Nebraska Department of Health and Human Services (DHHS)
Division of Public Health
Immunization Program

Request for Applications (RFA)

RELEASE DATE	APPLICATION DUE DATE
July 1, 2016	**August 15, 2016, 12:00 p.m. CT**

AMENDMENT

Section 3.4 is hereby amended to read:

A letter of intent is requested but optional. The attached *Letter of Intent to Apply* **(ATTACHMENT 1)** includes the applicant's name, mailing address, electronic mail address, fax number, telephone number, and a statement of intent to apply for this RFA. The *Letter of Intent to Apply* form should be emailed as an attachment and must be received by Christine Kutschkau no later than 12:00 p.m. CT on July 15, 2016.

Section 7.1 is hereby amended to read:

Subrecipient Reporting Requirements

Report	Date Due	Period Covered
1st Quarter Work Plan Report* 1st Quarter Expenditure Report** 1st Quarter Program Income Report***	April 15th	1st Quarter January February March
2nd Quarter Work Plan Report* 2nd Quarter Expenditure Report** 2nd Quarter Program Income Report***	July 15th	2nd Quarter April May June
3rd Quarter Work Plan Report* 3rd Quarter Expenditure Report** 3rd Quarter Program Income Report***	October 15th	3rd Quarter July August September
4th Quarter/Final Work Plan Report* 4th Quarter/Final Expenditure Report** 4th Quarter/Final Program Income Report***	March 1st	4th Quarter October November December

*The narrative reports describing progress toward meeting goals and objectives of the narrative/work plan and evaluation of the project activities shall be submitted to the DHHS along with the expenditure reports within 15 days after the end of each quarter, with the exception of the fourth quarter report.

Expenditures must reflect approved budget line items and amounts. Amounts budgeted for operations in one activity may be reassigned to another budget item, provided that the proposed expenditures are for allowable costs. Budget revisions of more than 10% of the total budget or revisions eliminating or adding a line item are subject to prior written approval by the DHHS. The report of expenses must be signed and dated by **both the program and financial officials itemizing the expenses by respective approved budget categories incurred by Subrecipient for the subaward period January 1, 2017 through December 31, 2018.

***Program income may include donations, vaccine administration fees, or 3rd party reimbursements under the Medicaid Program. Income should be used to defray cost of service delivery. Subrecipient will be expected to identify through quarterly reports the program income earned and how it is used. If the final expenditure report for any fiscal year does not have a zero balance for program income, prior to close out of the grant, the final reimbursement will be reduced by the amount of unused program income. Program income shall be disbursed as earned and cannot be carried over between fiscal years.

RFA POINT OF CONTACT:

Christine Kutschkau

Christine Kutschkau
Subaward Coordinator

DATE: 7-21-16