

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop B3-30-03
Baltimore, Maryland 21244-1850



Office of Acquisition and Grants Management
Division of Grants Management/Acquisition and Grants Group

JUL 27 2011

Bret Fischer
Director of Administration
Missouri Department of Health and Senior Services
920 Wildwood Drive
Jefferson City MO 65109-5796

Dear Mr. Fischer

Re: Grant no. 1A1CMS330804: Administrative Change of Notice of Award to reflect State Match

The purpose of this letter is to inform you that we have processed an administrative change to the grant project entitled "Missouri National and State Background Checks." Enclosed, please find the Notice of Award (NoA) correcting the Non-Federal Share from \$0 to \$1,000,000. This amount was not included in the original NoA.

In addition, this amendment changes the type of award in Box 5 of the NoA from 'Other' to 'Demonstration' and changes the Grants Management Officer to Mary Greene.

All prior terms and conditions remain in effect for this grant.

If you have any questions please contact me at the following: mgreene@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Mary Greene".

Mary Greene
Grants Officer

Enclosure

cc: Debra Spears
L. Celestina Lang
Melanie Madore

**Department of Health and Human Services
Centers for Medicare and Medicaid Services
Notice of Award (NOA)**

SAI NUMBER:

PMS DOCUMENT NUMBER:

1A1330804A

1. AWARDING OFFICE: Centers For Medicare & Medicaid Services		2. ASSISTANCE TYPE: Discretionary Grant		3. AWARD NO.: 1A1CMS330804-01-01		4. AMEND. NO.: 1		
5. TYPE OF AWARD: Demonstration			6. TYPE OF ACTION: Revision - NoA/NGA			7. AWARD AUTHORITY: Patient Protection and Affordable Care Act		
8. BUDGET PERIOD: 09/30/2010 THRU 09/30/2012			9. PROJECT PERIOD: 09/30/2010 THRU 09/30/2012			10. CAT NO.: 93.506		
11. RECIPIENT ORGANIZATION: Missouri Dept. of Health and Senior Services/DSS&R 920 Wildwood Dr Jefferson City, MO 65109-5796 B Fischer						12. PROJECT / PROGRAM TITLE: National and State Background Checks		

13. COUNTY: Cole		14. CONGR. DIST.: 04		15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Melanie Madore			
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16. APPROVED BUDGET:			17. AWARD COMPUTATION:		
Personnel.....	\$	180,972	A. NON-FEDERAL SHARE.....	\$	1,000,000 25%
Fringe Benefits.....	\$	85,962	B. FEDERAL SHARE.....	\$	3,000,000 75%
Travel.....	\$	8,292	18. FEDERAL SHARE COMPUTATION:		
Equipment.....	\$	0	A. TOTAL FEDERAL SHARE.....	\$	3,000,000
Supplies.....	\$	0	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$	0
Contractual.....	\$	2,042,480	C. FED. SHARE AWARDED THIS BUDGET PERIOD...	\$	3,000,000
Facilities/Construction.....	\$	0	19. AMOUNT AWARDED THIS ACTION:		
Other.....	\$	621,433	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:		
Direct Costs.....	\$	2,939,139	\$ 3,000,000		
Indirect Costs.....	\$	60,861	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:		
At % of \$			ADDITIONAL COSTS		
Total Approved Budget.....			22. APPLICANT EIN:		23. PAYEE EIN:
\$ 3,000,000			[REDACTED]		24. OBJECT CLASS:
					41.45

25. FINANCIAL INFORMATION:							DUNS: 878092600
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %	
CMS	1A1330804A	75X0509	0-5991048	\$0			

26. REMARKS: (Continued on separate sheets)

See next page

27. SIGNATURE, GRANTS OFFICER  Mary Greene		DATE: JUL 27 2011		28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Signature Not Required	
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) Debra Spears Signature Not Required			DATE:		

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Centers for Medicare and Medicaid Services
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26.REMARKS (Continued from previous page)

The purpose of this amendment is to adjust the non-federal share in Box 17 to equal the actual amount of state match provided by the grantee. That amount is \$1,000,000.

In addition, this amendment changes the type of award in Box 5 from 'Other' to 'Demonstration' and changes the Grants Management Officer to Mary Greene.