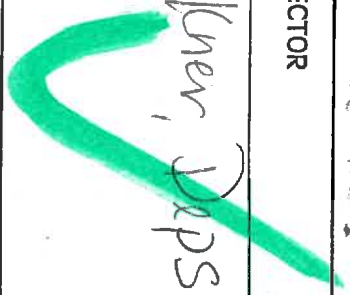


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>8-10-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>101154</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Forbner, Dpps,</i> <i>CMS file</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action		

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Office of Acquisition and Grants Management
Division of Research Contracts and Grants/Acquisition and Grants Group

August 3, 2010

Emma Forkner
South Carolina Department of Health and Human Services
1801 Main St
Columbia, SC 29201-2409

Re: Grant No. 1Z00CMS330733/01 ~ Grant Closeout; Amendment #1

Dear Ms. Forkner:

The purpose of this letter is to inform you that CMS has terminated the grant project entitled, "CHIPRA Payment System Transition Grants." This was in response to the letter declining the award dated June 23, 2010, and signed by William L. Wells.

If you have any questions or require additional assistance, please contact Nicole Nicholson at 410.786.5158, or via email at Nicole.Nicholson@cms.hhs.gov.

Sincerely,


Nicole Nicholson
Grants Officer

Enclosure

cc:
William Wells
Ticia Jones, CMS Project Officer

**Department of Health and Human Services
Centers for Medicare and Medicaid Services
Notice of Award (NOA)**

SAI NUMBER:
120330733A
PMS DOCUMENT NUMBER:

1. AWARDDING OFFICE: Centers For Medicare & Medicaid Services		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 120CMS330733-01-01	4. AMEND. NO. 1
5. TYPE OF AWARD: Demonstration		6. TYPE OF ACTION: Grant Closeout	7. AWARD AUTHORITY: CHIPRA of 2009 PL 111-3	
8. BUDGET PERIOD: 06/15/2010	THRU 06/14/2011	9. PROJECT PERIOD: 06/15/2010	THRU 06/14/2011	10. CAT NO.: 93.767
11. RECIPIENT ORGANIZATION: South Carolina Department of Health and Human Services 1801 Main St Columbia, SC 29201-2409 Emma Forkner, Director			12. PROJECT / PROGRAM TITLE: CHIPRA Prospective Payment System Transition Grants	

13. COUNTY: Richland	14. CONGR. DIST.: 06	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: William Wells
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16. APPROVED BUDGET:		17. AWARD COMPUTATION:	
Personnel.....	\$ 0	A. NON-FEDERAL SHARE.....	\$ 0 0%
Fringe Benefits.....	\$ 0	B. FEDERAL SHARE.....	\$ 0 100%
Travel.....	\$ 0	18. FEDERAL SHARE COMPUTATION:	
Equipment.....	\$ 0	A. TOTAL FEDERAL SHARE.....	\$ 0
Supplies.....	\$ 0	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$ 0
Contractual.....	\$ 0	C. FED. SHARE AWARDED THIS BUDGET PERIOD...	\$ 209,000
Facilities/Construction.....	\$ 0	19. AMOUNT AWARDED THIS ACTION:	\$ -209,000
Other.....	\$ 0	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:	\$ 0
Direct Costs.....	\$ 0	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:	
Indirect Costs.....	\$ 0	ADDITIONAL COSTS	
At % of \$	0	22. APPLICANT EIN:	23. PAYEE EIN:
Total Approved Budget.....	\$ 0	1576000286Z3	1576000286Z3
			24. OBJECT CLASS: 41.45

25. FINANCIAL INFORMATION:			
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.
CMS	120330733A	75X0516	0-5993380
		NEW AMT.	UNOBLIG. NONFED %
		-\$209,000	
		DUNS: 607243706	

26. REMARKS: (Continued on separate sheets)
This amendment serves as official notification of the termination of this grant, effective the date signed below. This is in response to a letter declining the award dated June 23, 2010.

27. SIGNATURE, GRANTS OFFER <i>Nicole Nicholson</i> Nicole Nicholson	DATE: AUG 03 2010	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Signature Not Required
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29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) Signature Not Required	DATE:
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