



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**
Christina Elwood
Program Coordinator
christina.elwood@health.mo.gov
(573)751-6266
- 8. Authorized Official**
Marcia Mahaney
Director, Division of Administration
grants@health.mo.gov
(573)751-6014

Federal Agency Information

- 9. Awarding Agency Contact Information**
LaToya Ferguson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
LFerguson@hrsa.gov
(301) 443-1440
- 10. Program Official Contact Information**
Sandra Sheehy
Maternal and Child Health Bureau (MCHB)
Sandra.Sheehy@hrsa.hhs.gov
(816) 426-2917

Federal Award Information

- 11. Award Number**
1 X10MC43591-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
X1043591
- 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
42 U.S.C. § 711(c) (Title V, § 511(c) of the Social Security Act)
- 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**
New
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2021 - End Date 09/29/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$3,793,258.00
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	\$3,793,258.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$3,793,258.00
26. Project Period Start Date 09/30/2021 - End Date 09/29/2023	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,793,258.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Tammy Ponton on 09/07/2021

30. Remarks



Notice of Award
Award Number: 1 X10MC43591-01-00
Federal Award Date: 09/07/2021

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:	\$270,261.00
b. Fringe Benefits:	\$168,913.00
c. Total Personnel Costs:	\$439,174.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$1,096.00
g. Travel:	\$30,447.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$34,466.00
j. Consortium/Contractual Costs:	\$3,204,632.00
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:	\$3,709,815.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$83,443.00
q. TOTAL APPROVED BUDGET:	\$3,793,258.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$3,793,258.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$3,793,258.00
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	\$3,793,258.00

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 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
21 - 3895636	93.870	21X10MC43591	\$3,793,258.00	\$0.00	N/A	21X10MC43591

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 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://pms.psc.gov/grant-recipients/access-newuser.html>. 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>.
- 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>.
- 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>
- 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.
- Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely Federal Funding Accountability and Transparency Act (FFATA) reporting. Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program. Recipients must also execute subrecipient agreements that incorporate all of the elements of 45 CFR 75.352 and, either expressly or by reference, the subrecipient monitoring plan developed by the recipient.

Program Specific Term(s)

- Recipients must respond to any additional information that is requested through Request For Information within the allotted time. Failure to submit an approvable response may result in further actions including draw-down restrictions.
- Recipients must participate in regular monitoring activities with their HRSA Project Officers and Grants Management Specialists, as applicable. These monitoring activities will include emails, site visits, and conference calls. The frequency of the conference calls will be at least on a quarterly basis, or more frequently as determined by the Project Officer based on need. Topics covered will include program administration, program activities, technical assistance, fiscal issues, and evaluation procedures.
- Recipients must give priority in providing services under the MIECHV program to the following:
 - Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A);

