



**Recipient Information**

- 1. Recipient Name**  
MISSOURI DEPARTMENT OF HEALTH  
912 Wildwood Dr  
Jefferson City, MO 65109-5796
- 2. Congressional District of Recipient**  
03
- 3. Payment System Identifier (ID)**  
1446000987B7
- 4. Employer Identification Number (EIN)**  
446000987
- 5. Data Universal Numbering System (DUNS)**  
878092600
- 6. Recipient's Unique Entity Identifier**  
UETLXV8NG8F4
- 7. Project Director or Principal Investigator**  
Sara Davenport  
sara.davewnpport@health.mo.gov  
(573)751-6072
- 8. Authorized Official**  
Marcia A Mahaney  
Marcia.Mahaney@health.mo.gov  
(573)526-0722

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Kenya Myers  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
kmyers@hrsa.gov  
(301) 443-4903
- 10. Program Official Contact Information**  
Jeanene R Meyers  
Public Health Analyst  
Federal Office of Rural Health Policy (FORHP)  
jmeyers@hrsa.gov  
(301) 443-2482

**Federal Award Information**

- 11. Award Number**  
2 H3HRH00010-22-00
- 12. Unique Federal Award Identification Number (FAIN)**  
H3H00010
- 13. Statutory Authority**  
42 U.S.C. § 1395i-4
- 14. Federal Award Project Title**  
SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM
- 15. Assistance Listing Number**  
93.301
- 16. Assistance Listing Program Title**  
Small Rural Hospital Improvement Grant Program
- 17. Award Action Type**  
Competing Continuation
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 06/01/2023 - End Date 05/31/2024</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$545,792.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$545,792.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$545,792.00</b>
<b>26. Project Period Start Date 06/01/2023 - End Date 05/31/2028</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$545,792.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Inge Cooper on 04/10/2023

**30. Remarks**



Notice of Award  
Award Number: 2 H3HRH00010-22-00  
Federal Award Date: 04/10/2023

**Federal Office of Rural Health Policy (FORHP)**

**31. APPROVED BUDGET: (Excludes Direct Assistance)**

Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$47,348.00
b. Fringe Benefits:	\$32,315.00
c. Total Personnel Costs:	\$79,663.00
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:	\$448,254.00
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:	\$527,917.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$17,875.00
q. TOTAL APPROVED BUDGET:	\$545,792.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$545,792.00

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

a. Authorized Financial Assistance This Period	\$545,792.00
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 Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$545,792.00

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

YEAR	TOTAL COSTS
23	\$545,792.00
24	\$545,792.00
25	\$545,792.00
26	\$545,792.00

**34. 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 Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

**35. FORMER GRANT NUMBER**

**36. OBJECT CLASS**  
41.51

**37. BHCNIS#**

**38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:**

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

**39. ACCOUNTING CLASSIFICATION CODES**

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 3704132	93.301	23H3HRH00010	\$526,656.00	\$0.00	N/A	23H3HRH00010
21 - 3704132	93.301	23H3HRH00010	\$19,136.00	\$0.00	N/A	23H3HRH00010

## 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. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the FFR (Federal Financial Report) SF 425-Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
2. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior 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 Part 200 as codified by HHS at 45 CFR Part 75.
3. Please be advised that whenever there is a significant project staff change and/or change to the scope of the original project (i.e. project plan goals and objectives, service area, etc.) being proposed, prior approval must be received before a change is made. These proposed changes may or may not involve a change in budgeted line items. Such requests shall be submitted in writing electronically via the Electronic Handbooks Prior Approval Request process.
4. 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 \$30,000 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.fsr.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>.
5. Grantees in their final budget period, that elect to close out their project or have unsuccessful competing continuation results, will be required to submit a final progress report 120 days following their project period end date. The format will be prescribed by the Federal Office of Rural Health Policy at a later date.
6. It is expected states will collect and retain the Hospital Grant Applications (A Short Form and B Long Form). To ensure program integrity, at any time, HRSA may request the Hospital Grant Applications from a state in order to verify the number of hospitals, hospital eligibility, and amount of funding requested in the Hospital Funding Spreadsheet.
7. 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>
8. In order to ensure program integrity and appropriate use of Federal funds, grantees are responsible for collecting and maintaining financial records detailing expenditures on behalf of all participating SHIP hospitals. Failure to obtain and retain these records through the grant period may be considered non-compliance and make grantee ineligible for future SHIP program participation.
9. Funds may be revised within and between approved budget line items up to 25% of the total approved budget amount. Rebudgeting exceeding the 25% limit is consider significant rebudgeting and requires a prior approval request submitted in the Electronic Handbooks (EHB).
10. HRSA reserves the right to reduce or cease funding if, after receiving technical assistance, the grantee does not show satisfactory performance/progress or fulfill the requirements as outlined in the notice of funding opportunity announcement.
11. Personnel costs are only for the oversight of the award and do not include hospital personnel costs. "Travel," "Supplies," "Construction," and "Other" are not allowable expenses. SORHs are encouraged to limit indirect costs to the lesser of 15 percent of the amount of the grant for

administrative expenses or the state's federally negotiated indirect rate for administering the grant.

- The funds for this award are in a sub-account in the Payment Management System (PMS). 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. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**

You may use your existing PMS username and password to check your organization's account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:

<http://pms.psc.gov/find-pms-liaison-accountant.html>

- This Notice of Award reflects an increase of approximately 2.31% to \$13,312 per hospital. No action is required on the part of the awardee at this time.
- This Notice of Award provides the offset of an unobligated balance in the amount of \$19,136 from the 06/01/2021 - 05/31/2022 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

## Program Specific Term(s)

- By accepting these funds, the grantee is agreeing that the funds will be used to support eligible small rural hospitals in meeting value-based payment through purchases of hardware, software and training. The grantee is also certifying that the use of these funds will not be applied to support rural hospitals' COVID-19 response efforts unless approved by HRSA. 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). Failure to adhere to this term through the grant period may be considered non-compliance and make grantee ineligible for future SHIP program participation
- Carryover of unobligated funds into the subsequent funding period request should be submitted at the same time as the SF-425 FFR or no later than 30 days after the due date of the FFR and must include an SF-424A, line item budget, and narrative justification. The request should provide justification of why the funds remain unobligated and should include details as to how the carryover will be used to complete the previously approved goals and objectives of the program. Unobligated balances should not be requested solely in order to spend down available unobligated funds. Awardees will be notified via a revised NoA if carryover has been approved or via correspondence generated through the EHBs if it has been disapproved.

## Standard Term(s)

- Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

## Reporting Requirement(s)

- Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**  
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.
- Due Date: Within 90 Days of Budget End Date**  
The award recipient is required to submit an annual progress report within 90 days of the budget period end date. The purpose of this report is to capture the final status of hospitals' activities and expenditures. The Federal Office of Rural Health Policy will provide further details upon receipt of award.

**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
Sara Davenport	Program Director	sara.davewnport@health.mo.gov
Marcia A Mahaney	Authorizing Official	marcia.mahaney@health.mo.gov
Pamela Sandbothe	Business Official	pamela.sandbothe@health.mo.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).