

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

1. RECIPIENT

SAI NUMBER:

PMS DOCUMENT NUMBER:
90DR002901

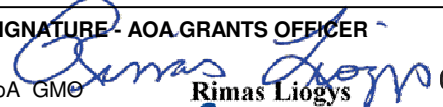


1. AWARDING OFFICE: Administration On Aging		2. ASSISTANCE TYPE: Coop agreement		3. AWARD NO.: 90DR0029/01		4. AMEND. NO.: 1			
5. TYPE OF AWARD: DEMONSTRATION			6. TYPE OF ACTION: Revision (*)			7. AWARD AUTHORITY: 42 USC 3031-3037B			
8. BUDGET PERIOD: 09/30/2009 THRU 09/29/2010			9. PROJECT PERIOD: 09/30/2009 THRU 09/29/2012			10. CAT NO.: 93048			
11. RECIPIENT ORGANIZATION: The University of Utah Center on Aging/Geriatrics 75 South 2000 East, RM 211 Salt Lake City UT 84112 Brent K. Brown, Director of Sponsored Projects						12. PROJECT / PROGRAM TITLE: Utah Aging and Disability Resource Center (ADRC)			
13. COUNTY: SALT LAKE			14. CONGR. DIST.: 02		15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Maureen Henry				
16. APPROVED BUDGET:				17. AWARD COMPUTATION:					
Personnel..... \$ 109,000				A. NON-FEDERAL SHARE..... \$ 86,289 27.38 %					
Fringe Benefits..... \$ 44,392				B. FEDERAL SHARE..... \$ 228,856 72.62 %					
Travel..... \$ 4,897				18. FEDERAL SHARE COMPUTATION:					
Equipment..... \$ 0									
Supplies..... \$ 1,831				A. TOTAL FEDERAL SHARE..... \$ 228,856					
Contractual..... \$ 62,500				B. UNOBLIGATED BALANCE FEDERAL SHARE.....\$					
Facilities/Construction..... \$ 0				C. FED. SHARE AWARDED THIS BUDGET PERIOD.\$ 228,856					
Other..... \$ 92,525				19. AMOUNT AWARDED THIS ACTION:				\$ 0	
Direct Costs..... \$ 315,145				20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:				\$ 228,856	
Indirect Costs..... \$ 0				21. AUTHORIZED TREATMENT OF PROGRAM INCOME:					
At _____ % of \$ _____				ADDITIONAL COSTS					
In Kind Contributions..... \$ 0				22. APPLICANT EIN:		23. PAYEE EIN:		24. OBJECT CLASS:	
Total Approved Budget..... \$ 315,145				1-876000525-A1		1-876000525-A1		41.45	

25. FINANCIAL INFORMATION:

DUNS: 009095365

26. REMARKS:

Paid by DHHS Payment Management System (PMS), see attached for payment information.
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.
All previous terms and conditions remain in effect.
(*) Approve requested change in Principal Investigator or Program Director.

27. SIGNATURE - AOA GRANTS OFFICER		DATE:		28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY		DATE:	
 AoA GMO Rimas Liogys		01/05/2010		 George S. Hagy		01/05/2010	
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)				DATE:			
 Edwin L. Walker, Deputy Asst Sec For Policy and Programs				01/05/2010			

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