

Notice of Award

What is a Notice of Award?

The Notice of Award (NOA) is the official document notifying the grantee and others that an award has been made. The NOA (or NOGA, notice of GRANT award) contains all terms and conditions of the grant award and provides the support documentation for recording the obligation of funds in the awarding agency's accounting system.

What's Included in an NOA?

While the layouts and particular information will vary depending on the awarding agency, an NOA will always outline certain details of the award. These include:

Business official

Principal Investigator

Project title

Budget period (that is, the length of time the funding is expected to cover)

Funding amount for the budget period

Project period (the total time the project is expected to be active)

Expected total project funding

Terms and conditions

Agency representative

Depending on the agency involved there may be more information included, like performance goals or restrictions on use of funds.

See [SAMPLE NOAs](#)

See [HHRI NOA Sample](#)



<p>Recipient Information</p> <p>1. Recipient Name Name of Recipient Address Line 1 Address Line 2 City, State, XXXX-XXXX</p> <p>2. Congressional District of Recipient XX</p> <p>3. Payment System Identifier (ID) XX-XXXXXX</p> <p>4. Employer Identification Number (EIN) XX-XXXXXX</p> <p>5. Data Universal Numbering System (DUNS) XX-XXX-XXXX</p> <p>6. Recipient's Unique Entity Identifier XXXXXXXXXXXX</p> <p>7. Project Director or Principal Investigator Name Title email@email.com XXX-XXX-XXXX</p> <p>8. Authorized Official Name Title email@email.com XXX-XXX-XXXX</p>	<p>Federal Award Information</p> <p>11. Award Number XXXXXXXXXXXX</p> <p>12. Unique Federal Award Identification Number (FAIN) XXXXXXXXXX</p> <p>13. Statutory Authority XX XXX XXXX XX XXX</p> <p>14. Federal Award Project Title XXXX</p> <p>15. Assistance Listing Number XX.XXX</p> <p>16. Assistance Listing Program Title XXXX</p> <p>17. Award Action Type XXXX</p> <p>18. Is the Award R&D? XXXX</p>																											
<p>Federal Agency Information</p> <p>9. Awarding Agency Contact Information Name Title Operating Division Name email@email.com XXX-XXX-XXXX</p> <p>10. Program Official Contact Information Name of Program Official Title Operating Division Name email@email.com XXX-XXX-XXXX</p>	<p>Summary Federal Award Financial Information</p> <p>19. Budget Period Start Date XX/XX/XXXX – End Date XX/XX/XXXX</p> <table border="1"> <tr> <td>20. Total Amount of Federal Funds Obligated by this Action</td> <td>\$</td> <td>0</td> </tr> <tr> <td> 20a. Direct Cost Amount</td> <td>\$</td> <td>0</td> </tr> <tr> <td> 20b. Indirect Cost Amount</td> <td>\$</td> <td>0</td> </tr> <tr> <td>21. Authorized Carryover</td> <td>\$</td> <td>0</td> </tr> <tr> <td>22. Offset</td> <td>\$</td> <td>0</td> </tr> <tr> <td>23. Total Amount of Federal Funds Obligated this budget period</td> <td>\$</td> <td>0</td> </tr> <tr> <td>24. Total Approved Cost Sharing or Matching, where applicable</td> <td>\$</td> <td>0</td> </tr> <tr> <td>25. Total Federal and Non-Federal Approved this Budget Period</td> <td>\$</td> <td>0</td> </tr> </table> <p>26. Project Period Start Date XX/XX/XXXX – End Date XX/XX/XXXX</p> <table border="1"> <tr> <td>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</td> <td>\$</td> <td>0</td> </tr> </table> <p>28. Authorized Treatment of Program Income XXXX</p> <p>29. Grants Management Officer - Signature Signature</p>	20. Total Amount of Federal Funds Obligated by this Action	\$	0	20a. Direct Cost Amount	\$	0	20b. Indirect Cost Amount	\$	0	21. Authorized Carryover	\$	0	22. Offset	\$	0	23. Total Amount of Federal Funds Obligated this budget period	\$	0	24. Total Approved Cost Sharing or Matching, where applicable	\$	0	25. Total Federal and Non-Federal Approved this Budget Period	\$	0	27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$	0
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<p>30. Remarks</p>																												

