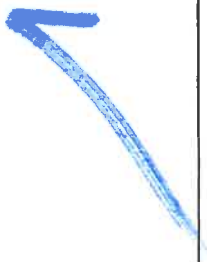


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>8-28-06</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>600182</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>cc: Bowling</i> 			

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 24 2006

RECEIVED

AUG 28 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:

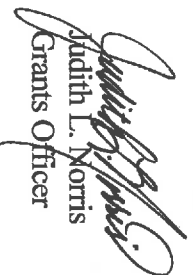
For Mr. Delton
"McC. Bowling"

Re: Grant No. 11-P-91784-4/04

The purpose of this letter is to inform you that your request for a 12-month no additional cost extension for the grant project entitled "Promoting Competitive Employment for People with Disabilities in South Carolina" has been approved. Enclosed is a Financial Assistance Award (FAA) approving a no cost extension through December 31, 2007. 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

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.: 1
5. TYPE OF AWARD: DEMONSTRATION		6. TYPE OF ACTION: Extension		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 Waldrep , 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:	
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-A8	23. PAYEE EIN: 1-576000286-A8
		24. OBJECT CLASS: 41.45	

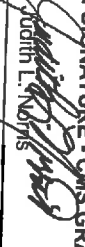
25. FINANCIAL INFORMATION:

26. REMARKS: (Continued on separate sheets)

Paid by DHHS Payment Management System (PMS), see attached for payment information.
(**) Reflects only federal share of approved budget.
This amendment authorizes a 12-month no cost extension through December 31, 2007 as requested in your letter dated July 14, 2006. All prior terms and conditions remain in effect for this grant.

For administrative assistance, please contact your Grants Management Specialist: Nicole Nicholson at 410 786-5158 or Nicole.Nicholson@cms.hhs.gov.

For programmatic assistance, please contact your Project Officer: Adrienne Delozier at 410 786-0278

27. SIGNATURE - CMS GRANTS OFFICER  Adrienne Delozier	DATE: AUG 24 2006	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Signature Not Required
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) DATE:		

Adrienne Delozier, Signature Not Required

1.RECIPIENT

SAI NUMBER:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE MEDICAID SERVICES

FINANCIAL ASSISTANCE AWARD

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. 1
5. TYPE OF AWARD: DEMONSTRATION	6. TYPE OF ACTION: Extension	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

26. REMARKS: (Continued from previous page)

or Adrienne.Delozier@cms.hhs.gov.