- Low-income eligible families;
 - Eligible families with pregnant women who have not attained age 21;
 - Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services;
 - Eligible families that have a history of substance abuse or need substance abuse treatment;
 - Eligible families that have users of tobacco products in the home;
 - Eligible families that are or have children with low student achievement;
 - Eligible families with children with developmental delays or disabilities; and
 - Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.
- As required under the MIECHV authorizing statute, recipients must serve communities, identified in the most recent approved statewide needs assessment update, that face disproportionate risks and barriers to health and well-being.
4. Recipients must ensure fidelity of implementation of evidence-based home visiting service delivery models approved for use by HRSA and that meet the HHS criteria for evidence of effectiveness. Additionally, any recipient implementing a home visiting service delivery model that qualifies as a promising approach must implement the model with fidelity. Fidelity is defined as a recipient's adherence to model developer requirements for high-quality implementation as well as any applicable affiliation, certification, or accreditation required by the model developer, if applicable. If a recipient is implementing a model enhancement, prior to implementation, the model developer must determine that the model enhancement does not alter the core components related to program impacts, and HRSA must determine the enhancement to be aligned with MIECHV program activities and expectations.
 5. Recipients will ensure the provision of high-quality home visiting services to eligible families living in at-risk communities by, in part, establishing appropriate collaborative linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems. Recipients must ensure the involvement of representatives from key state agencies in project planning, implementation, and/or evaluation through the development and implementation of signed written agreements, such as letters of agreement (LOAs) or memoranda of understanding (MOUs). HRSA requires recipients to review, and update as appropriate, agreements at least every 3 years.
 6. No more than 10 percent of the award amount may be spent on costs associated with administering the award. The requirements of the Social Security Act, §504(d) (relating to a limitation on administrative expenditures) apply to this award. Of the amounts paid to a state under §503 from an allotment for a fiscal year under §502(c), not more than 10 percent may be used for administering the funds paid under such section. Per §511 [42 U.S.C 711] (i)(2)(C) of the Social Security Act, MIECHV grants need to be administered "in the same manner" as the MCH Block Grant. The administration of the MCH Block Grant is governed by 45 CFR Part 96 which states that "a State shall obligate and expend block grant funds in accordance with the laws and procedures applicable to the obligation and expenditure of its own funds" (45 CFR 96.30(a)). In consequence, grantees will determine which expenses are "administrative" according to the laws and rules of their states
 7. Maintenance of Effort/Non-Supplantation Requirement: Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives. Recipients may demonstrate compliance by maintaining non-federal funding (State General Funds) for evidence-based home visiting and home visiting initiatives, expended for the activities proposed in the Notice of Funding Opportunity, at a level that is not less than expenditures for such activities as of the most recently completed fiscal year. Non-federal funding is defined as state general funds, including in-kind, expended only by the recipient entity administering the MIECHV grant and not by other state agencies. In addition, for purposes of maintenance of effort/non-supplantation, home visiting is defined as an evidence-based program implemented in response to findings from the most current statewide needs assessment update that includes home visiting as a primary service delivery strategy, and is offered on a voluntary basis to pregnant women or caregivers of children birth to kindergarten entry. Nonprofit recipients must agree to take all steps reasonably available for this purpose and should provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement. The baseline for maintenance of effort is the state fiscal year prior to the fiscal year during which the application is submitted. As a reminder, recipients may NOT consider any Title V funding used for evidence-based home visiting as part of the maintenance of effort demonstration. Recipients should only include state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.
 8. Funds made available to a recipient for a fiscal year shall remain available for expenditure by the recipient through the end of the second succeeding fiscal year after award. Funds awarded during Federal fiscal year 2021 (funds awarded on 09/30/2021) that have not been obligated prior to September 29, 2023 will be deobligated. They may not be carried over into a subsequent fiscal year.
 9. Recipients must continue to implement a Performance Measurement Plan approved by HRSA. This plan outlines the details of each performance measure and related data collection, reporting, and analysis activities. The recipient is expected to work with HRSA on an ongoing basis throughout the grant period to complete the development of operationally defined performance measures for each benchmark area and the specification of data collection processes in order to support program accountability and future ongoing quality improvement. If a revision is requested by HRSA or the recipient during the period of performance, the amended Performance Measurement Plan must be reviewed and approved by HRSA. An updated plan may be required to be submitted during the period of performance of the grant.

10. Recipients will be required to submit an annual Continuous Quality Improvement (CQI) Plan update by February 28, 2022. HRSA will provide guidance on how to submit final plans to the HRSA Project Officer through a Request for Information in the Electronic Handbooks (EHBs). The annual CQI Plan must provide updates on prior year activities, as well as describe recipient and Local Implementing Agency (LIA) level activities for the coming year. If the scope of a CQI Plan changes substantially during an implementation year, recipients must submit an updated CQI plan and rationale for the changes to the Project Officer 90 days prior to the proposed date to implementation of the changes.
11. No more than 25 percent of total fiscal year MIECHV grant award may be expended for purposes of conducting and evaluating a program using a service delivery model that qualifies as a promising approach. Recipients that propose to implement a home visiting model that qualifies as a promising approach are required to conduct a rigorous evaluation of that approach. Recipients must submit an evaluation plan in accordance with guidance provided through consultation with HRSA. An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days from project start date. HRSA will provide further guidance and technical assistance after the award is issued.
12. Recipients that did not propose to implement a home visiting model that qualifies as a promising approach are not required to conduct an evaluation of their home visiting program. Recipients who are conducting a voluntary state-led evaluation are required to participate in Coordinated State Evaluation (CSE) and are required to conduct evaluation in one of four HRSA-identified priority topic areas in a peer network of MIECHV awardees. Additional details about evaluation requirements can be found in HRSA-21-050. For awardees conducting a state-led evaluation, an evaluation plan is due to HRSA no later than 240 days from project start date. HRSA will provide further guidance and technical assistance after the award is issued.
13. Recipients must assure participation in any national evaluation activities, if selected to participate.
14. Funds awarded to any subcontractor, sub-recipient or recipient by the Department of Health and Human Services shall not be expended for research involving human subjects, and individuals shall not be enrolled in such research without an assurance by the Office of Human Research Protections (OHRP) (<http://www.hhs.gov/ohrp/about/index.html>) that the studies comply with the requirements of 45 CFR Part 46 to protect Human Research subjects. This restriction applies to all collaborating sites without OHRP Approved Assurances, whether domestic or foreign; compliance must be ensured by the awardee.
15. As applicable, recipients must comply with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule"). The Privacy Rule implements the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., which governs the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS's Office of Civil Rights (OCR) and is codified at 45 CFR parts 160 and 164. Not all HHS recipients are subject to the Privacy Rule. The Privacy Rule applies only to "covered entities," as defined by the rule, which include health plans and most health-care providers. (<http://www.hhs.gov/ocr/hipaa>).
16. Program income generated as a result of MIECHV funded activities must be used for approved program-related expenditures. The program income alternative applied to the award(s) under the program will be the addition/additive alternative, by which the program income is added to the federal award and is used to further eligible program objectives. Post-award requirements for program income can be found at 45 CFR § 75.307.
17. In FY 2022, HRSA will not be holding an All Grantee Meeting (AGM). States and territories who serve or are interested in serving tribal/indigenous populations may attend the ACF MIECHV Tribal Summit, and all states and territories may attend the National Home Visiting Summit and/or another relevant conference. MIECHV funds can be used to support travel and registration for these meetings/conferences. In FY 2023, HRSA's Division of Home Visiting and Early Childhood Systems plans to hold an AGM in the Washington, DC area, for up to five days. Attendance at the FY 2023 AGM is a grant requirement. In order to maximize learning and sharing potential, HRSA strongly encourages attendees to plan for up to five people, including the MIECHV project director, and other key staff. When determining attendance of key personnel, recipients are encouraged to consider staff with responsibilities such as: program oversight, fiscal/grants management, data/continuous quality improvement, program evaluation, performance measurement, capacity-building and technical assistance, systems integration, professional development, and sub-recipient monitoring.

