Department of Health and Human Services
Operating Division

Notice of Award
FAIN# XXXXXXXXXXXX
Federal Award Date
XX/XX/XXXX

Recipient Information

1. **Recipient Name**
Name of Recipient
Address Line 1
Address Line 2
City, State, XXXXX-XXXX

2. **Congressional District of Recipient**
XX

3. **Payment System Identifier (ID)**
XX-XXXXXXX

4. **Employer Identification Number (EIN)**
XX-XXXXXXX

5. **Data Universal Numbering System (DUNS)**
XX-XXX-XXXX

6. **Recipient's Unique Entity Identifier**
XXXXXXXXXXXX

7. **Project Director or Principal Investigator**
Name
Title
email@email.com
XXX-XXX-XXXX

8. **Authorized Official**
Name
Title
email@email.com
XXX-XXX-XXXX

Federal Agency Information

9. **Awarding Agency Contact Information**
Name
Title
Operating Division Name
email@email.com
XXX-XXX-XXXX

10. **Program Official Contact Information**
Name of Program Official
Title
Operating Division Name
email@email.com
XXX-XXX-XXXX

Federal Award Information

11. **Award Number**
XXXXXXXXXXXX

12. **Unique Federal Award Identification Number (FAIN)**
XXXXXXXX

13. **Statutory Authority**
XX XXX XXXX XX XXX

14. **Federal Award Project Title**
XXXX

15. **Assistance Listing Number**
XX.XXX

16. **Assistance Listing Program Title**
XXXX

17. **Award Action Type**
XXXX

18. **Is the Award R&D?**
XXXX

Summary Federal Award Financial Information

19. **Budget Period Start Date XX/XX/XXXX – End Date XX/XX/XXXX**

20. **Total Amount of Federal Funds Obligated by this Action**	$	0
20a. Direct Cost Amount	$	0
20b. Indirect Cost Amount	$	0
21. Authorized Carryover	$	0
22. Offset	$	0
23. Total Amount of Federal Funds Obligated this budget period	$	0
24. **Total Approved Cost Sharing or Matching, where applicable**	$	0
25. **Total Federal and Non-Federal Approved this Budget Period**	$	0

26. **Project Period Start Date XX/XX/XXXX – End Date XX/XX/XXXX**

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$	0

28. **Authorized Treatment of Program Income**
XXXX

29. **Grants Management Officer - Signature**
Signature

30. **Remarks**

XXXX