



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Daniel Dickerson, Fiscal Analyst *DWD*  
Date: February 15, 2018  
Subject: Grant Requests #2909 - #2910

Enclosed please find two (2) items, which the Joint Fiscal Office has received from the administration.

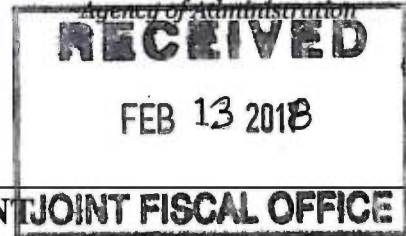
**JFO #2909** – \$320,634 from the U.S. Dept. of Health and Human Services to the VT Department of Health. The funding will be used to support oral health providers that serve underserved locations, to expand medical-dental integration in three participating federally qualified health centers (FQHCs), and to implement a continuous evaluation plan. The three participating FQHCs would provide approximately \$154k of in-kind support over the two year grant period for a total project budget of approximately \$475k.  
[JFO received 2/13/18]

**JFO #2910** – \$15,200 from the U.S. Food and Drug Administration to the VT Agency of Agriculture, Food and Markets. The grant funds will be used to reimburse the Agency for several FDA-mandated trainings for the milk safety program. The trainings will take place in March, May and June of 2018. The reimbursement would offset the expenditure of state funds that were previously budgeted for the trainings.  
[JFO received 2/14/18]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; [ddickerson@leg.state.vt.us](mailto:ddickerson@leg.state.vt.us)) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by March 1, 2018 we will assume that you agree to consider as final the Governor's acceptance of these requests.

State of Vermont  
 Department of Finance & Management  
 109 State Street, Pavilion Building  
 Montpelier, VT 05620-0401

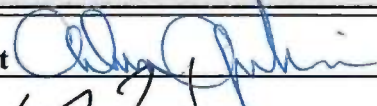
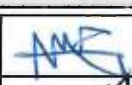
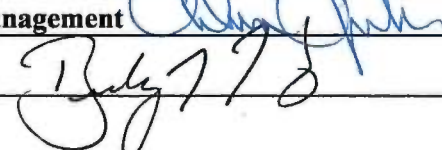

[phone] 802-828-2376  
 [fax] 802-828-2428



**STATE OF VERMONT JOINT FISCAL OFFICE  
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

<b>Grant Summary:</b>	Oral Health Workforce Activities Grant				
<b>Date:</b>	2/2/2018				
<b>Department:</b>	VDH				
<b>Legal Title of Grant:</b>	Grants to States to Support Oral Health Workforce Activities				
<b>Federal Catalog #:</b>	93.236				
<b>Grant/Donor Name and Address:</b>	Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA), 5600 Fishers Ln Rockville, MD 20852-1750				
<b>Grant Period:</b>	<b>From:</b>	9/1/2017	<b>To:</b>	8/31/2019	
<b>Grant/Donation</b>	\$320,634				
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Total</b>	<b>Comments</b>
<b>Grant Amount:</b>	\$157,483	\$163,151	\$	\$320,634	Total approved budget is \$475,539 of which \$154,905 is in-kind provided by local partners.

<b>Position Information:</b>	<b># Positions</b>	<b>Explanation/Comments</b>
	0	N/A
<b>Additional Comments:</b>	See attached memo.	

<b>Department of Finance &amp; Management</b>			(Initial)
<b>Secretary of Administration</b>			(Initial)
<b>Sent To Joint Fiscal Office</b>		2/9/18	<b>Date</b>




<b>STATE OF VERMONT</b> <b>FINANCE &amp; MANAGEMENT GRANT REVIEW FORM</b>		



MEMORANDUM

TO: Kelly Murphy, Budget and Management Analyst  
Department of Finance and Management

FROM: Paul Daley, Financial Director 

Subject: Grants to States to Support Oral Health Workforce Activities

Date: January 19, 2018

The Department of Health has received a new grant award from the United States Department of Health & Human Services, Health Resources & Services Administration (HRSA). Acceptance of this grant requires review and approval by the Governor and the Joint Fiscal Committee as provided for in 32 V.S.A. § 5.

