## DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD

34220

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE:				2. ASSISTANCE TYPE:			.:	4. A	4. AMEND. NO.	
The Office of Family Assistance	Discretionary Grant			90FK0112-01-03						
			OF ACTION:			7. AWARD A	AUTHORI	ITY:		
Demonstration				P.L.109-171						
				JECT PERIOD: 10. CAT N						
	9/2016	09/30/	2015	THRU 09/2		93.086				
11. RECIPIENT ORGANIZATION: Long Beach, City of 2525 Grand Ave Long Beach, CA 90815-1765 Grantee Authorizing Official: Kelly Co	12. PROJECT / PROGRAM TITLE:  Life Coaching and the Fundamentals of Fatherhood Project				s of					
13. COUNTY: 14. CONGR. DIST:				15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:					RECTOR:	
Los Angeles	47		Rosa Velazquez-Gutierrez Program Director							
16. APPROVED BUDGET:				17. AWARD COMPUTATION:						
Personnel	\$ 143,	110.00	A. NON-F	EDERAL SHAF	RE				0%	
Fringe Benefits	\$ 81.8	825.00	B. FEDEF	RAL SHARE					100%	
Travel		310.00	18. FEDERAL SHARE COMPUTATION:							
Equipment	\$			A. TOTAL FEDERAL SHARE\$ 753,905.00						
Supplies	_	755.00						0.00 753,905.00		
Contractual	,						т.	<u>*</u> \$		
Facilities/Construction	\$ 15,000.00		19. AMOUNT AWARDED THIS						0.00	
Other\$ 12,897.			PERIOD:				753,905.00			
Direct Costs	,	109.00								
_			21. AUTHORIZED TREATMENT OF PROGRAM INCOME:							
Indirect Costs At % of \$	\$ 32,	796.00	Addition	nal Costs						
In Kind Contributions \$ 0.0		0.00	22. APPLICANT EIN:			23. PAYEE EIN:			24. OBJECT CLASS:	
Total Approved Budget	\$ 753,	905.00						41.4	5	
		25. FIN	IANCIAL II	NFORMATION:			DUNS	13000	9269	
ORGN DOCUMENT NO.	APPROPRIA	TION	CAN	NO.	NEW	AMT.	UNOBL	JG.	NONFED %	
90FK011201	75-15-1	75-15-1552		5-G996144		\$0.00				
90FK011201	75-16-1	552	6-G99	6144		\$0.00				
		REMARKS	S: (Continue	ed on separate	sheets)		<del></del>			
This amendment approves the reque areas at a cost of \$3,492. These fun previous terms and conditions remain	st dated July 2 ds will be a re	29, 2016,	for the bud	get modification	to impro		•			

27. SIGNATURE - ACF GRANTS OFFICER	DATE:	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY				
Timothy Chappelle	09/19/2016					
29. SIGNATURE AND TITLE - PROGRAM OFFIC	CIAL(S)	DATE:				
Susan Golonka - Deputy Director		09/15/2016				

SAI NUMBER:

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PMS DOCUMENT NUMBER:

1. AWARDING OFFICE:	2. ASSISTANCE TYPE:	3. AWARD NO.:		<b>4. AMEND. NO.</b> 3			
The Office of Family Assistance	Discretionary Grant	90FK0112-01-03					
		OF ACTION: Revison		7. AWARD AUTHORITY: P.L.109-171			
8. BUDGET PERIOD:		JECT PERIOD:	10. CAT NO.:				
09/30/2015 THRU 09/29/2016		0/2015 THRU 09/29/20	93.086				
11. RECIPIENT ORGANIZATION: Long Beach, City of				-			

## CONTACTS

 Questions concerning the programmatic aspects of the grant should be directed to Barbara Spoor via email to <u>barbara.spoor@acf.hhs.gov</u> or at (202) 401-4724. Questions concerning the financial aspects of the grant should be directed to Juan Gordon, Sr. via email to <u>juan.gordon@acf.hhs.gov</u> or call (202) 401-5005.

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