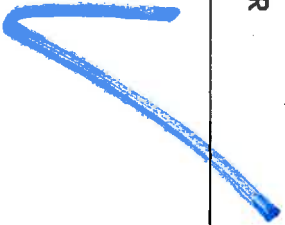


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>9-5-06</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>0000219</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Bowling</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-15
Baltimore, Maryland 21244-1850



Division of Research Contracts and Grants/Acquisition and Grants Group

AUG 29 2006

RECEIVED

SEP 01 2006

Mr. Robert M. Kerr
SC Department of Health and Human Services
Community Long Term Care
P.O. Box 8206
1801 Main Street
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr:

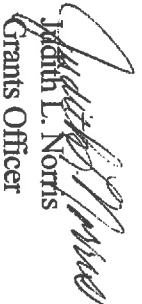
Log-Wells
"Free Action"
cc: Bowling

Re: Grant No. 11-P-91784-4/04 Administrative Change of Employer Identification Number (EIN) Suffix

The purpose of this letter is to inform you that we have processed an administrative change to the grant project entitled "Promoting Competitive Employment for People with Disabilities in South Carolina". Enclosed, please find a Financial Assistance Award (FAA) correcting the EIN suffix from "A8" to "Z3" as requested by the CMS Department of Accounting. All prior terms and conditions remain in effect for this grant.

If you have any questions or require additional assistance, please contact Nicole Nicholson at 410 786-5158 or at Nnicholson@cms.hhs.gov.

Sincerely,


Judith L. Norris
Grants Officer

Enclosure

cc: Adrienne Delozier
Simone Dyal

1. RECIPIENT
Department of Health and Human Services
Centers For Medicare Medicaid Services
Notice of Award (NOA)

SAI NUMBER:
PMS DOCUMENT NUMBER:
0000091784

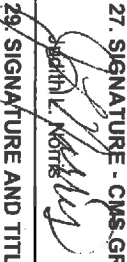
1. AWARDING OFFICE: COA/CMSO/Disabled & Elderly Health Program Group		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 11-P-91784-4/04	4. AMEND. NO.: 2
5. TYPE OF AWARD: DEMONSTRATION	6. TYPE OF ACTION: Revision (*)	7. AWARD AUTHORITY: Sec 203 TWWII Act of 1999		
8. BUDGET PERIOD: 01/01/2006 THRU 12/31/2007	9. PROJECT PERIOD: 01/01/2003 THRU 12/31/2007	10. CAT NO.: 93768		
11. RECIPIENT ORGANIZATION: SC Dept. of Health and Human Services Bureau of Long Term Care Columbia SC 29202 8206 Robert M. Kerr, Director		12. PROJECT / PROGRAM TITLE: Promoting Competitive Employment for People with Disabilities in SC		

13. COUNTY:	14. CONGR. DIST:	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Sam Waldrup, Project Director			
16. APPROVED BUDGET:		17. AWARD COMPUTATION:			
Personnel.....	\$ 30,000	A. NON-FEDERAL SHARE.....		\$ 0	0.00 %
Fringe Benefits.....	\$ 8,100	B. FEDERAL SHARE.....		\$ 500,000	100.00 %
Travel.....	\$ 750	18. FEDERAL SHARE COMPUTATION:			
Equipment.....	\$ 0	A. TOTAL FEDERAL SHARE.....		\$ 500,000	
Supplies.....	\$ 704	B. UNOBLIGATED BALANCE FEDERAL SHARE.....		\$	
Contractual.....	\$ 419,162	C. FED. SHARE AWARDED THIS BUDGET PERIOD..		\$ 500,000	
Facilities/Construction.....	\$ 0	19. AMOUNT AWARDED THIS ACTION:		\$ 0	
Other.....	\$ 0	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:		\$ 1,299,647	
Direct Costs.....	\$ 458,716	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:			
Indirect Costs.....	\$ 41,284				
At % of \$					
In Kind Contributions.....	\$ 0				
Total Approved Budget(**)...	\$ 500,000	22. APPLICANT EIN: 1-576000286-Z3	23. PAYEE EIN: 1-576000286-Z3	24. OBJECT CLASS: 41.45	

25. FINANCIAL INFORMATION:

26. REMARKS:


Paid by DHHS Payment Management System (PMS), see attached for payment information.
(**) Reflects only federal share of approved budget.
All previous terms and conditions remain in effect.(*) Other (see following remarks):
This amendment corrects the EIN suffix from A8 to Z3 as requested by the CMS Accounting Department on 8/28/2006. All prior terms and conditions remain in effect for this grant.

27. SIGNATURE - CMS GRANTS OFFICER 	DATE: AUG 29 2006	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Not Applicable
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) Adrienne Delozier, Signature Not Required		

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells / Sebastian</i>	DATE <i>9-5-06</i>
--------------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000219</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Bowling</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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Department of Health and Human Services
Centers For Medicare Medicaid Services
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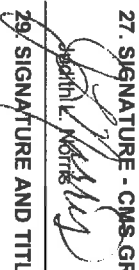
PMS DOCUMENT NUMBER:
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13. COUNTY:	14. CONGR. DIST:	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Sam Waldrop, Project Director		
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Adrienne Delozier, Signature Not Required