1. DATE ISSUED: 10/21/2014	**2. PROGRAM CFDA:** 93.994	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 1 B04MC28109-01-00	**4b. GRANT NO.:** B04MC28109	**5. FORMER GRANT NO.:**
6. PROJECT PERIOD: **FROM:** 10/01/2014 **THROUGH:** 09/30/2016		
7. BUDGET PERIOD: **FROM:** 10/01/2014 **THROUGH:** 09/30/2016		

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Social Security Act, Title V, 45 CFR 96

8. TITLE OF PROJECT (OR PROGRAM): Maternal and Child Health Services

9. GRANTEE NAME AND ADDRESS:
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 WILDWOOD
JEFFERSON CITY, MO 65102-0570
DUNS NUMBER:
878092600

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Melinda D Sanders
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
Division Line: Division of Community and Public Health
PO BOX 570
Jefferson City, MO 65102-0570

11.APPROVED BUDGET:(Excludes Direct Assistance)
[ ] Grant Funds Only
[X] Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	$0.00
b . Fringe Benefits :	$0.00
c . Total Personnel Costs :	$0.00
d . Consultant Costs :	$0.00
e . Equipment :	$0.00
f . Supplies :	$0.00
g . Travel :	$0.00
h . Construction/Alteration and Renovation :	$0.00
i . Other :	$0.00
j . Consortium/Contractual Costs :	$0.00
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 :	$2,380,342.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	$0.00
q . TOTAL APPROVED BUDGET :	$2,380,342.00
i. Less Non-Federal Share:	$0.00
ii. Federal Share:	$2,380,342.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$2,380,342.00**
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	$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$2,380,342.00**

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

YEAR	TOTAL COSTS
Not applicable	

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 Part 74.24 OR 45 CFR 92.25 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 74 or 45 CFR Part 92 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 **[X]Yes [ ]No**)
FY 2015 MCH Block Grant Program--partial first quarter awards, as authorized under the Continuing Resolution, P.L. 113-164, for the period 10/1/2015 through 12/11/2015.

Electronically signed by Dorothy Kelley , Grants Management Officer on : 10/21/2014

17. OBJ. CLASS: 41.15 **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
15 - 3893050	93.994	1528109MCHS	$2,380,342.00	$0.00		MCHS1-15

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://grants.hrsa.gov/webexternal/login.asp 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 special remarks and condition(s) 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. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. 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. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

   You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: http://www.dpm.psc.gov/contacts/contacts.aspx?explorer.event=true

2. 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 $25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (http://www.hrsa.gov/grants/ffata.html). 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.
3. 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.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf

Program Specific Term(s)

1. Grantee will disregard Block 15, "Program Income" and Block 16 part "d" of the Notice of Award, page 1. Instead this Block Grant award is subject to 45 CFR Part 96 as applicable and individual State Regulations.
2. Travel is required for the MCH and CSCHN Directors for the Block Grant Application/Annual Report Review and the MCH Federal-State Partnership Meeting as indicated in the Maternal and Child Health Services Title V Block Grant Program Guidance approved by the Office of Management and Budget (OMB) under OMB Number 0915-0172.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

   The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and 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
Bret Fischer	Authorizing Official	grants@health.mo.gov
Melinda D Sanders	Program Director, Point of Contact	melinda.sanders@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Christopher Dykton at:
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: cdykton@hrsa.gov
Phone: (301) 443-9534

Division of Grants Management Operations:

For assistance on grant administration issues, please contact John Gazdik at:
HRSA/OFAM/DGMO
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: jgazdik@hrsa.gov
Phone: (301) 443-6962
Fax: (301) 443-6686