

<b>1. DATE ISSUED:</b> 10/30/2019		<b>2. PROGRAM CFDA:</b> 93.994	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 1 B04MC33849-01-00		<b>4b. GRANT NO.:</b> B04MC33849	<b>5. FORMER GRANT NO.:</b>
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 10/01/2019 <b>THROUGH:</b> 09/30/2021			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 10/01/2019 <b>THROUGH:</b> 09/30/2021			



**NOTICE OF AWARD**  
AUTHORIZATION (Legislation/Regulation)  
Social Security Act, Title V, 45 CFR 96

**8. TITLE OF PROJECT (OR PROGRAM):** Maternal and Child Health Services

**9. GRANTEE NAME AND ADDRESS:**  
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
920 Wildwood Dr  
Jefferson City, MO 65109-5796  
**DUNS NUMBER:**  
878092600

**10. DIRECTOR:** (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)  
Martha Smith  
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
930 Wildwood Dr  
Jefferson City, MO 65109-5796

**11. APPROVED BUDGET:**(Excludes Direct Assistance)  
 Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	\$0.00
b . Fringe Benefits :	\$0.00
c . Total Personnel Costs :	\$0.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f . Supplies :	\$0.00
g . Travel :	\$0.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$0.00
j . Consortium/Contractual Costs :	\$0.00
k . Trainee Related Expenses :	\$0.00
l . Trainee Stipends :	\$0.00
m . Trainee Tuition and Fees :	\$0.00
n . Trainee Travel :	\$0.00
o . TOTAL DIRECT COSTS :	\$1,739,637.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$1,739,637.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$1,739,637.00

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$1,739,637.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$1,739,637.00</b>

**13. RECOMMENDED FUTURE SUPPORT:** (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

**14. APPROVED DIRECT ASSISTANCE BUDGET:**(In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>

**15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:**  
**A=Addition B=Deduction C=Cost Sharing or Matching D=Other** **[A]**  
Estimated Program Income: \$0.00

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**  
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

**REMARKS:** (Other Terms and Conditions Attached Yes No)

*Electronically signed by Dorothy Kelley , Grants Management Officer on : 10/30/2019*

<b>17. OBJ. CLASS:</b> 41.15	<b>18. CRS-EIN:</b>	<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00
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FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
20 - 3893050	93.994	20B04MC33849	\$1,739,637.00	\$0.00		MCHS1-20

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

1. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
2. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
3. Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.
4. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.  
You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pms.psc.gov/grant-recipients/access-newuser.html> and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
5. This Notice of Award (NOA) provides partial first quarter Fiscal Year (FY) 2020 Title V Maternal and Child Health (MCH) Block Grant funding for the period October 1, 2019 through November 21, 2019, in accordance with the current Continuing Resolution.

### Program Specific Term(s)

1. Grantee will disregard Block 15, "Program Income" and Block 16 part "d" of the Notice of Award, page 1. Instead this Block Grant award is subject to 45 CFR Part 96 as applicable and individual State Regulations.
2. Travel is required for the MCH and CSHCN Directors for the Block Grant Application/Annual Report Review and the Title V MCH Federal-State Partnership Meeting.

### Reporting Requirement(s)

1. **Due Date: Quarter End Date after 90 Days of Budget End Date**  
The grantee must submit a Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the grant project period ends. Please refer to the chart below for the

specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

## Contacts

### NoA Email Address(es):

Name	Role	Email
Tonya Loucks	Authorizing Official	grants@health.mo.gov
Martha Smith	Point of Contact, Program Director	martha.smith@health.mo.gov

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Jessica Teel at:

MailStop Code: 18N 104C  
 DSCH/MCHB  
 5600 Fishers Ln  
 Rockville, MD, 20852-1750  
 Email: jteel@hrsa.gov  
 Phone: (301) 945-5133

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Mary Worrell at:

MailStop Code: 10SWH03  
 HRSA/OFAM/DGMO  
 5600 Fishers Ln  
 Rockville, MD, 20852-1750  
 Email: mworrell@hrsa.gov  
 Phone: (301) 443-5181  
 Fax: (301) 443-5461