

**Catholic Charities of Louisville** 

OF LOUISVILLE, INC. PROVIDING HELP, CREATING HOPE.			N	Notice of Subaward	
1. Type of Action				2. Reason for Action	
Subaward: □			Initial Funding		
Amended Subaward: □ Amendment No. :			Supplemental Funding □ Decrease in Funding □ Revision of Information □		
Health and Human Services  Catholic Chariti Administration for Children and Families  Office of Refugee Resettlement  Catholic Chariti 435 East Broad KY 40202			of Louisville Kentucky Office for Refugees y Louisville, 501 East Broadway – Suite 280 Louisville KY 40202		
6. FAIN No:	7. Total Amount of Federal Funds awarded to Federal Recipient:			8. Date Awarded to Federal Recipient:	
9. Assistance Listing No:	10. Assistance Listing Program Title:			11. Federal Project Period:	
12. Subrecipient Organization:			13. Subrecipient UEI No.:		
Name: Street: City/State/Zip Code:	•••				
14. Subaward Period of Performance:			15. Subaward No:		
16. Total Amount of Federal Funds <b>Obligated by</b> this Action during the Period of Performance:			17. Total Amount of Federal Funds <b>Obligated du</b> ring the Period of Performance:		
			17a: Final Date of Obligation:		
16a. Date awarded to subrecipient:			17b. Final Date of Liquidation:		
18. Subrecipient is to be paid by:			19. Authorized Representative of Subrecipient:		
Cash Advance □ Reimbursement □			Name:		
18a: Payment made by: Direct Deposit ☐ Check ☐			Title:		
20. PTE Remarks					
Name Email: E			2. Federal Recipient Lead Contact (Financial) ame: Debra Peffer mail: dpeffer@archlou.org hone Number:502-637-9786 Ext 125		
23. Signature-Kentucky Offic	ce for Refugees: Director		Date:		
24. Signature-Catholic Charities of Louisville:  Executive Director				Date:	