

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

1. RECIPIENT

SAI NUMBER:

PMS DOCUMENT NUMBER:

90RA001001

1. AWARDING OFFICE: Administration On Aging		2. ASSISTANCE TYPE: Coop agreement	3. AWARD NO.: 90RA0010/01	4. AMEND. NO.:
5. TYPE OF AWARD: DEMONSTRATION		6. TYPE OF ACTION: New	7. AWARD AUTHORITY: P.L. 111-5	
8. BUDGET PERIOD: 03/31/2010 THRU 03/30/2012		9. PROJECT PERIOD: 03/31/2010 THRU 03/30/2012		10. CAT NO.: 93725

11. RECIPIENT ORGANIZATION: Illinois Department of Public Health Office Health Promotion 535 West Jefferson Street Springfield IL 62761 Damon T. Arnold, Director	12. PROJECT / PROGRAM TITLE: Illinois Chronic Disease Self Management Project.
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13. COUNTY:	14. CONGR. DIST: 18, 22	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Thomas J Schafer, Deputy Director, Health Promotion
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16. APPROVED BUDGET:		17. AWARD COMPUTATION:	
Personnel.....	\$ 92,160	A. NON-FEDERAL SHARE.....	\$ 0 0.00 %
Fringe Benefits.....	\$ 62,129	B. FEDERAL SHARE.....	\$ 1,000,000 100.00 %
Travel.....	\$ 11,077	18. FEDERAL SHARE COMPUTATION:	
Equipment.....	\$ 0	A. TOTAL FEDERAL SHARE.....	\$ 1,000,000
Supplies.....	\$ 1,920	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$
Contractual.....	\$ 783,910	C. FED. SHARE AWARDED THIS BUDGET PERIOD.....	\$ 1,000,000
Facilities/Construction.....	\$ 0	19. AMOUNT AWARDED THIS ACTION:	
Other.....	\$ 16,650	\$ 1,000,000	
Direct Costs.....	\$ 967,846	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:	
Indirect Costs.....	\$ 32,154	\$ 1,000,000	
At % of \$		21. AUTHORIZED TREATMENT OF PROGRAM INCOME:	
In Kind Contributions.....	\$ 0	ADDITIONAL COSTS	
Total Approved Budget.....	\$ 1,000,000	22. APPLICANT EIN: 1-010632628-A1	23. PAYEE EIN: 1-010632628-A1
		24. OBJECT CLASS: 41.45	


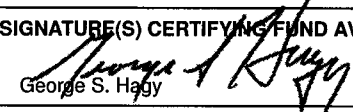
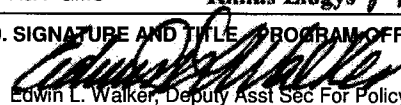
25. FINANCIAL INFORMATION:

DUNS: 806660296

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
AoA	90RA001001	75-9/0-0942	2010 299999N	\$1,000,000		

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.

27. SIGNATURE - AOA GRANTS OFFICER ~  AoA GME Rimas Liogys	DATE: 03/29/2010	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY  George S. Hagy	DATE: 03/29/2010
29. SIGNATURE AND TITLE PROGRAM OFFICIAL(S)  Edwin L. Walker, Deputy Asst Sec For Policy and Programs	DATE: 03/29/2010		

1.RECIPIENT

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

SAI NUMBER:

PMS DOCUMENT NUMBER:
90RA001001

1. AWARDING OFFICE: Administration On Aging		2. ASSISTANCE TYPE: Coop agreement	3. AWARD NO.: 90RA0010/01	4. AMEND. NO.
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11. RECIPIENT ORGANIZATION: Illinois Department of Public Health , Office Health Promotion				

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.
No future support is anticipated. There are special conditions attached to this award.

ARRA Terms and Conditions:

This award is subject to the Recovery Act terms and conditions and Reporting Requirements, incorporated by reference and found at the following link:
<http://www.hhs.gov/recovery/grantscontracts/recoverytermsconditions.html>

Programmatic Special Award Conditions

1. In addition to the other requirements in the program announcement for cooperative agreements for the ARRA Chronic Disease Self-Management Program, AoA requires the grantee to deliver at least 2975 participant completers no later than the end of the cooperative agreement's project period.
2. Only under two conditions can OAA funds, including funds under this ARRA CPPW Chronic Disease Self Management award, be used to cover the wages, benefits, training, and related costs of facilitators who are involved in the use of the on-line Chronic Disease Self-Management Program (CDSMP). One condition exists when the participants, the local community-based organizations, or the State pay no fees related to on-line CDSMP. Under the second condition, grantees may use OAA funds to support the on-line version of CDSMP in cases where fees are charged as long as those fees do not result in any revenue for the National Council on the Aging. States retain the prerogative to invest funds other than those they receive from AoA and the ARRA CPPW Chronic Disease Self Management award in support of the on-line CDSMP in whatever manner they choose.


Rimas Liogys 03/29/2010


George A. Kung 03/29/2010


Edward J. Walker 03/29/2010

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

Additional Standard Terms and Conditions

COOPERATIVE AGREEMENT

This award is issued as a cooperative agreement, 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-2010-AOA-RA-1003** 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, 30 days after the end of each twelve month period throughout the project period. The final Financial Status Report (SF-269) is due 90 days after the end of the total project period. AoA Program Progress Reports are due semi-annually, 30 days after the end of each six month period throughout the project period. The final Progress Report is due 90 days after the end of the total project period. Both forms are available at:

http://www.aoa.gov/AoARoot/Grants/Reporting_Requirements/discretionary_269.aspx

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

STAFF CONTACTS:

Grants Management Specialist is Rebecca Mann at (202) 357-3423

Program Official is Jane Tilly at (202) 357-3438