

Supplement: What It Is and Why It's Needed

- Federal grant awardees are required to provide a lot of information to the subawardees about the source of their agreement's funding — an Omni-Circular requirement.
- Most of the information is contained on the NGAs and NOAs we receive throughout the year.
- As we don't have all of the required info at the time we send out our AAs, we have created Supplement pages to provide this information.
- Starting with the FY17 AAs, all AAs include a reference to the Supplement pages in Section VI. Funding Guidelines

Supplement: What Info Appears on It

A Supplement is a single page which enables DPH to provide to the LHDs all the required information about the federal grant award:

- Subrecipient name *
- Subrecipient DUNS number
- Subaward period of performance start and end dates *
- Federal Award Identification Number (FAIN)
- Federal award date
- Federal award project description
- Name of federal awarding agency; Pass-through entity * ; DPH contact info for awarding official *
- CFDA number and name
- Whether the award is research & development
- The indirect cost rate for the federal award
- Amount of federal funds obligated by this action
- Total amount of federal funds obligated to the subrecipient
- Total amount of the federal award

* This information appears on the AA or AA Revision.

NGA Date — FAIN — Project Description [a.k.a. Title]

1. DATE ISSUED: 10/22/2015		2. PROGRAM CFDA: 93.994	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 1 B04MC29320-01-00		4b. GRANT NO.: B04MC29320	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017			
7. BUDGET PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017			
8. TITLE OF PROJECT (OR PROGRAM): Maternal and Child Health Services			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Social Security Act, Title V, 45 CFR 96

9. GRANTEE NAME AND ADDRESS: HEALTH & HUMAN SERVICES, NORTH CAROLINA DEPARTMENT OF 101 BLAIR DRIVE RALEIGH, NC 27605-2040 DUNS NUMBER: 809785363	
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages :	\$0.00
b. Fringe Benefits :	\$0.00
c. Total Personnel Costs :	\$0.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$0.00
g. Travel :	\$0.00

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Peter Andersen HEALTH & HUMAN SERVICES, NORTH CAROLINA DEPARTMENT OF 2001 Mail Service Center Raleigh, NC 27699-1928	
12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$3,395,280.00
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	\$3,395,280.00


NGA Date — FAIN — Project Description [a.k.a. Title]

NGA date

1. DATE ISSUED: 10/22/2015		2. PROGRAM CFDA: 93.994	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 1 B04MC29320-01-00		4b. GRANT NO.: B04MC29320	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017			
7. BUDGET PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017			
8. TITLE OF PROJECT (OR PROGRAM): Maternal and Child Health Services			

the FAIN

Total Amount of the Federal Award

1. DATE ISSUED: 10/22/2015		2. PROGRAM CFDA: 93.994		 <p>U.S. Department of Health and Human Services HRSA Health Resources and Services Administration</p> <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Social Security Act, Title V, 45 CFR 96</p>
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.				
4a. AWARD NO.: 1 B04MC29320-01-00		4b. GRANT NO.: B04MC29320	5. FORMER GRANT NO.:	
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017				
7. BUDGET PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017				
8. TITLE OF PROJECT (OR PROGRAM): Maternal and Child Health Services				
9. GRANTEE NAME AND ADDRESS: HEALTH & HUMAN SERVICES, NORTH CAROLINA DEPARTMENT OF 101 BLAIR DRIVE RALEIGH, NC 27605-2040 DUNS NUMBER: 809785363			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Peter Andersen HEALTH & HUMAN SERVICES, NORTH CAROLINA DEPARTMENT OF 2001 Mail Service Center Raleigh, NC 27605-1520	
11. APPROVED BUDGET: (Excludes Direct Assistance)				
<input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				
a. Salaries and Wages :		\$0.00		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$3,395,280.00 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 \$3,395,280.00
b. Fringe Benefits :		\$0.00		
c. Total Personnel Costs :		\$0.00		
d. Consultant Costs :		\$0.00		
e. Equipment :		\$0.00		
f. Supplies :		\$0.00		
g. Travel :		\$0.00		

Total Amount of the Federal Award

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:		
a. Authorized Financial Assistance This Period		\$3,395,280.00
b. Less Unobligated Balance from Prior Budget Periods		
i. Additional Authority	Total Amount of the Federal Award	\$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		\$3,395,280.00

1. DATE ISSUED: 10/22/2015	2. PROGRAM CFDA: 93.994	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: B04MC29320-01-00	4b. GRANT NO.: B04MC29320	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017		
1. DATE ISSUED: 02/02/2016	2. PROGRAM CFDA: 93.994	
3. SUPERSEDES AWARD NOTICE dated: 10/22/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 6 B04MC29320-01-01	4b. GRANT NO.: B04MC29320	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017		
1. DATE ISSUED: 02/09/2016	2. PROGRAM CFDA: 93.994	
3. SUPERSEDES AWARD NOTICE dated: 02/02/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 6 B04MC29320-01-02	4b. GRANT NO.: B04MC29320	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017		
1. DATE ISSUED: 04/18/2016	2. PROGRAM CFDA: 93.994	
3. SUPERSEDES AWARD NOTICE dated: 02/09/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 6 B04MC29320-01-03	4b. GRANT NO.: B04MC29320	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017		
1. DATE ISSUED: 07/20/2016	2. PROGRAM CFDA: 93.994	
3. SUPERSEDES AWARD NOTICE dated: 04/18/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 6 B04MC29320-01-04	4b. GRANT NO.: B04MC29320	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017		
1. DATE ISSUED: 08/26/2016	2. PROGRAM CFDA: 93.994	
3. SUPERSEDES AWARD NOTICE dated: 07/20/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 6 B04MC29320-01-05	4b. GRANT NO.: B04MC29320	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017		

One FAIN
One grant year
Six NGAs...

the FAIN

Six
different dates on
these six NGAs...

The Sixth NGA...

1. DATE ISSUED: 08/26/2016		2. PROGRAM CFDA: 93.994	
3. SUPERSEDES AWARD NOTICE dated: 07/20/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 B04MC29320-01-05		4b. GRANT NO.: B04MC29320	
5. FORMER GRANT NO.:			
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017			
7. BUDGET PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017			
8. TITLE OF PROJECT (OR PROGRAM): Maternal and Child Health Services			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Social Security Act, Title V, 45 CFR 96

9. GRANTEE NAME AND ADDRESS:
HEALTH & HUMAN SERVICES, NORTH CAROLINA DEPARTMENT OF
101 BLAIR DRIVE
RALEIGH, NC 27605-2040
DUNS NUMBER:
809785363

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Peter Andersen
HEALTH & HUMAN SERVICES, NORTH CAROLINA DEPARTMENT OF
2001 Mail Service Center
Raleigh, NC 27699-1928

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$0.00
b. Fringe Benefits :	\$0.00
c. Total Personnel Costs :	\$0.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$0.00
g. Travel :	\$0.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$17,251,965.00
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	\$17,232,810.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$19,155.00

The Sixth NGA...

1. DATE ISSUED: 08/26/2016	2. PROGRAM CFDA: 93.994	
SUPERSEDES AWARD NOTICE dated: 07/20/2016 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>		
4a. AWARD NO.: 6 B04MC29320-01-05	4b. GRANT NO.: B04MC29320	5. FORMER GRAN NO.:
6. PROJECT PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017		
7. BUDGET PERIOD: FROM: 10/01/2015 THROUGH: 09/30/2017		
8. TITLE OF PROJECT (OR PROGRAM): Maternal and Child Health Services		

Total Amount of the Federal Award

NGA date

the FAIN

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$17,251,965.00
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	\$17,232,810.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$19,155.00

Another Example...a CDC grant

1. DATE ISSUED MM/DD/YYYY 07/07/2016	2. CFDA NO. 93.944	3. ASSISTANCE TYPE Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated 04/05/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 6 NU62PS003999-04-02 Formerly 5H62PS003999-04	5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD MM/DD/YYYY From 01/01/2013 Through 12/31/2017	7. BUDGET PERIOD MM/DD/YYYY From 01/01/2016 Through 12/31/2016	
8. TITLE OF PROJECT (OR PROGRAM) North Carolina's HIV Surveillance System Project		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
 CDC Office of Financial Resources
 2920 Brandywine Road
 Atlanta, GA 30341

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 307,317K2 PHS,42USC241,247BK2,PL108

