



Catholic Charities of Louisville
Kentucky Office for Refugees
A. Notice of Subaward & Signature Page

1. Type of Action		2. Reason for Action	
Subaward: <input type="checkbox"/>		Initial Funding <input type="checkbox"/>	
Amended Subaward: <input type="checkbox"/> Amended No: <input type="checkbox"/>		Supplemental Funding <input type="checkbox"/> Decrease in Funding <input type="checkbox"/> Revision of Information <input type="checkbox"/>	
3. Federal Awarding Agency: Health and Human Services Administration for Children and Families Office of Refugee Resettlement		4. Federal Recipient: Catholic Charities of Louisville 435 East Broadway Louisville KY 40202	
5. Recipient Department Kentucky Office for Refugees 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: Name: Street: City/State/Zip Code:		13. Subrecipient UEI No.:	
14. Subaward Period of Performance:		15. Subaward No:	
16. Total Amount of Federal Funds Obligated by this Action during the Period of Performance: 16a. Date awarded to subrecipient:		17. Total Amount of Federal Funds Obligated during the Period of Performance: 17a. Final Date of Obligation: 17b. Final Date of Liquidation:	
18. Program Reports are to be submitted: Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Financial Reports are due monthly: 10 th of the Month Final Financial Report is due: 10 th of month following the liquidation date listed in Box 17b. A final financial report includes a final E Financial invoice and a Statement of Revenues and Expenses for each KOR-funded program.			
19. Subrecipient is to be paid by: Cash Advance <input type="checkbox"/> Reimbursement <input type="checkbox"/> 19a: Payment made by: Direct Deposit <input type="checkbox"/> Check <input type="checkbox"/>		20. Authorized Representative of Subrecipient: Name: Title:	

21. PTE Remarks (Add Description)

This text box is to provide clarifying information to the subrecipient that is pertinent to the subaward. Examples may include but are not limited to:

- Agency name
- Program funding source
- Total award in the aggregate
- Award totals by programs are listed separately
- If an agency has a suboffice, the program award totals will be listed for all applicable offices on the same Notice of Award
- When an award total cannot be met in full, specify the actual total funds available, including the percentage of the initial award compared to their total approved budget
- When an award total cannot be met in full, we also include the following wording: Receipt of additional ____ funding is forecast and not guaranteed.

22. Summary Description of Federal Program

It is the purpose of the Refugee Resettlement Program to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible - [45 CFR Part 400 Subpart A](#)

This Notice of Subaward pertains to the following federal award:

- ☐ Refugee Cash Assistance – Administration (RCA) – [45 CFR Part 400 Subpart E](#)
- ☐ ReMHI/RHP (Resettlement Agencies only) – [ORR Policy Letter 20-05](#), [ORR Policy Letter 22-06](#)
 - a. ReMHI/RHP
 - b. ReMHI/RHP – Afghan – [ORR Policy Letter 22-03](#)
- ☐ Refugee Health Promotion (Non-Resettlement Agencies) – [ORR Policy Letter 20-05](#)
- ☐ Refugee Medical Assistance (RMA) – [45 CFR Part 400 Subpart G](#)
- ☐ Refugee School Impact (RSI) – [ORR Policy Letter 22-07](#)
 - Refugee School Impact
 - Early Refugee School Impact
- ☐ Refugee Support Services (RSS) – [45 CFR Part 400 Subpart F](#), [45 CFR Part 400 Subpart I](#)
 - Career Laddering
 - Case Management
 - Citizenship
 - Cultural Orientation
 - Driver's Education
 - Employment
 - English Language Training
 - Housing
 - Legal Services
 - Medical Case Management & RHS-15 Follow-Up
 - Vocational Training
 - Youth Services
- ☐ Services to Older Refugees (SOR) – [ORR Policy Letter 22-08](#)
- ☐ Youth Mentoring (YM) – [ORR Policy Letter 22-09](#)

Refer to your approved application for funding for information about the goals and objectives of the program.

23. Subaward Package Attachments:

- A. Notice of Subaward and Signature Page
- B. Subaward Agreement Standard Terms and Conditions
- C. Program Terms and Conditions
- D. Federal Certifications and Public Policy Requirements
- E. Financial Report Template with Approved Budget
- F. Line-Item Instructions for Financial Reports
- G. Specific Agency Terms and Conditions
- H. Subaward Administration Manual

24. Federal Recipient Lead Contact (Program)

Name:

Email:

Phone Number:

25. Federal Recipient Lead Contact (Financial)

Name: Debra Pepper

Email: dpepper@archlou.org

Phone Number: 502-637-9786 Ext 125

**26. Signature of Kentucky Office for Refugees:
Director****Date:****27. Signature of Catholic Charities of Louisville:
Executive Director****Date:****Agreed to and Signed:**

By signing the subaward agreement, the individual agrees that the organization will assume the obligations imposed by applicable Federal statutes and regulations and the subaward attachments listed in Box 23 of this Notice. These responsibilities include accountability both for the appropriate use of funds awarded and the performance of the grant-supported project or activities as specified in the approved application.

28. Signature of Authorized Representative of Subrecipient:**Date:**