

**Department of Health and Human Services  
Administration On Aging  
Notice of Award (NOA)**

1. RECIPIENT

SAI NUMBER:

PMS DOCUMENT NUMBER:  
90SL001701

<b>1. AWARDING OFFICE:</b> Administration On Aging		<b>2. ASSISTANCE TYPE:</b> Coop agreement	<b>3. AWARD NO.:</b> 90SL0017/01	<b>4. AMEND. NO.:</b>
<b>5. TYPE OF AWARD:</b> DEMONSTRATION		<b>6. TYPE OF ACTION:</b> New	<b>7. AWARD AUTHORITY:</b> 42 USC 3031-3037B	
<b>8. BUDGET PERIOD:</b> 07/01/2010 THRU 06/30/2011		<b>9. PROJECT PERIOD:</b> 07/01/2010 THRU 06/30/2013		<b>10. CAT NO.:</b> 93048
<b>11. RECIPIENT ORGANIZATION:</b> West Virginia Senior Legal Aid, Inc. 235 High Street #519 Morgantown WV 26505 5454 Cathy McConnell, Executive Director			<b>12. PROJECT / PROGRAM TITLE:</b> Creation of a coordinated, efficient, cost-effective, quality legal services delivery system for senior West Virginians	

<b>13. COUNTY:</b>	<b>14. CONGR. DIST:</b> 01	<b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b> Cathy McConnell , Executive Director
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<b>16. APPROVED BUDGET:</b>		<b>17. AWARD COMPUTATION:</b>		
Personnel.....	\$ 56,750	A. NON-FEDERAL SHARE.....	\$ 38,450	27.77 %
Fringe Benefits.....	\$ 13,800	B. FEDERAL SHARE.....	\$ 100,000	72.23 %
Travel.....	\$ 14,086	<b>18. FEDERAL SHARE COMPUTATION:</b>		
Equipment.....	\$ 0	A. TOTAL FEDERAL SHARE.....	\$ 100,000	
Supplies.....	\$ 6,364	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$	
Contractual.....	\$ 14,350	C. FED. SHARE AWARDED THIS BUDGET PERIOD..	\$ 100,000	
Facilities/Construction.....	\$ 0	<b>19. AMOUNT AWARDED THIS ACTION:</b>		
Other.....	\$ 18,100	\$ 100,000		
Direct Costs.....	\$ 123,450	<b>20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:</b>		
Indirect Costs.....	\$ 0	\$ 100,000		
At _____ % of \$ _____		<b>21. AUTHORIZED TREATMENT OF PROGRAM INCOME:</b>		
In Kind Contributions.....	\$ 15,000	ADDITIONAL COSTS		
Total Approved Budget.....	\$ 138,450	<b>22. APPLICANT EIN:</b> 1-550547922-A1	<b>23. PAYEE EIN:</b> 1-550547922-A1	<b>24. OBJECT CLASS:</b> 41.45

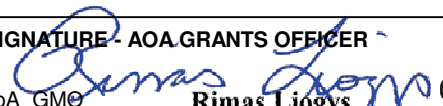
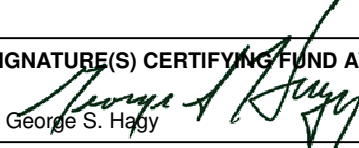

**25. FINANCIAL INFORMATION:**

DUNS: 135034226

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
AoA	90SL001701	75-0-0142	2010 2994310	\$100,000		

**26. REMARKS:** (Continued on separate sheets)

Paid by DHHS Payment Management System (PMS), see attached for payment information.  
This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.  
This includes requirements in Parts I and II (available at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>) of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 74 or 92, directly apply to this award apart from any coverage in the HHS GPS.  
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 [http://www.acf.hhs.gov/grants/award\\_term.html](http://www.acf.hhs.gov/grants/award_term.html).

<b>27. SIGNATURE - AOA GRANTS OFFICER</b>  AoA GMO Rimantas Liogys	<b>DATE:</b> 07/01/2010	<b>28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY</b>  George S. Hagy	<b>DATE:</b> 07/01/2010
<b>29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)</b>  Edwin L. Walker, Deputy Assistant Secretary for Policy and Programs		<b>DATE:</b> 07/01/2010	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION ON AGING  
FINANCIAL ASSISTANCE AWARD**

PMS DOCUMENT NUMBER:  
90SL001701

<b>1. AWARDING OFFICE:</b> Administration On Aging		<b>2. ASSISTANCE TYPE:</b> Coop agreement	<b>3. AWARD NO.:</b> 90SL0017/01	<b>4. AMEND. NO.</b>
<b>5. TYPE OF AWARD:</b> DEMONSTRATION		<b>6. TYPE OF ACTION:</b> New		<b>7. AWARD AUTHORITY:</b> 42 USC 3031-3037B
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<b>11. RECIPIENT ORGANIZATION:</b> West Virginia Senior Legal Aid, Inc.				

**26. REMARKS:** (Continued from previous page)

This grant is subject to the requirements set forth in 45 CFR part 74 (for non-profit organizations and educational institutions) or 45 CFR Part 92 (for state, local, and federally recognized tribal governments).  
Initial expenditure of funds by the grantee constitutes acceptance of this award.

Future support is anticipated.

In-kind contributions: The value of donated services, donated supplies, and/or donated use of public space is not reimbursable either as a direct or indirect cost.

**COOPERATIVE AGREEMENT**

This award is issued as a cooperative agreement, a financial assistance mechanism in which substantial AoA programmatic involvement is anticipated. This award is subject to the awardee and collaborative requirements and responsibilities set forth in the Cooperative Agreement outlined in the program announcement under the funding opportunity HHS-2009-AOA-SL-1007 and are hereby incorporated by reference as special terms and conditions of this award.

**Reporting Requirements**

The SF-269, Financial Status Report (Long Form) is due annually (within 30 days of budget end date). AoA requires cumulative financial reporting through consecutive funding periods. AoA Program Progress Reports are due semi-annually (within 30 days of each six month period). Both forms are available at:

[http://www.aoa.gov/AoARoot/Grants/Reporting\\_Requirements/discretionary\\_269.aspx](http://www.aoa.gov/AoARoot/Grants/Reporting_Requirements/discretionary_269.aspx)

Submit reports to: Grants.Office@aoa.hhs.gov

**STAFF CONTACTS:**

The Grants Management Specialist, Rebecca Mann (202-357-3423) is responsible for the negotiation, award and administration of this project and for interpretation of grants administration policies and provisions. The Program Official, Omar Valverde (202-357-3514) is responsible for the programmatic and technical aspects of this project.

  
Rimas Liogys 07/01/2010

  
George A. Huggins 07/01/2010

  
Eduardo S. Miller 07/01/2010

## **PAYMENT INFORMATION**

Payment under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management (DPM), Program Support Center (PSC), which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to:

**Regular Mailing Address:**

DHHS Program Support Center  
Division of Payment Management  
P.O.Box 6021  
Rockville, Maryland 20852

**Overnight Mailing Address:**

DHHS Program Support Center  
11400 Rockville Pike  
Rockwall Building #1, Suite 700  
Rockville, MD 20852

**Phone:** (877) 614-5533 (7:30 am to 6:00 pm ET except Federal Holidays)

**Fax:** (301) 443-8362

**E-Mail:** [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov)