

AMENDMENT NO. 10
to the
SERVICE AGREEMENT
between
TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER
And
BRAZOS COUNTY

The agreement entered into by and between Texas A&M University Health Science Center, College Station, Texas ("Prime Recipient"), and Brazos County, acting through the Brazos County District Attorney's Office ("Criminal Justice Partner"), under Health Resources Services Administration (HRSA) ("Sponsor"), Grant No. 1 T96HP32499-001-00, for the project entitled "Advanced Nursing Education-Sexual Assault Nurse", is hereby amended as follows:

1. Delete Article 2 in its entirety and replace with:

2. Period of Performance

The period of performance for this Agreement shall commence on January 1, 2019 (the "Effective Date"), and shall terminate on June 30, 2026 (the "Completion Date"), unless extended by mutual agreement in writing between the Parties, or completion of the grant, or unless terminated by Prime Recipient as provided in this Agreement.

2. Add payment terms to Article 3:

3. Consideration and Payment

As consideration for the work cited in Article 1, Prime Recipient agrees to pay Criminal Justice Partner an additional cost reimbursable amount of \$15,000 for the period of performance, 07/01/2025 – 6/30/2026 based on the following payment schedule. The Total Amount Funded to Date is \$120,000.

\$15,000 – After receipt of Annual Report, due by 6/30/2026; completion of Deliverable, shown in Section 5 and Appendix A; and receipt of an Invoice.

5. Amend Attachment C to add amendments to the Prime Agreement attached and incorporated as Attachment C revised with Amendment 10.

In witness whereof, the Parties have executed this Agreement on the day and year last specified below.

Texas A&M University Health Science Center

Brazos County

By: Travis Young

By: _____

Name: Travis Young
Title: Associate Director
Date: 02/23/2026

Name: Duane Peters
Title: County Judge
Date: _____

twy *SP*



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# T9632499
Federal Award Date: 11/15/2024

Recipient Information	
1. Recipient Name	TEXAS A&M UNIVERSITY SYSTEM,THE 400 Harvey Mitchell Pkwy S Ste 300 College Station, TX 77845-4375
2. Congressional District of Recipient	10
3. Payment System Identifier (ID)	1742907553A1
4. Employer Identification Number (EIN)	742907553
5. Data Universal Numbering System (DUNS)	835607441
6. Recipient's Unique Entity Identifier	HFT7XTHB6563
7. Project Director or Principal Investigator	Stacey Mitchell Project Director samitchell@tamu.edu (979)436-0283
8. Authorized Official	Kristi Billinger Executive Director srs-awards@tamu.edu (979)862-6777
Federal Agency Information	
9. Awarding Agency Contact Information	Jacqueline Dickerson Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) jdickerson@hrsa.gov (301) 443-6512
10. Program Official Contact Information	Michael Clark Project Officer Bureau of Health Workforce (BHW) MClark@hrsa.gov (301) 594-4203

Federal Award Information	
11. Award Number	6 T96HP32499-06-03
12. Unique Federal Award Identification Number (FAIN)	T9632499
13. Statutory Authority	42 U.S.C. § 296j(a)(1)
14. Federal Award Project Title	Advanced Nurse Education-Sexual Nurse Assault Examiner program
15. Assistance Listing Number	93.247
16. Assistance Listing Program Title	Advanced Education Nursing Grant Program
17. Award Action Type	Administrative
18. Is the Award R&D?	No

Summary Federal Award Financial Information	
19. Budget Period Start Date 07/01/2023 - End Date 06/30/2024	
20. Total Amount of Federal Funds Obligated by this Action	(\$206,694.54)
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$47,124.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$329,987.46
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$686,563.46
26. Project Period Start Date 09/30/2021 - End Date 06/30/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,782,334.46
28. Authorized Treatment of Program Income	Addition
29. Grants Management Officer – Signature	Tammy Ponton on 11/15/2024

30. Remarks
Prior Approval Request Tracking Number PA-00134814. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 T96HP32499-06-03
Federal Award Date: 11/15/2024