Figure 1: DHHS NOA



**US Department of Education
Washington, D.C. 20202
GRANT AWARD NOTIFICATION**

1	RECIPIENT NAME	2	AWARD INFORMATION PR/AWARD NUMBER ACTION NUMBER 0 ACTION TYPE AWARD TYPE Discretionary																				
3	PROJECT STAFF <div style="border: 1px solid blue; padding: 2px; margin-bottom: 5px;">RECIPIENT PROJECT DIRECTOR</div> <div style="border: 1px solid purple; padding: 2px; margin-bottom: 5px;">EDUCATION PROGRAM CONTACT</div> EDUCATION PAYMENT HOTLINE G5 PAYEE 888-336-8930 HELPDESK edcaps.user@ed.gov	4	<div style="border: 1px solid green; padding: 2px;">PROJECT TITLE</div> 84.250_																				
5	KEY PERSONNEL <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>NAME</u></th> <th style="text-align: left;"><u>TITLE</u></th> <th style="text-align: left;"><u>LEVEL OF EFFORT</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="border: 1px solid red; height: 15px;"></td> </tr> <tr> <td></td> <td>Project Director</td> <td></td> </tr> <tr> <td colspan="3" style="border: 1px solid red; height: 15px;"></td> </tr> <tr> <td></td> <td>Certifying Representative</td> <td></td> </tr> </tbody> </table>			<u>NAME</u>	<u>TITLE</u>	<u>LEVEL OF EFFORT</u>					Project Director						Certifying Representative						
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	Certifying Representative																						
6	AWARD PERIODS <div style="border: 1px solid orange; padding: 2px; margin-bottom: 5px;">BUDGET PERIOD 10/01/2015 - 09/30/2016</div> <div style="border: 1px solid purple; padding: 2px; margin-bottom: 5px;">PERFORMANCE PERIOD 10/01/2015 - 09/30/2020</div> FUTURE BUDGET PERIODS <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>BUDGET PERIOD</u></th> <th style="text-align: left;"><u>DATE</u></th> <th style="text-align: left;"><u>AMOUNT</u></th> </tr> </thead> <tbody> <tr> <td>2</td> <td>10/01/2016 - 09/30/2017</td> <td>\$</td> </tr> <tr> <td>3</td> <td>10/01/2017 - 09/30/2018</td> <td>\$</td> </tr> <tr> <td>4</td> <td>10/01/2018 - 09/30/2019</td> <td>\$</td> </tr> <tr> <td>5</td> <td>10/01/2019 - 09/30/2020</td> <td>\$</td> </tr> </tbody> </table>			<u>BUDGET PERIOD</u>	<u>DATE</u>	<u>AMOUNT</u>	2	10/01/2016 - 09/30/2017	\$	3	10/01/2017 - 09/30/2018	\$	4	10/01/2018 - 09/30/2019	\$	5	10/01/2019 - 09/30/2020	\$					
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7	AUTHORIZED FUNDING <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">THIS ACTION</td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%;"></td> </tr> <tr> <td>BUDGET PERIOD</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td>PERFORMANCE PERIOD</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td>RECIPIENT COST-SHARE</td> <td style="text-align: right;">_ %</td> <td></td> </tr> <tr> <td>RECIPIENT NON-FEDERAL AMOUNT</td> <td style="text-align: right;">\$</td> <td></td> </tr> </table>			THIS ACTION	\$		BUDGET PERIOD	\$		PERFORMANCE PERIOD	\$		RECIPIENT COST-SHARE	_ %		RECIPIENT NON-FEDERAL AMOUNT	\$						
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8	ADMINISTRATIVE INFORMATION DUNS/SSN REGULATIONS CFR PARTS 369, 371 EDGAR AS APPLICABLE 2 CFR AS APPLICABLE ATTACHMENTS 1, 2, 3, 6, 8, 9, 11, 12, 13, 14, E3, E1, E2, E4, E5																						
9	LEGISLATIVE AND FISCAL DATA AUTHORITY: PL 102-569 I REHABILITATION ACT OF 1973 AS AMENDED PROGRAM TITLE: VR SERVICES PROJECTS FOR AMERICAN INDIANS WITH DISABILITIES CFDA/SUBPROGRAM NO: 84.250_ <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FUND CODE</th> <th style="text-align: left;">FUNDING YEAR</th> <th style="text-align: left;">AWARD YEAR</th> <th style="text-align: left;">ORG. CODE</th> <th style="text-align: left;">CATEGORY</th> <th style="text-align: left;">LIMITATION</th> <th style="text-align: left;">ACTIVITY</th> <th style="text-align: left;">CFDA</th> <th style="text-align: left;">OBJECT CLASS</th> <th style="text-align: left;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td></td> <td>2015</td> <td>2015</td> <td></td> <td></td> <td></td> <td></td> <td>315</td> <td></td> <td>\$</td> </tr> </tbody> </table>			FUND CODE	FUNDING YEAR	AWARD YEAR	ORG. CODE	CATEGORY	LIMITATION	ACTIVITY	CFDA	OBJECT CLASS	AMOUNT		2015	2015					315		\$
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10	PR/AWARD NUMBER: RECIPIENT NAME: <div style="border: 1px solid blue; padding: 2px; margin-top: 10px;">TERMS AND CONDITIONS</div>																						

Figure 2: DOE NOA

As you can see, the layout will vary significantly from agency to agency, but the basic information remains the same. That being said, it is still essential to read the Notice to know and understand the specific details of your award. Be on the lookout for:

- The actual awarded budget, as it may be different than what you requested
- The award’s terms and conditions – these are unique to each award and **must** be reviewed and followed.
- Any required reports and/or publication credits

After reading the NOA, contact your grant administrator with any questions you may have.

NOA Process at HHRI

- 1) All notices of award are sent to HHRI’s authorized business official. Remember, awards are made to institutions not individuals.
- 2) Once received, your grant administrator will send you an HHRI-issued Notice of Award along with the official Notice of Award, and project budget (if applicable).

Hennepin Healthcare Research Institute
Office of Grants and Contracts
Notice of Award

Date Printed:
Date Entered:
Account Num:
PI % Effort:

Principal Investigator:

Department:

Title:

Award Type:

Funding Source:

Budget Period

Direct Costs:

Indirect Costs:

Total Costs:

Project Period

Direct Costs:

Indirect Costs:

Total Costs:

Overhead Rate:

Overhead Base:

Budget Start Date:

Budget End Date:

Project Start Date:

Project End Date:

Automatic Carry Forward:

Pay Salary:

Disclosable:

Provisional:

CFDA Number:

Site Description:

Performance Site:

Outgoing SubContract:

Department Manager:

Contracting Official:

Program Official:

Grant Administrator:

Key Person: Percent Effort

HCMC Effort Form

Send FAS Report To:

Institutional Financial Reporting:

Institutional Billing Required:

Comments:

Figure 3: HHRI NOA

The HHRI NOA will summarize both the project and budget periods and funding. It also includes HHRI-specific information such as the account number and grant administrator. This budget will be what accounting uses to generate your monthly financial accounting statements.

- 3) Save these documents for your records and monthly financial reconciling.

If you have any questions feel free to email the Grants and Contracts office at researchinquiry@hhrinstitute.org