Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2001TNLIEA
FAIN# 2001TNLIEA
Federal Award Date: April 3, 2020

Recipient Information

1. Recipient Name
TENNESSEE HOUSING DEVELOPMENT AGENCY
123 Unknown Street

NASHVILLE, TENNESSEE 37248 0900

2. Congressional District of Recipient
*See Remarks

3. Payment Account Number and Type
*See Remarks

4. Employer Identification Number (EIN)
XXXXXXXXXXXX

5. Data Universal Numbering System (DUNS)
878047489

6. Recipient's Unique Entity Identifier
*See Remarks

7. Project Director or Principal Investigator
Blake Worthington

bworthington@thda.org

8. Authorized Official
*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information
Timothy Chappelle
Grants Management Officer
tim.chappelle@acf.hhs.gov
N/A

10. Program Official Contact Information
Janelle George
Acting Deputy Director
Office of Community Services
MGM_Grantor@grantsolutions.gov
(202) 401-9351

Federal Award Information

11. Award Number
2001TNLIEA

12. Unique Federal Award Identification Number (FAIN)
2001TNLIEA

13. Statutory Authority
Tit XXVI OBRA 1981 S2601

14. Federal Award Project Title
*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number
93.568

16. CFDA Program Title
Low-Income Home Energy Assistance

17. Award Action Type
*See Remarks

18. Is the Award R&D?
*See Remarks

Summary Federal Award	Financial Information
19. Budget Period Start Date 10-01-2019	**End Date** 09-30-2020
20. Total Amount of Federal Funds Obligated by this Action	$829,084.00
20a. Direct Cost Amount	*See Remarks
20b. Indirect Cost Amount Administrative Offset	*See Remarks
21. Authorized Carryover	*See Remarks
22. Offset	*See Remarks
23. Total Amount of Federal Funds Obligated this budget period	$72,424,215.00
24. Total Approved Cost Sharing or Matching, where applicable	*See Remarks
25. Total Federal and Non-Federal Approved	*See Remarks
26. Project Period Start Date 10-01-2019 -	**End Date** 09-30-2021
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching	*See Remarks

28. Authorized Treatment of Program Income
*See Remarks

29. Grants Management Officer – Signature

Timothy Chappelle
Grants Management Officer

Footnotes

*This award represents the third and final release of federal regular block LIHEAP funding appropriated by Congress pursuant to Public Law 116-94 for federal Fiscal Year 2020.

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TENNESSEE HOUSING DEVELOPMENT AGENCY
123 Unknown Street
NASHVILLE, TENNESSEE 37248 0900
Employer Identification Number (EIN): XXXXXXXXXXXX
Data Universal Numbering System (DUNS): 878047489
Recipient's Unique Entity Identifier: *See Remarks
Object Class: 41.15

Financial Information

Appropriation	CAN	Allotment	Award this action	Cumulative Grant Award to Date	Document Number	Funding Type
75-20-1502	2020,G992201	$829,084.00	$829,084.00	$72,424,215.00	G-2001TNLIEA	Formula

Terms and Conditions

This grant award represents the allocation for the Low Income Home Energy Assistance program. Funds must be expended in accordance with Title XXVI of Public Law 97-35, as amended, your assurances and plan submitted in accordance with 45 CFR Part 96 and 31 CFR Part 205, which implements the Cash Management Improvement Act of 1990, and procedures applicable to the expenditure of your revenues. Section 2605(d) of P.L. 97-35 requires the recipient to expend funds in accordance with the recipients Plan. Determinations as to whether the recipient has complied with these requirements may be made as the result of the audit required by Section 2605(e) of P.L. 97-35 and the Single Audit Act of 1984, or as the result of reviews conducted under Section 2608 of P.L. 97-35. Sec. 2607 of P.L. 97-35, as amended requires that at least 90 percent of the amount payable to you must be obligated no later than the end of Federal Fiscal Year 2020.
Funds included in this award will be made available through the DHHS Payment Management System (PMS). Questions pertaining to payments should be directed to DHHS Division of Payment Management, Post Office Box 6021, Rockville, MD 20852; telephone 1-877-614-5533.
The electronic Terms and Conditions that apply to this program can be found at https://www.acf.hhs.gov/grants/post-award-requirements.
Please transmit a copy of this letter to the office authorized to request funds covered by this award.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters: