align: right;">\$409,288.00</td></tr> <tr><td>d. Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies :</td><td style="text-align: right;">\$13,510.00</td></tr> <tr><td>g. Travel :</td><td style="text-align: right;">\$21,640.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other :</td><td style="text-align: right;">\$27,000.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td style="text-align: right;">\$473,308.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$944,746.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td style="text-align: right;">\$55,254.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$1,000,000.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$1,000,000.00</td></tr> </table>		a. Salaries and Wages :	\$287,240.00	b. Fringe Benefits :	\$122,048.00	c. Total Personnel Costs :	\$409,288.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$13,510.00	g. Travel :	\$21,640.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$27,000.00	j. Consortium/Contractual Costs :	\$473,308.00	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 :	\$944,746.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$55,254.00	q. TOTAL APPROVED BUDGET :	\$1,000,000.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$1,000,000.00	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;">a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$1,000,000.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$1,000,000.00</td></tr> </table>	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
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REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Please see attachment for Terms, Conditions, and Reporting Requirements.																																																						
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17. OBJ. CLASS: 41.45	18. CRS-EIN: 1996000449A4	19. FUTURE RECOMMENDED FUNDING: \$0.00																																																				

UNITED STATES DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE		1. GRANT/AGREEMENT NO. WIEB-14-HI-1		2. PAGE 1 OF 1	
GRANT/COOPERATIVE AGREEMENT		3. AUTHORITY/CFDA NUMBER P.L. 113-76		4. UNIVERSAL IDENTIFIER NUMBER (DUNS)	
		5. ISSUING OFFICE USDA Food and Nutrition Service Grants and Fiscal Policy Division, Room 738 3101 Park Center Drive Alexandria, VA 22302		6. GRANT/AGREEMENT FOR WIC EBT PABD	
7. GRANTEE/COOPERATOR (Name and Address) Linda Chock, MPH, RD Chief, WIC Services Branch State Department of Health 235 South Beretania Street, Suite 701 Honolulu, HI 96813		8. ACCOUNTING AND APPROPRIATION DATA FY 2014 W5240 FY 2014			
9. PLACE OF PERFORMANCE Hawaii		10. GRANT AGREEMENT OR AMENDMENT TOTAL AMOUNT \$ 250,000.00			
11. MAIL REQUESTS FOR REIMBURSEMENTS TO Letter of Credit USDA-FNS-Western Regional Office Financial Management USDA, Food and Nutrition Service 90 Seventh Street, Suite #10-100 San Francisco, CA 94103		12. SPONSOR Supplemental Food Programs Division WIC EBT Branch			
		13. EFFECTIVE DATE 7/1/2014		14. EXPIRATION DATE 09/30/2017	
The Grantee/Cooperator hereby assures and certifies that he will comply with the regulations, policies, guidelines and requirements as they relate to the application, acceptance and use of Federal Funds for this federally assisted project, including: OMB Circulars No. A-21, A-87, A-110, A-122 and A-133; 41 CFR 1-15.2; and any USDA Regulations implementing OMB Circulars, such as 7 CFR 3015, 3016, 3017, 3018, and 3019, 3021, as amended.					
REMARKS May 2016 - This cooperative agreement is amended by extending the expiration date (block 14) for one additional year from September 30, 2016 until September 30, 2017. This is an approved one-year no-cost extension. All other terms and conditions remain in full force and effect. July 2015 - This cooperative agreement is amended by extending the expiration date (block 14) for one additional year from September 30, 2015 until September 30, 2016. This is an approved one-year no-cost extension. All funding must be obligated no later than September 30, 2016. All other terms and conditions remain in full force and effect. July 1, 2014 - This cooperative agreement is to provide technology funding to the grantee in the amount of \$250,000 in support of Hawaii's approved EBT PABD.					
SIGNATURE OF GRANTEE/COOPERATOR			UNITED STATES OF AMERICA		
SIGNATURE (Authorized Individual) <i>Linda Chock</i>		DATE 06/06/2016	SIGNATURE (Contract/grant Official) <i>Lael J. Lubing</i>		DATE 6/16/16
NAME (Typed) Linda Chock			NAME (Typed) Lael J. Lubing		
TITLE WIC Services Branch Chief, Hawaii DOH			TITLE Director, Grants and Fiscal Policy Division		

S 15-293

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
OASH Office of Grants Management**

1101 Wootton Parkway
Suite 550
Rockville, MD 20852

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
P.L. 91-572 PHS Act Sec. 1001 as Amended, 42 CFR 59

1. DATE ISSUED MM/DD/YYYY 06/16/2016	2. CFDA NO. 93.217	3. ASSISTANCE TYPE Project Grant
1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 5 FPHPA096157-03-00 Formerly	5. ACTION TYPE Non-Competing Continuation	
6. PROJECT PERIOD From 07/01/2014	Through 06/30/2017	
7. BUDGET PERIOD From 07/01/2016	Through 06/30/2017	

8. TITLE OF PROJECT (OR PROGRAM)
FY14 Region 9 Hawaii (entire state) Announcement of Anticipated Availability of Funds for Family Planning Services Grant