Bureau of Health Workforce (BHW)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$0.00
j. Consortium/Contractual Costs:	\$0.00
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:	\$639,439.46
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$47,124.00
i. Indirect Cost Federal Share:	\$47,124.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$686,563.46
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$686,563.46

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
Not applicable	

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.21

37. BHCNIS#

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$686,563.46
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$356,576.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$536,682.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	(\$206,694.54)

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:
a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 372SANE	93.247	21T96HP32499	(\$206,694.54)	\$0.00	N/A	21T96HP32499

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 document number referenced has expired and is closed in the Payment Management System. The closeout of this grant does not automatically cancel any requirements for property accountability, record retention, or financial accountability. Recipients must continue to track all equipment and supplies acquired under the award after grant closeout in accordance with the property management requirements of 45 CFR Part 75, as applicable. The recipient must request disposition instructions from HRSA for any property that is no longer needed. Any real property acquired with DHHS grant support may not be conveyed, transferred, assigned, mortgaged, or in any other manner encumbered by the grantee, except as expressly authorized in writing by the DHHS awarding component or its successor organization. The Government's interest in real property acquired under grants is described in 45 CFR Part 75. Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the Federal government may recover amounts based on the results of an audit covering any part of the period of grant support. All funds due that are not returned constitute a debt to the Federal government. If the grant is closed based on approved provisional indirect cost rates and negotiated final indirect cost rates are lower than the approved provisional rates, your organization is required to recalculate indirect costs and return all excess indirect costs claimed to HRSA within 45 days of the date of the letter transmitting the final rates. Your final rates may have come from the DHHS or another cognizant Federal agency. The return of excess indirect costs must be accompanied by a revised final Federal Financial Report (FFR). Please keep in mind financial records, programmatic records, supporting documents, and all other grant-related records shall be retained for a period of 3 (three) years calculated from the date the final FFR was submitted. If any litigation, claim, financial management review, or audit is started before expiration of the 3-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved and final disposition.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Stacey Mitchell	Program Director	samitchell@tamu.edu
Kristi Billinger	Authorizing Official	srs-awards@tamu.edu
Julia F Harwell	Point of Contact	jharwell@tamu.edu

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# T9632499
Federal Award Date: 12/03/2024

Recipient Information
<p>1. Recipient Name TEXAS A&M UNIVERSITY SYSTEM,THE 400 Harvey Mitchell Pkwy S Ste 300 College Station, TX 77845-4375</p> <p>2. Congressional District of Recipient 10</p> <p>3. Payment System Identifier (ID) 1742907553A1</p> <p>4. Employer Identification Number (EIN) 742907553</p> <p>5. Data Universal Numbering System (DUNS) 835607441</p> <p>6. Recipient's Unique Entity Identifier HFT7XTHB6563</p> <p>7. Project Director or Principal Investigator Stacey Mitchell Project Director samitchell@tamu.edu (979)436-0283</p> <p>8. Authorized Official Kristi Billinger Executive Director srs-awards@tamu.edu (979)862-6777</p>
<p>Federal Agency Information</p> <p>9. Awarding Agency Contact Information Jacqueline Dickerson Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) jdickerson@hrsa.gov (301) 443-6512</p> <p>10. Program Official Contact Information Michael Clark Project Officer Bureau of Health Workforce (BHW) MClark@hrsa.gov (301) 594-4203</p>

Federal Award Information
<p>11. Award Number 6 T96HP32499-07-01</p> <p>12. Unique Federal Award Identification Number (FAIN) T9632499</p> <p>13. Statutory Authority 42 U.S.C. § 296j(a)(1)</p> <p>14. Federal Award Project Title Advanced Nurse Education-Sexual Nurse Assault Examiner program</p> <p>15. Assistance Listing Number 93.247</p> <p>16. Assistance Listing Program Title Advanced Education Nursing Grant Program</p> <p>17. Award Action Type Administrative</p> <p>18. Is the Award R&D? No</p>

