



Recipient Information

- 1. Recipient Name**
MISSOURI DEPARTMENT OF HEALTH
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**
UETLXV8NG8F4
- 7. Project Director or Principal Investigator**
Catherine Harbison
Project Director
catherine.harbison@health.mo.gov
(573)751-6266 Ext. 6473
- 8. Authorized Official**

Federal Agency Information

- 9. Awarding Agency Contact Information**
Angela Love
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
alove1@hrsa.gov
(301) 443-4285
- 10. Program Official Contact Information**
Hannah Kotz
Maternal and Child Health Bureau (MCHB)
hkotz@hrsa.gov
(301) 785-9048

Federal Award Information

- 11. Award Number**
6 H61MC00071-22-02
- 12. Unique Federal Award Identification Number (FAIN)**
H6100071
- 13. Statutory Authority**
42 U.S.C. § 280g-1
- 14. Federal Award Project Title**
UNIVERSAL NEWBORN HEARING SCREENING
- 15. Assistance Listing Number**
93.251
- 16. Assistance Listing Program Title**
Universal Newborn Hearing and Screening
- 17. Award Action Type**
Administrative
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2022 - End Date 03/31/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$46,000.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$235,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$281,000.00
26. Project Period Start Date 04/01/2020 - End Date 03/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$724,000.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
LaShawna Smith on 10/19/2022

30. Remarks

Prior Approval Request Tracking Number PA-00109229. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 H61MC00071-22-02
Federal Award Date: 10/19/2022

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:	\$94,855.00
b. Fringe Benefits:	\$42,725.00
c. Total Personnel Costs:	\$137,580.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$745.00
g. Travel:	\$6,900.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$11,211.00
j. Consortium/Contractual Costs:	\$96,370.00
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:	\$252,806.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$28,194.00
q. TOTAL APPROVED BUDGET:	\$281,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$281,000.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$281,000.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$46,000.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$235,000.00
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
23	\$235,000.00

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
22 - 3893045	93.251	20H61MC00071	\$0.00	\$0.00	N/A	20EHD-IP

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 Notice of Award authorizes the carryover of an unobligated balance in the amount of \$46,000 from budget period 4/1/2021 - 3/31/2022 to into 4/1/2022 - 3/31/2023 the current budget period. These funds can only be used for the purposes stated in your Prior Approval request PA-00109229.

Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Catherine Harbison	Program Director	catherine.harbison@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/>).