The grant awards \$320,634 in federal funding for a budget period that began 9/1/2017. The final HRSA award was not issued until 12/13/2017. The Health Department expects to spend \$157,483 of this award in State Fiscal Year 2018 and the balance of the award in State Fiscal Year 2019. Because of the delay in award, HRSA will either extend the budget period, or include funds unspent on 8/31/2018 in an expected year 2 grant award.

The project objective is to expand access to preventive and restorative services for individuals served by Federally Qualified Health Centers in Dental Health Professional Shortage Areas. Project goals are:

- 1) support for oral health providers practicing in advanced roles specifically designed to improve access to oral health care in underserved locations;
- 2) to expand the medical-dental integration in the four participating FQHCs with a focus on evidence-based interventions; and
- 3) to implement a robust and continuous evaluation plan that includes elements of performance monitoring and the ability to make changes to the activities related to the data.



JAN 29 2018

The Health Department plans to issue a subrecipient grant to the Bi-State Primary Care Association. The association will provide project management and administration, and will make sub awards to three Federally Qualified Health Centers (FQHC) that have agreed to carry out projects to expand access to dental primary care. Each health center has agreed to cooperate with project reporting and evaluation, and to commit significant in-kind support.

The three participating FQHCs are:

1. Northern Tier Center for Health (FQHC), serving Grand Isle and Franklin Counties
2. Little Rivers Health Care (FQHC), serving Orange and Caledonia Counties
3. Battenkill Valley Health Center (FQHC), serving Bennington County.

The projects are expected to continue for two years, subject to a second-year award from HRSA. The projects are intended to increase provider infrastructure and capacity that will allow the participating centers to continue to provide access after the project period ends, without additional state or federal grant funding.

STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:	Human Services			
2. Department:	Department of Health			
3. Program:	Health Promotion and Disease Prevention			
4. Legal Title of Grant:	Grants to States to Support Oral Health Workforce Activities			
5. Federal Catalog #:	93.236			
6. Grant/Donor Name and Address:	DHHS, Health Resources and Services Administration, Division of Grants Management, OFAM, Rockville, MD 20857			
7. Grant Period:	From:	09/01/2017	To:	08/31/2019
8. Purpose of Grant:	To deploy an innovative Oral Health Workforce in Vermont's Dental Health Professional Shortage Areas			
9. Impact on existing program if grant is not Accepted:	None			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 18	FY 19	FY	
Personal Services	\$9,303	\$17,572	\$0	
Operating Expenses	\$3,000	\$400	\$0	
Grants	\$145,180	\$145,179	\$	
<b>Total</b>	<b>\$157,483</b>	<b>\$163,151</b>	<b>\$0</b>	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$38,726	\$116,179	\$	In-Kind match provided by local partners
Federal Funds:	\$157,483	\$163,151	\$0	
(Direct Costs)	\$154,693	\$157,879	\$0	
(Statewide Indirect)	\$167	\$316	\$0	
(Departmental Indirect)	\$2,623	\$4,956	\$0	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
<b>Total</b>	<b>\$196,209</b>	<b>\$279,330</b>	<b>\$0</b>	
Appropriation No:	3420021000	Amount:	\$316,604	
	3420010000		\$4,030	
			\$	
			\$	
			\$	
			\$	
		<b>Total</b>	<b>\$320,634</b>	

90 1/29/18

JAN 29 2018

**STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)**

Has current fiscal year budget detail been entered into Vantage?  Yes  No


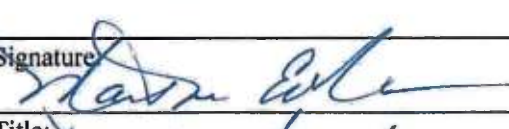
**PERSONAL SERVICE INFORMATION**

11. Will monies from this grant be used to fund one or more Personal Service Contracts?  Yes  No  
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.  
 Appointing Authority Name: Mark Levine, MD Agreed by: ML (initial)

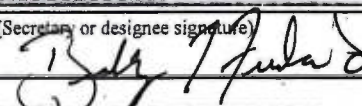
12. Limited Service Position Information:	# Positions	Title
<b>Total Positions</b>		

12a. Equipment and space for these positions:  Is presently available.  Can be obtained with available funds.

