



Recipient Information

- 1. Recipient Name**
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
PO BOX 570
Jefferson Cty, MO 65102-0570
- 2. Congressional District of Recipient**
04
- 3. Payment System Identifier (ID)**
[REDACTED]
- 4. Employer Identification Number (EIN)**
[REDACTED]
- 5. Data Universal Numbering System (DUNS)**
878092600
- 6. Recipient's Unique Entity Identifier**
- 7. Project Director or Principal Investigator**
Venkata Garikapaty
Project Director
Venkata.Garikapaty@health.mo.gov
(573)526-0452
- 8. Authorized Official**
Marcia A Mahaney
Director, Division of Administration
Marcia.Mahaney@health.mo.gov
(573)751-6014

Federal Agency Information

- 9. Awarding Agency Contact Information**
Marc Horner
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
mhorner@hrsa.gov
(301) 443-4888
- 10. Program Official Contact Information**
Maria Paz Carlos
Project Officer
Maternal and Child Health Bureau (MCHB)
MCarlos@hrsa.gov
(301) 443-2250

Federal Award Information

- 11. Award Number**
5 H18MC00028-25-00
- 12. Unique Federal Award Identification Number (FAIN)**
H1800028
- 13. Statutory Authority**
Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)), as amended
42 U.S.C. § 701(a)(2)
42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)
Special Projects of Regional and National Significance (SPRANS)
- 14. Federal Award Project Title**
STATE SYSTEMS DEVELOPMENT INITIATIVE
- 15. Assistance Listing Number**
93.110
- 16. Assistance Listing Program Title**
Maternal and Child Health Federal Consolidated Programs
- 17. Award Action Type**
Noncompeting Continuation
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 12/01/2021 - End Date 11/30/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$17,530.00
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	\$17,530.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$17,530.00
26. Project Period Start Date 12/01/2017 - End Date 11/30/2022	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$415,474.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Stephannie Young on 10/19/2021

30. Remarks



Notice of Award
Award Number: 5 H18MC00028-25-00
Federal Award Date: 10/19/2021

Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

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

a. Salaries and Wages:	\$8,988.00
b. Fringe Benefits:	\$4,763.00
c. Total Personnel Costs:	\$13,751.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$68.00
g. Travel:	\$309.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$459.00
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:	\$14,587.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$2,943.00
q. TOTAL APPROVED BUDGET:	\$17,530.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$17,530.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$17,530.00
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	\$17,530.00

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

YEAR	TOTAL COSTS
	Not applicable

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
MCJ29T007

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
22 - 3893310	93.110	18H18MC00028	\$17,530.00	\$0.00	N/A	SSDI-18

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. 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.
2. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. 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. 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 organizations' 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>
4.
 1. The SSDI Program Director is required to attend the Annual SSDI Grantee Meeting.
5. As a result of the federal government's continuing resolution status, this Notice of Award (NOA) reflects a reduced level of funding. In accordance with this reduction, funding has been adjusted proportionately across requested cost categories. Up to 25% of the total approved budget may be re-budgeted within approved categories without prior approval.

Standard Term(s)

1. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. **Due Date: Within 90 Days of Project End Date**
The grantee must submit a project period end performance report within 90 days after the end of the project period. This report should include completing the financial forms, project abstract, grant summary and performance measures. The performance report must be submitted using the Electronic Handbooks (EHBs).
2. **Due Date: Within 120 Days of Award Issue Date**
The grantee must submit a Performance Report within 120 days after receipt of the NoA. This report should include completing the financial forms, project abstract, grant summary and performance measures. The performance report must be submitted using the Electronic

Handbook (EHB).

3. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will 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.

The FFR will be due 90, 120, or 150 days after the budget period end date. 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
Venkata Garikapaty	Program Director, Point of Contact, Business Official	venkata.garikapaty@health.mo.gov
Marcia A Mahaney	Authorizing Official	marcia.mahaney@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/>).