

1. DATE ISSUED: 07/20/2020		2. PROGRAM CFDA: 93.130	
3. SUPERSEDES AWARD NOTICE dated: 03/04/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 U68HP11488-12-02		4b. GRANT NO.: U68HP11488	5. FORMER GRANT NO.: 6 U68CS00195-22-03
6. PROJECT PERIOD: FROM: 04/01/2009 THROUGH: 03/31/2024			
7. BUDGET PERIOD: FROM: 04/01/2020 THROUGH: 03/31/2021			



NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title III, Section 333D
 Public Health Service Act as amended, Title 3 Section 330(l),
 330(m), 333(d)

8. TITLE OF PROJECT (OR PROGRAM): State Primary Care Offices

9. GRANTEE NAME AND ADDRESS:
 MISSOURI DEPARTMENT OF HEALTH
 PO BOX 570
 Jefferson Cty, MO 65102-0570
DUNS NUMBER:
 878092600

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Sara Davenport
 MISSOURI DEPARTMENT OF HEALTH
 MailStop Code: MO-03
 Division Line: Department of Health and Senior Services
 912 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 :	\$98,756.00
b . Fringe Benefits :	\$57,278.00
c . Total Personnel Costs :	\$156,034.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f . Supplies :	\$285.00
g . Travel :	\$2,395.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$4,526.00
j . Consortium/Contractual Costs :	\$3,000.00
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 :	\$166,240.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$33,235.00
q . TOTAL APPROVED BUDGET :	\$199,475.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$199,475.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$199,475.00
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 Awards(s) This Budget Period	\$199,475.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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

YEAR	TOTAL COSTS
13	\$199,475.00
14	\$199,475.00
15	\$199,475.00

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	\$0.00

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)
 GA Admin Batch Tracking Number 000050.
 This revised notice is issued to update reporting requirements to include the Statewide Primary Care Needs Assessment.

Electronically signed by James King , Grants Management Officer on : 07/20/2020

17. OBJ. CLASS: 41.51 **18. CRS-EIN** [REDACTED] **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
20 - 3722012	93.547	19U68HP11488	\$0.00	\$0.00		19SPCO

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.

Reporting Requirement(s)

1. Due Date: 03/31/2021

Recipient must submit a Statewide Primary Care Needs Assessment (PCNA) no later than March 31, 2021. If the recipient does not submit the PCNA by the close of the submission period in the Electronic Hand Books (EHB), HRSA, after providing TA and consultation, may pursue any of the remedies described in 45 CFR 75.371, which include:

- a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the HHS awarding agency or pass-through entity.
- b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
- c) Wholly or partly suspend (suspension of award activities) or terminate the Federal award.
- d) Initiate suspension or debarment proceedings as authorized under 2 CFR part 180 and HHS awarding agency regulations at 2 CFR part 376 (or in the case of a pass-through entity, recommend such a proceeding be initiated by a HHS awarding agency).
- e) Withhold further Federal awards for the project or program.
- f) Take other remedies that may be legally available.

Recipients that need to request an extension of the due date of the PCNA should consult with their respective Project Officer.

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

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Marcia A Mahaney	Authorizing Official	marcia.mahaney@health.mo.gov
Amber Dawn Heathman	Authorizing Official	dawn.heathman@health.mo.gov
Sara Davenport	Program Director	sara.davenport@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Audrey Darden-Willis at:
5600 Fishers Ln
Rockville, MD, 20857-
Email: adarden-willis@hrsa.gov
Phone: (301) 443-9353

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Carolyn Cobb at:
MailStop Code: PKLN/Open Work Station
HRSA/OFAM/DGMO/HPB
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: ccobb2@hrsa.gov
Phone: (301) 443-0829

All submissions in response to conditions and reporting requirements must be uploaded into the EHBs.