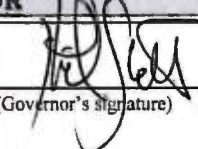
**13. AUTHORIZATION AGENCY/DEPARTMENT**

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):		Date: 1/19/2017
	Signature:	
	Title: Commissioner	
		Date: 1/29/18
	Signature:	
	Title: Deputy Secretary	

**14. SECRETARY OF ADMINISTRATION**

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) 	Date: 2-5-18
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**15. ACTION BY GOVERNOR**

<input checked="" type="checkbox"/> Check One Box: Accepted		Date: 2-9-18
<input type="checkbox"/> Rejected	(Governor's signature)	Date:

**16. DOCUMENTATION REQUIRED**


**Required GRANT Documentation**

<input type="checkbox"/> Request Memo	<input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Dept. project approval (if applicable)	<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input type="checkbox"/> Notice of Award	<input type="checkbox"/> Request for Extension (if applicable)
<input type="checkbox"/> Grant Agreement	<input type="checkbox"/> Form AA-1PN attached (if applicable)
<input type="checkbox"/> Grant Budget	

**End Form AA-1**

(\*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

ORIGINAL

<b>1. DATE ISSUED:</b> 12/13/2017		<b>2. PROGRAM CFDA:</b> 93.236		 <b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Part D of Title III of the Public Health Service Act as amended, Subpart X – Primary Dental Programs, Section 340G (42 USC 256g) Title III, Section 340G of the Public Health Service Act (42 USC 256g).
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 10/26/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.				
<b>4a. AWARD NO.:</b> 6 T12HP31466-01-03		<b>4b. GRANT NO.:</b> T12HP31466		
<b>6. PROJECT PERIOD:</b> FROM: 09/01/2017 THROUGH: 08/31/2019		<b>5. FORMER GRANT NO.:</b>		
<b>7. BUDGET PERIOD:</b> FROM: 09/01/2017 THROUGH: 08/31/2018				

**8. TITLE OF PROJECT (OR PROGRAM):** Grants to States to Support Oral Health Workforce Activities

<b>9. GRANTEE NAME AND ADDRESS:</b> HUMAN SERVICES, VERMONT AGENCY OF 280 State Dr Waterbury, VT 05671-1000 <b>DUNS NUMBER:</b> 809376155		<b>10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)</b> Robin Miller HUMAN SERVICES, VERMONT AGENCY OF 108 Cherry St. PO Box 70 Burlington, VT 05401
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<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>																																																					
<table border="0"> <tr><td>a. Salaries and Wages :</td><td style="text-align: right;">\$13,437.00</td></tr> <tr><td>b. Fringe Benefits :</td><td style="text-align: right;">\$5,375.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td style="text-align: right;">\$18,812.00</td></tr> <tr><td>d. Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies :</td><td style="text-align: right;">\$561.00</td></tr> <tr><td>g. Travel :</td><td style="text-align: right;">\$2,840.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other :</td><td style="text-align: right;">\$154,905.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td style="text-align: right;">\$290,359.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$467,477.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td><td style="text-align: right;">\$8,062.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$475,539.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$154,905.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$320,634.00</td></tr> </table>		a. Salaries and Wages :	\$13,437.00	b. Fringe Benefits :	\$5,375.00	c. Total Personnel Costs :	\$18,812.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$561.00	g. Travel :	\$2,840.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$154,905.00	j. Consortium/Contractual Costs :	\$290,359.00	k. Trainee Related Expenses :	\$0.00	l. Trainee Stipends :	\$0.00	m. Trainee Tuition and Fees :	\$0.00	n. Trainee Travel :	\$0.00	o. TOTAL DIRECT COSTS :	\$467,477.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$8,062.00	q. TOTAL APPROVED BUDGET :	\$475,539.00	i. Less Non-Federal Share:	\$154,905.00	ii. Federal Share:	\$320,634.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$320,634.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$320,634.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$320,634.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$320,634.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00
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<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																																							
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">02</td> <td style="text-align: right;">\$407,722.00</td> </tr> </tbody> </table>				YEAR	TOTAL COSTS	02	\$407,722.00																																																
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**15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:**  
**A=Addition B=Deduction C=Cost Sharing or Matching D=Other** [C]  
 Estimated Program Income: \$0.00

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**  
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

**REMARKS:** (Other Terms and Conditions Attached  Yes  No)  
 This NoA is issued to remove one or more Grant Conditions imposed on projects.

