

**U.S. DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING
ADMINISTRATION (DOL/ETA)**

**NOTICE OF
AWARD (NOA)**

Under the authority of the *Workforce Innovation and Opportunity Act, P.L. 113-28*, this grant or agreement is entered into between the above named *Grantor Agency* and the following named *Awardee*, for a project entitled - **SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)**.

Name & Address of Awardee:
MISSOURI DEPARTMENT OF HEALTH AND SENIOR
SERVICES
920 WILDWOOD DRIVE
JEFFERSON CITY, MISSOURI 65109-5796

Federal Award Id. No. (FAIN): AD-30416-17-55-A-29
CFDA #: 17.235- Senior Community Service
Employment Program
Amount: \$1,953,057.00

DUNS #: 878092600

Accounting Code:

1630-2017-0501751718BD201701750002175OA012A0000AOWI00AOWI00-A90200-410023-ETA-DEFAULT TASK-

Payment Management System DOC#: AD304169K0

The Period of Performance shall be from **July 01, 2017 thru September 30, 2018**.
Total Government's Financial Obligation is **\$1,953,057.00** (unless other wise amended).

Payments will be made under the Payments Management System, and can be automatically drawn down by the awardee on an as needed basis covering a forty-eight (48) hour period.

In performing its responsibilities under this grant agreement, the awardee hereby certifies and assures that it will fully comply with all applicable Statute(s), and the following regulations and cost principles, including any subsequent amendments:

Uniform Administrative Requirements, Cost Principles, and Audit Requirements:

2 CFR Part 200; Uniform Administrative Requirements, Cost Principles, and Audit Requirements; Final Rule 2 CFR Part 2900; DOL Exceptions to 2 CFR Part 200;

Other Requirements (Included within this NOA):

Condition(s) of Award (if applicable)
Federal Award Terms, including attachments

Contact Information

The Federal Project Officer (FPO) assigned to this grant is Gary Lewis. Gary Lewis will serve as your first line point of contact and can be contacted via e-mail - lewis.gary@dol.gov. If your FPO is not available, please call your Regional Office at 312-596-5400 for assistance.

The awardee's signature below certifies full compliance with all terms and conditions as well as all applicable Statutes(s), grant regulations, guidance, and certifications.

Signature of Approving Official - **AWARDEE**

Signature of Approving Official - **DOL / ETA**

Digital Signature

See SF-424 for Signature
No Additional Signature Required

DONNA KELLY, July 20, 2017
GRANT Officer

