



Recipient Information

1. **Recipient Name**
 HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
 920 Wildwood Dr
 JEFFERSON CITY, MO 65109-5796
2. **Congressional District of Recipient**
 03
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**
 Jami Kiesling
 jami.kiesling@health.mo.gov
 (573)751-6266
8. **Authorized Official**
 Marcia A Mahaney
 grants@health.mo.gov

Federal Agency Information

9. **Awarding Agency Contact Information**
 LaToya Ferguson
 Grants Management Specialist
 Health Resources and Services Administration
 LFerguson@hrsa.gov
 (301) 443-1440
10. **Program Official Contact Information**
 Sandra Springer
 Project Officer
 Health Resources and Services Administration
 sspringer@hrsa.gov
 (816) 426-5200

Federal Award Information

11. **Award Number**
 6 X10MC39696-01-02
12. **Unique Federal Award Identification Number (FAIN)**
 X1039696
13. **Statutory Authority**
 Social Security Act, Title V, Section 511 (42 U.S.C. §711), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148).
 Reauthorization and appropriation for FY16 provided through Medicare Access and CHIP Reauthorization Act (P.L. 114-10)
 Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L.115-123), Title VI, Subtitle A.
 Social Security Act, Section 511
14. **Federal Award Project Title**
 Maternal, Infant and Early Childhood Homevisiting Grant Program
15. **Assistance Listing Number**
 93.870
16. **Assistance Listing Program Title**
 Maternal, Infant and Early Childhood Homevisiting Grant Program
17. **Award Action Type**
 Administrative
18. **Is the Award R&D?**
 No

Summary Federal Award Financial Information

| | |
|--|-----------------------|
| 19. Budget Period Start Date 09/30/2020 - End Date 09/29/2022 | |
| 20. Total Amount of Federal Funds Obligated by this Action | \$0.00 |
| 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 | \$3,795,472.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable | \$0.00 |
| 25. Total Federal and Non-Federal Approved this Budget Period | \$3,795,472.00 |
| 26. Project Period Start Date 09/30/2020 - End Date 09/29/2022 | |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period | \$3,795,472.00 |

28. **Authorized Treatment of Program Income**
 Addition
29. **Grants Management Officer – Signature**
 LaToya Ferguson on 12/10/2020

30. Remarks

This NoA is issued to remove one or more Grant Conditions imposed on projects.



Notice of Award
Award Number: 6 X10MC39696-01-02
Federal Award Date: 12/10/2020

Health Resources and Services Administration

31. APPROVED BUDGET: (Excludes Direct Assistance)

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

| | |
|--|----------------|
| a. Salaries and Wages: | \$259,103.00 |
| b. Fringe Benefits: | \$161,939.00 |
| c. Total Personnel Costs: | \$421,042.00 |
| d. Consultant Costs: | \$0.00 |
| e. Equipment: | \$0.00 |
| f. Supplies: | \$6,598.00 |
| g. Travel: | \$43,905.00 |
| h. Construction/Alteration and Renovation: | \$0.00 |
| i. Other: | \$42,660.00 |
| j. Consortium/Contractual Costs: | \$3,196,637.00 |
| 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: | \$3,710,842.00 |
| p. INDIRECT COSTS (Rate: % of S&W/TADC): | \$84,630.00 |
| q. TOTAL APPROVED BUDGET: | \$3,795,472.00 |
| i. Less Non-Federal Share: | \$0.00 |
| ii. Federal Share: | \$3,795,472.00 |

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

| | |
|---|----------------|
| a. Authorized Financial Assistance This Period | \$3,795,472.00 |
| 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 | \$3,795,472.00 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$0.00 |

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

36. OBJECT CLASS
41.51

37. BHCNIS#

38. 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.

39. ACCOUNTING CLASSIFICATION CODES

| FY-CAN | CFDA | DOCUMENT NO. | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|--------------|-----------------|-----------------|------------------|------------------|
| 20 - 3895632 | 93.870 | 20X10MC39696 | \$0.00 | \$0.00 | | 20MIECHV-F |

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)

- The grant condition stated below on NoA 1 X10MC39696-01-00 is hereby lifted.

Please submit a revised budget for the following:

Personnel

- Please provide the percentage of effort for the ECCS coordinator, Cindy Reese. The percentage of effort being devoted to the project is required for all positions, including in-kind positions.

Contractual

- Per the decision to remove the Delta Area Economic Opportunity Corporation (DAECO) Early Head Start Home Based Option contract from the budget, please submit a revised budget rebudgeting the funds allocated to this contract in the amount of \$595,560.
- Please provide the detail information listed below for the following contracts:
 - Nurse Family Partnership National Service Office (NSO) Consultation Fees
 - University of Missouri College of Education (Parent Link)
 - TBD Request for Application (RFA) for Expanded Services
 - Vision for Children at Risk
- All contracts should provide the following information:
 - (a) a clear explanation as to the purpose of each contract;
 - (b) how the costs were estimated;
 - (c) the specific contract deliverables;
 - (d) a breakdown of costs, including the level of effort for home visitor personnel, for example, full-time equivalent (you may provide a listing of each home visitor personnel); and
 - (e) narrative justification that explains the need for each contractual agreement and how it relates to the overall project.

Other

More information is needed for the cost allocation listed under "Training/Professional Development". Please provide an itemized cost breakout for each requested item under this category to show how the costs were estimated.

SF-424A

- Update if necessary, to reflect any revisions made to the budget.

POA Chart

- Update if necessary, to reflect any revisions made to the budget.

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

Contacts

NoA Email Address(es):

| Name | Role | Email |
|------------------|------------------------------------|-----------------------------|
| Jami Kiesling | Program Director, Point of Contact | jami.kiesling@health.mo.gov |
| Marcia A Mahaney | Authorizing Official | grants@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/>).