Summary Federal Award Financial Information	
19. Budget Period Start Date 07/01/2024 - End Date 06/30/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$206,694.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$37,558.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$706,694.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$706,694.00
26. Project Period Start Date 07/01/2024 - End Date 06/30/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$706,694.00
28. Authorized Treatment of Program Income	Addition
29. Grants Management Officer – Signature	Tammy Ponton on 12/03/2024

30. Remarks
Prior Approval Request Tracking Number PA-00134814. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 T96HP32499-07-01
Federal Award Date: 12/03/2024

Bureau of Health Workforce (BHW)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$160,991.00
b. Fringe Benefits:	\$47,525.00
c. Total Personnel Costs:	\$208,516.00
d. Consultant Costs:	\$6,935.00
e. Equipment:	\$39,500.00
f. Supplies:	\$7,826.00
g. Travel:	\$8,558.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$246,639.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$103,477.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$47,685.00
o. TOTAL DIRECT COSTS:	\$669,136.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$37,558.00
i. Indirect Cost Federal Share:	\$37,558.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$706,694.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$706,694.00
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$706,694.00
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 Award(s) This Budget Period	\$500,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$206,694.00

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
08	\$500,000.00
09	\$500,000.00
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
35. FORMER GRANT NUMBER	
36. OBJECT CLASS 41.21	
37. BHCMI5#	

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 372SANE	93.247	24T96HP32499	\$206,694.00	\$0.00	N/A	24T96HP32499

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)

- This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$206,694 from budget period 7/1/2023 - 6/30/2024 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Kristi Billinger	Authorizing Official	srs-awards@tam.u.edu
Stacey Mitchell	Program Director	samitchell@tam.u.edu
Julia F Harwell	Point of Contact	jharwell@tam.u.edu

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# T9632499
Federal Award Date: 06/17/2025

Recipient Information	
1. Recipient Name	TEXAS A&M UNIVERSITY SYSTEM, THE 400 Harvey Mitchell Pkwy S Ste 300 College Station, TX 77845-4375
2. Congressional District of Recipient	10
3. Payment System Identifier (ID)	1742907553A1
4. Employer Identification Number (EIN)	742907553
5. Data Universal Numbering System (DUNS)	835607441
6. Recipient's Unique Entity Identifier	HFT7XTHB6563
7. Project Director or Principal Investigator	Stacey Mitchell Project Director samitchell@tamu.edu (979)436-0283
8. Authorized Official	Kristi Billinger Executive Director srs-awards@tamu.edu (979)862-6777
Federal Agency Information	
9. Awarding Agency Contact Information	Jacqueline Dickerson Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) jdickerson@hrsa.gov (301) 443-6512
10. Program Official Contact Information	Bonita Perry Project Officer/Nurse Consultant Bureau of Health Workforce (BHW) bperry@hrsa.gov (240) 290-2185

Federal Award Information	
11. Award Number	5 T96HP32499-08-00
12. Unique Federal Award Identification Number (FAIN)	T9632499
13. Statutory Authority	42 U.S.C. § 296j(a)(1)
14. Federal Award Project Title	Advanced Nurse Education-Sexual Nurse Assault Examiner program
15. Assistance Listing Number	93.247
16. Assistance Listing Program Title	Advanced Education Nursing Grant Program
17. Award Action Type	Noncompeting Continuation
18. Is the Award R&D?	No
Summary Federal Award Financial Information	
19. Budget Period Start Date 07/01/2025 - End Date 06/30/2026	
20. Total Amount of Federal Funds Obligated by this Action	\$500,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$30,658.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$500,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$500,000.00
26. Project Period Start Date 07/01/2024 - End Date 06/30/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,206,694.00
28. Authorized Treatment of Program Income	Addition
29. Grants Management Officer – Signature	Kanitra Cobbs on 06/17/2025

