

Cecile Erwin Young *Executive Commissioner*

EXHIBIT D, SAMPLE NOTICE OF AWARD HHS0011339 Home Health Agencies – COVID-19 in Healthcare Relief Contract No. [HHS00113390000xx]

Month Day, 2022

[Signatory] [Beneficiary] [Address]

RE: Home Health Agencies, COVID-19 in Healthcare Relief Grant Program, RFA HHS0011339

Dear [Signatory]:

The Health and Human Services Commission (HHSC) hereby awards funding in the amount of **[award]** to [Beneficiary] (Beneficiary) in support of the above referenced project.

The funding is awarded under the Request for Applications (RFA) HHS0011339, Home Health Agencies, COVID-19 in Healthcare Relief Grant Program, pursuant to Texas Senate Bill 8 (87th Leg., 3d C.S., 2021), which allocated Coronavirus State and Local Fiscal Recovery Funds (SLFRF) funds received by the state under the American Rescue Plan Act.

This award is based on the application submitted to, and as approved by, HHSC on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the HHSC Affirmations, Terms and Conditions, and other terms included as part of the Beneficiary's application for this award.

All terms agreed to by the Beneficiary during the application are located at https://apps.hhs.texas.gov/PCS/HHS0011339/. Please be sure to closely review the terms to understand your obligations as a beneficiary of this award.

[Signatory] [Date] Page 2

If you no longer wish to receive the award, you have until [2 business days after Notice of Award date] to send your intent to withdraw to <a href="https://pcshhsoling.ncm/pcshhsoling.ncm/pcshhsoling.ncm/pcshhsoling.ncm/pcshhsoling.ncm/pcshhsoling.ncm/pcshhooling.ncm/pcshhooling.ncm/pcshhooling.ncm/pcshhooling.ncm/pcshooling.ncm/pcshhooling.ncm/pcsh

Acceptance of the award including all terms and conditions is acknowledged by the Beneficiary when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact HHSC's award inbox at providerfinancedept@hhs.texas.gov. In the subject line please reference NOA, RFA HHS0011339, Contract No. [insert contract number], Facility Name including DBA, and Unique Identifier: NPI, and License Number, if applicable.

Sincerely,

Trey Wood Chief Financial Officer Health and Human Services Commission