9a. GRANTEE NAME AND ADDRESS NC DEPARTMENT OF HEALTH AND HUMAN SERVICES 2001 Mail Service Ctr Public Health-DUP2 Raleigh, NC 27699-2000	9b. GRANTEE PROJECT DIRECTOR Ms. Evelyn Foust 1902 Mail Service Center NC DEPT OF HLTH&HUMAN SERVICES Raleigh, NC 27699-1902 Phone: [NO DATA]
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Aldona Wos 2025 Mail Service Ctr Raleigh, NC 27699-2000 Phone: 919-855-4800	10b. FEDERAL PROJECT OFFICER Levator Brown 1600 Clifton Rd Atlanta, GA 30333 Phone: 404-639-5200

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	1
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	635,227.00
b. Fringe Benefits	226,959.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	1,277,325.00
b. Less Unobligated Balance From Prior Budget Periods	12,904.00
c. Less Cumulative Prior Award(s) This Budget Period	1,264,421.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	5,532,833.00

1. DATE ISSUED <i>MM/DD/YYYY</i> 07/07/2016	2. CFDA NO. 93.944	3. ASSISTANCE TYPE Cooperative Agreement
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1a. SUPERSEDES AWARD NOTICE dated 04/05/2016
except that any additions or restrictions previously imposed remain
in effect unless specifically rescinded

4. GRANT NO. 6 NU62PS003999-04-02 Formerly 5U62PS003999-04	5. ACTION TYPE Post Award Amendment
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6. PROJECT PERIOD <i>MM/DD/YYYY</i> From 01/01/2013	Through 12/31/2017
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7. BUDGET PERIOD <i>MM/DD/YYYY</i> From 01/01/2016	Through 12/31/2016
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8. TITLE OF PROJECT (OR PROGRAM)
North Carolina's HIV Surveillance System Project

Parsing out the FAIN from:

6 NU62PS003999-04-02

6 NU62PS003999-04-02

Total Amount is the first line:

1,277,325.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	1,277,325.00
b. Less Unobligated Balance From Prior Budget Periods	12,904.00
c. Less Cumulative Prior Award(s) This Budget Period	1,264,421.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00




13. Total Federal Funds Awarded to Date for Project Period	5,532,833.00
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Supplement: Page Elements

All the required information about the federal grant — on one page.

The page gives **information that links it to the specific state fiscal year and Activity**, and provides a simple way to **distinguish between multiple Supplement pages**.

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

 **FY18 Activity:** Activity's number and Activity's name are entered here.   **Supplement Nbr**

 Supplement reason: In AA+BE or AA+BE Rev -OR- n/a 

CFDA #:	CFDA	Federal awd date:	NGA date	Is award R&D?	no	FAIN:	Enter FAIN only	Total amount of federal awd:	\$ Dollars only
CFDA name:	Enter CFDA name	Fed award project description:		Enter the name found on the NGA		Fed awarding agency:	Choose an agency	Federal award indirect cost rate:	n/a %
Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity		
Alamance	965194483	=	=	Jackson	019728518	=	=		
Albemarle	130537822	=	=	Johnston	097599104	=	=		
Alexander	030495105	=	=	Jones	095116935	=	=		
Hoke	091563643	=	=	Wilson	075585695	=	=		
Hyde	832526243	=	=	Yadkin	089910624	=	=		
Iredell	074504507	=	=						

Supplement: Supplement Reason

- If the **page is to be attached to the AA or AA Revision**, tick the **first checkbox** labeled “In AA+BE or AA+BE Revision”
- If the **page is to be sent to the LHDs on its own**, tick the **second checkbox** and select one of the choices from the dropdown list:
 - Federal grant data was unavailable at the time of AA mailing.
 - Federal grant data elements have changed.
 - Federal funding has been replaced by another federal grant.
 - State funding has been replaced by federal funding.
 - Federal funding has been replaced by state funding.

Each choice includes these words, too: No change in Activity total.

Supplement: Page Elements

The Supplement page displays information **for one federal grant** that is providing funds for the particular Activity.

This is information which appears on the NGA or NOA received.

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

FY18 Activity: Activity's number and Activity's name are entered here.