9a. GRANTEE NAME AND ADDRESS State of Hawaii Department of Health 741 Sunset Ave Ste A Honolulu, HI 96816-2343	9b. GRANTEE PROJECT DIRECTOR Ms. D. W. Tomiyasu 741 Sunset Ave A HONOLULU, HI 96816-2343 Phone: 808-586-4122
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10a. GRANTEE AUTHORIZING OFFICIAL Dr. Virginia Pressler 741 SUNSET AVE A HONOLULU, HI 96816-2343 Phone: 808-586-4410	10b. FEDERAL PROJECT OFFICER Rebecca MCTall 90 7th St. Ste. 5100 San Francisco, CA 94103-6706 Phone: 415-437-8403
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ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 2,157,300.00	
II 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	374,590.00	c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits	149,742.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 2,157,300.00	
c. Total Personnel Costs	524,332.00	13. Total Federal Funds Awarded to Date for Project Period 6,471,900.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	7,373.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	25,045.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 4	d. 7
h. Other	50,593.00	b. 5	e. 8
i. Contractual	4,444,447.00	c. 6	f. 9
j. TOTAL DIRECT COSTS	5,051,790.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	60,569.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	5,112,359.00	b. ADDITIONAL COSTS	
m. Federal Share	2,157,300.00	c. MATCHING	
n. Non-Federal Share	2,955,059.00	d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDOING AGENCY 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	
		b. The grant program regulations	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		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 - Yes No)

This action award funds for FY2016 in the amount of \$2,157,300.

See attached Terms and Conditions.

GRANTS MANAGEMENT OFFICIAL: Alice M Bettencourt, Grants Management Officer

17. OBJ CLASS 41.51	18a. VENDOR CODE 1996000449A9	18b. EIN 996000449	19. DUNS 783611122	20. CONG. DIST. 01
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 6-3094509	b. 14FPHPA6157A	c. FPH70	d. \$2,157,300.00	e. 75-16-0359
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

WIC State Agency Acceptance Form Fiscal Year 2015 Breastfeeding Peer Counseling Funds

State Agency: Hawaii
Formula Grant Amount: \$306,553
Grant Period: October 1, 2014 - September 30, 2017

The WIC Breastfeeding Peer Counseling (BFPC) Funds are intended to enable State agencies to implement or maintain effective breastfeeding peer counselor programs. Combining peer counseling with the on-going breastfeeding promotion efforts in WIC agencies has the potential to significantly impact breastfeeding rates among WIC participants. The Food and Nutrition Service's (FNS) long-range vision is to institutionalize peer counseling as a core service in WIC.

By accepting the WIC Breastfeeding Peer Counseling Funds, the State agency agrees to:

1. Continue to implement/administer peer counseling programs based on research-based components of a successful peer counseling program as identified by the FNS *Loving Support Model for a Successful Peer Counseling Program* (*Loving Support Model*). Peer counseling programs must be consistent with program guidance set forth in the curricula "*Loving Support Through Peer Counseling: A Journey Together – For WIC Managers*" and "*Loving Support Through Peer Counseling: A Journey Together – For Peer Counselors*." State agencies must ensure that appropriate State and local staff and peer counselors receive training consistent with these FNS curricula;
2. Continue to build upon and expand activities outlined in the State agency's approved breastfeeding peer counseling implementation plan. Include a progress report describing the peer counseling program and an updated line item budget, *with written narrative*, demonstrating how fiscal year (FY) 2015 funds will be used for these activities (refer to reporting requirements in funding letter). Submit as an addendum to the FY 2015 State Plan or not later than September 15, 2015;
3. Fulfill all financial reporting requirements (first annual report due December 31, 2015, second annual report due December 31, 2016, and one final report due December 31, 2017). (Departmental regulations at 7 CFR 3016.23 require grantees to liquidate all obligations not later than 90 days after the close of the grant period, and 7 CFR 3016.50 requires that a closeout report be submitted within 90 days after the grant period.)
4. Provide the approximate number of WIC peer counselors in your State 7
5. Provide the number of local agencies designated by the State agency to receive funds to operate peer counseling programs 3

THESE ARE THE ONLY PURPOSES FOR WHICH THESE FUNDS MAY BE USED.

Linda Clivale
Signature of WIC State Director

APR - 1 2015
Date

GRANT AWARD DOCUMENT

1. GRANTOR AGENCY: USDA - Food and Nutrition Service	2. APPROPRIATION: See below under Appropriation column.
3. HAWAII DEPT OF HLTH-NUTRI WIC SERVICES BRANCH 235 SOUTH BERETANIA ST. HONOLULU HI 96813 VENDOR NO: S1591701	4. TITLE OF GRANT: Women Infants & Children
5. PROGRAM YEAR: 2015 GRANT AWARD REF NO: 7HI700HI1 Amendment: 0	6. ESTIMATED ANNUAL GRANT AWARD:
7. GRANT PERIOD : FROM 10/01/2014 <i>Not updated</i> TO 09/30/2016 * <i>by Fed's</i>	

APPROPRIATION	FAIN	ACCOUNT CODE	PCA TITLE	CFDA NO	PREVIOUS LEVEL	INCREASE/DECREASE	CURRENT LEVEL
12 5/6 3510	15157HIHI1W5003	2015IW500347	WIC BREASTFDNG PEER COUNS(O)	10.557	\$0.00	\$306,553.00	\$306,553.00
TOTAL:						\$0.00	\$306,553.00

9. SPECIAL INSTRUCTIONS/COMMENTS
 Please note that the Financial Official (FO) assigned by the above grantee organization is responsible for maintaining valid banking information for this grant. This includes certifying that correct routing and transit numbers (ABA/RTN) and bank account numbers have been entered into the ASAP.gov payment system. The Food and Nutrition Service and the United States Treasury are not responsible for a misdirected payment in the event that the FO entered incorrect ABA/RTN or bank account number information.
 WIC BFPC

10. AUTHORIZATION ALLOWANCE HOLDER (DESIGNEE) FNS Western Regional Office Food and Nutrition Service 90 Seventh Street Suite 10-100 San Francisco CA 94103 Telephone: (415) 705-1330	SIGNATURE: Electronically signed by - Sophie K. Latif
	Date : 4/9/2015 TELEPHONE NO: (415) 645-1917

5/15/2015