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 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).

2. Due Date: Within 90 Days of Project End Date

Program specific forms for the project period are due within 90 days of the period of performance end date via HRSA's

ElectronicHandbooks. Specific forms required to be completed by MIECHV awardees include Administrative Forms 1, 2, 4, 6, and Products, Publications, and Submissions and Performance Measures Core 1, Core 2, Core 3, and Capacity Building CB4. More information is available at: https://perfdata.hrsa.gov/mchb/DgisApp/FormAssignmentList/X10_5.HTML.

3. Due Date: 10/30/2021

Recipients must provide an Annual Performance Report, which includes demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the Home Visiting Information System (HVIS) accessed through the EHBs. Annual performance reports are required and will be consolidated across X10 and X11 grants.

Section 1 of the report includes demographic, service utilization, and select clinical indicators including: an unduplicated count of enrollees; selected characteristics by race and ethnicity; socioeconomic data; other demographics; numbers of households from priority populations; service utilization across all models; among other measures.

Section 2 of the report includes the performance indicators and systems outcomes measures for all 19 constructs defined by HRSA within each of the six benchmark areas.

The annual reporting period is defined as October 1 through September 30 of each year.

4. Due Date: Quarterly (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 30 days after end of reporting period.

Recipients must submit Quarterly Performance Reports that include: the number of new and continuing households served; maximum service capacity; identification of; Local Implementing Agency (LIA) names and addresses; identification of counties and zip codes where households are served by each LIA; identification of evidence-based home visiting models or promising approaches implemented by each LIA; family engagement and retention, and; staff recruitment and retention. These reports will be submitted through the HVIS system, accessed through EHBs. The submission due date associated with Form 4 Quarterly Performance Reports is 30 days from the last day of the reporting period. However, HRSA has instituted a temporary 45-day submission period. HRSA will seek feedback throughout the process to assess the effectiveness of a 45-day submission period and the feasibility of shortening the submission period to 30 days prior to making any additional changes. HRSA will provide written notice prior to making any additional changes. The content and deadline for Quarterly Performance Reports are subject to change, pending Office of Management and Budget approval. Recipients will receive notice from HRSA of any such changes. Quarterly reporting periods are defined as follows:

- Q1 - October 1-December 31;
- Q2 - January 1-March 31;
- Q3 – April 1-June 30; and
- Q4 – July 1-September 30

5. Due Date: Within 90 Days of Project End Date

Recipients must submit a final progress report, which includes a final evaluation report (if applicable), within 90 days of the end of grant support. Final progress reports will be required and, when appropriate, may include activities carried out under X10 and X11 awards. The final progress report will collect program specific goals and progress on strategies; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. The final progress report must be submitted through the EHBs: (<https://grants.hrsa.gov/webexternal/home.asp>). Failure to submit timely and accurate final progress reports may affect future funding to the organization or awards with the same program director. Recipients will receive notification regarding final reporting through EHBs 23 months prior to the due date.

Recipients that implement a promising approach and/or coordinated state evaluation must include an evaluation section in their final progress report. The evaluation section of the final progress report must include an evaluation summary, a description of evaluation design and results, successes and challenges, limitations, conclusions or implications, and a plan for dissemination of evaluation findings. Recipients should expect significant review and revisions to this section and should be prepared to make requested revisions to ensure accuracy and appropriateness of the data, including having evaluation staff available to respond during the submission and review of the final report, which occurs after the end of the project period.

6. 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
Christina Elwood	Point of Contact	christina.elwood@health.mo.gov
Christina Elwood	Program Director	christina.elwood@health.mo.gov
Marcia Mahaney	Authorizing Official, Business 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/>).