30. Remarks
This grant is included under Expanded Authority.



Notice of Award
Award Number: 5 T96HP32499-08-00
Federal Award Date: 06/17/2025

Bureau of Health Workforce (BHW)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)															
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>09</td> <td>\$500,000.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	09	\$500,000.00										
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a. Salaries and Wages: \$149,126.00 b. Fringe Benefits: \$45,271.00 c. Total Personnel Costs: \$194,397.00 d. Consultant Costs: \$0.00 e. Equipment: \$0.00 f. Supplies: \$4,204.00 g. Travel: \$2,742.00 h. Construction/Alteration and Renovation: \$0.00 i. Other: \$191,339.00 j. Consortium/Contractual Costs: \$0.00 k. Trainee Related Expenses: \$76,660.00 l. Trainee Stipends: \$0.00 m. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$469,342.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$30,658.00 i. Indirect Cost Federal Share: \$30,658.00 ii. Indirect Cost Non-Federal Share: \$0.00 q. TOTAL APPROVED BUDGET: \$500,000.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$500,000.00		34. APPROVED DIRECT ASSISTANCE BUDGET: (in lieu of cash) a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Award(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00															
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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)

- 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
- Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.
This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.
Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
- This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>
- By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
 - Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
 - The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
 - Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
 - Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
 - Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.

Program Specific Term(s)

- This award is governed, in part, by the post-award requirements cited in 45 CFR Part 75 Subpart D, "Post Federal Award Requirements," which contain standards for program and fiscal management, except when the Notice of Award indicates in the "Remarks" section that the grant is included under "Expanded Authority". These recipients may take the following actions without prior approval of the Grant Management Officer:

Pursuant to section 75.308(d)(1) Incur pre-award costs up to 90 calendar days before the award. See also 75.458.

Section 75.308(d)(2), Initiate a one-time extension of the period of performance by up to 12 months unless one or more of the conditions outlined in paragraphs (d)(2)(i) through (iii) of this section apply. For one-time extensions, the recipient must notify the HHS awarding agency in writing with the supporting reasons and revised period of performance at least 10 calendar days before the end of the period of performance specified in the Federal award. This notification must be submitted through the Electronic Handbooks (EHB). This one-time extension may not be exercised merely for the purpose of using unobligated balances.

Section 75.308(d)(3), Carry forward unobligated balances to subsequent periods of performance.

Except for funds restricted on a Notice of Award, grantee organizations are authorized to carry over unobligated grant funds up to the lesser of 25% or \$250,000 of the amount awarded for that budget period remaining at the end of that budget period. If the unobligated balance is in excess of 25% of the total amount awarded, or \$250,000, whichever is less, and the grantee wishes to carry the funds forward, the grantee must obtain prior approval from the Grants Management Officer.

The grantee must notify the GMO when it has elected to carry over unobligated balances under Expanded Authority and the amount to be carried over. The notification must be provided under item 12, "Remarks", on the initial submission of the Federal Financial Report (FFR). For all other Post Award requests refer to Standard Term 4 which can be found at the below link.

2. Recipients are responsible for meeting all requirements as outlined in Notice of Funding Opportunity Announcement HRSA-21-016, and must continue to be in compliance with all grant requirements throughout the project period. Failure to meet grant requirements may result in action taken against the grant award, up to and including grant termination.
3. All nursing programs and consortium partners, if applicable, associated with the project must be accredited for the purpose of graduate nursing education. The grantee must provide evidence of continued/ongoing accreditation by the appropriate national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education within 30 days of its decision. Nurse-Midwifery and nurse anesthetist education programs must show evidence of specialty accreditation by the Accreditation Commission for Midwifery Education (ACME) of the American College of Nurse-Midwives and the Council on Accreditation of Nurse Anesthesia Programs of the American Association of Nurse Anesthetists, respectively. Failure to do so could result in a disallowance of expenditures.

Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the General Terms and Conditions. HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (**PMS Self-Service Web Portal**), or calling 877-614-5533.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Kristi Billinger	Authorizing Official	srs-awards@tamu.edu
Julia F Harwell	Point of Contact	jharwell@tamu.edu
Stacey Mitchell	Program Director	samitchell@tamu.edu

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).