Supplement Nbr

Supplement reason: In AA+BE or AA+BE Rev OR n/a

CFDA #:	CFDA	Federal awd date:	NGA date	Is award R&D?	no	FAIN:	Enter FAIN only	Total amount of federal awd:	\$ Dollars only
CFDA name:	Enter CFDA name	Fed award project description:		Enter the name found on the NGA					
Fed awarding agency:		Choose an agency				Federal award indirect cost rate:		n/a	%
Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity		
Alamance	965194483	=	=	Jackson	019728518	=	=		
Albemarle	130537822	=	=	Johnston	097599104	=	=		
Alexander	030495105	=	=	Jones	095116935	=	=		
Hoke	091563643	=	=	Wilson	075585695	=	=		
Hyde	832526243	=	=	Yadkin	089910624	=	=		
Iredell	074504507	=	=						

Supplement: Page Elements

The funding amounts listed for each LHD show funds both **for this Supplement** and **all federal funds for this Activity**.

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

FY18 Activity: Activity's number and Activity's name are entered here. Supplement Nbr

Supplement reason: In AA+BE or AA+BE Rev OR n/a

CFDA #: CFDA Federal awd date: NGA date Is award R&D? no FAIN: Enter FAIN only Total amount of federal awd: \$ Dollars only

CFDA name: Enter CFDA name

Fed award project description: Enter the name found on the NGA

Fed award agency: Choose an agency

Federal award indirect cost rate: %

Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity
Alamance	965194483	=	=	Jackson	019728518	=	=
Albemarle	130537822	=	=	Johnston	097599104	=	=
Alexander	030495105	=	=	Jones	095116935	=	=
Hoke	091563643	=	=	Wilson	075585695	=	=
Hyde	832526243	=	=	Yadkin	089910624	=	=
Iredell	074504507	=	=				

Supplement: Page Elements Example

A federal grant, with each year's NGA released in October.

FY18 Activity: 123 Reducing the Common Cold **Supplement** 1

Supplement reason: In AA+BE or AA+BE Rev -OR- -

CFDA #: 93.504 Federal awd date: 10/1/16 Is award R&D? no FAIN: UV123ABC00789 Total amount of fed awd: \$ 5,000,000

CFDA name: Family to Family Health Information Centers		Fed award project description: Rhinovirus Eradication			
		Fed awarding agency: DHHS, Centers for Disease Control and Prevention	Federal award indirect cost rate: n/a		
		%	%		

Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity
Alamance	965194483	4,000	10,000	Jackson	019728518	2,200	5,500

FY18 Activity: 123 Reducing the Common Cold **Supplement** 2

Supplement reason: In AA+BE or AA+BE Rev -OR- Federal grant data was unavailable at the time of AA mailing. No change in Activity total.

CFDA #: 93.504 Federal awd date: 10/2/17 Is award R&D? no FAIN: UV123ABC00789 Total amount of fed awd: \$ 8,000,000

CFDA name: Family to Family Health Information Centers		Fed award project description: Rhinovirus Eradication			
		Fed awarding agency: DHHS, Centers for Disease Control and Prevention	Federal award indirect cost rate: n/a		
		%	%		

Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity
Alamance	965194483	6,000	10,000	Jackson	019728518	3,300	5,500

The BE may be useful for you to reference when completing the Supplement pages

This page shows some of the info you entered in ATC

- Fiscal Year
- BE's Revision Nbr
- Activity Nbr
- Row for each LHD
- Columns:
 - If AA is required
 - AA's revision nbr
 - Funding by center code, service & payment periods
 - Proposed Total
 - New Total
- Signature boxes

DPH Aid-to-Counties For Fiscal Year: 16/17 Budgetary Estimate Number: 0

Activity 123		AA	1234 5678 AB	1234 5678 AC	Proposed Total	New Total
Service Period			06/01-12/31	01/01-05/31		
Payment Period			07/01-01/31	02/01-06/30		
01 Alamance	*	0	\$4,000	\$6,000	\$10,000	\$10,000
D1 Albemarle	*	0	\$726	\$3,546	\$4,272	\$4,272
...	

...	
99 Yadkin	*	0	\$2,589	\$9,015	\$11,604	\$11,604
Totals			\$391,869	\$1,286,105	\$1,677,974	\$1,677,974
Sign and Date - DPH Program Administrator				Sign and Date - DPH Section Chief		
Sign and Date - DPH Contracts Office				Sign and Date - DPH Budget Officer		