*Electronically signed by James King, Grants Management Officer on : 12/13/2017*

<b>17. OBJ. CLASS:</b> 41.21	<b>18. CRS-EIN:</b> 1036000264D4	<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00
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FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
17 - 372OH17	93.236	17T12HP31466	\$0.00	\$0.00	NA	17-SSOHWA



### HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

### Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

#### Grant Specific Term(s)

- The grant condition stated below on NoA 1 T12HP31466-01-00 is hereby lifted.  
Submit a revised budget, work plan, and SF424RR budget form reflecting Support Year 1 budget period 9/1/2017-8/31/2018 to support the reduced funding amount of \$320,634.00, and a revised budget, work plan, and SF424RR form for Support Year 2 to support and update the recommended future amount of \$407,722.00 for Year 2 reflecting the updated budget period to be funded as 9/1/2018-8/31/2019.  
In addition to the revised budgets requested above, a 40% Match Budget is also required for Support Year 1 and Support Year 2.

All prior terms and conditions remain in effect unless specifically removed.

#### Contacts

##### NoA Email Address(es):

Name	Role	Email
Robin Miller	Program Director	robin.n.miller@vermont.gov
Robin Miller	Point of Contact	robin.n.miller@vermont.gov
Paul Daley	Authorizing Official	paul.daley@vermont.gov

Note: NoA emailed to these address(es)

#### Program Contact:

For assistance on programmatic issues, please contact Shane Rogers at:  
MailStop Code: 15N120  
HRSA/BHWDMD/OHTB  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: srogers@hrsa.gov  
Phone: (301) 443-5260  
Fax: (301) 443-8890

#### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Carolyn Cobb at:  
MailStop Code: PKLN/Open Work Station  
HRSA/OFAM/DGMO/HPB  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: ccobb2@hrsa.gov  
Phone: (301) 443-0829

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001  
Expiration Date: 10/31/2010

ORGANIZATIONAL DUNS:  Enter name of Organization:

Budget Type:  Project  Subaward/Consortium Budget Period: 1 Start Date:  End Date:

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
	Robin		Miller		77,667.00				0.00	0.00	0.00
Project Role: <input type="text" value="PD/PI"/>											
	TBD		TBD		53,747.00				13,437.00	5,376.00	18,812.00
Project Role: <input type="text" value="Contract Manager"/>											

Additional Senior Key Persons:     Total Funds requested for all Senior Key Persons in the attached file   
Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Total Number Other Personnel							Total Other Personnel <input type="text"/>
Total Salary, Wages and Fringe Benefits (A+B)							<input type="text" value="18,812.00"/>

**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment Item	Funds Requested (\$)
NA	0.00

Additional Equipment:

Total funds requested for all equipment listed in the attached file	
Total Equipment	0.00

**D. Travel**

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	2,840.00
2. Foreign Travel Costs	
Total Travel Cost	2,840.00

**E. Participant/Trainee Support Costs**

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	0.00
2. Stipends	0.00
3. Travel	0.00
4. Subsistence	0.00
5. Other <input type="text" value="NA"/>	0.00
<input type="text"/> Number of Participants/Trainees	
Total Participant/Trainee Support Costs	0.00

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		561.00
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		290,359.00
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. NA		0.00
9.		
10.		
<b>Total Other Direct Costs</b>		<b>290,920.00</b>

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	<b>312,572.00</b>

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
Cost Allocation Plan	60.00	13,437.00	8,062.00
<b>Total Indirect Costs</b>			<b>8,062.00</b>

Cognizant Federal Agency  
 (Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<b>320,634.00</b>

J. Fee	Funds Requested (\$)

K. Total Costs and Fee	Funds Requested (\$)
<b>Total Costs and Fee (I + J)</b>	<b>320,634.00</b>

**L. Budget Justification**

(Only attach one file.)