

1. DATE ISSUED: 07/30/2014		2. PROGRAM CFDA: 93.165		 <p align="center">HRSA Health Resources and Services Administration</p> <p align="center">NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 338I(a)-(i) (42 U.S.C. 254q-1(a)-(i))</p>																																																					
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																									
4a. AWARD NO.: 2 H56HP00096-25-00		4b. GRANT NO.: H56HP00096	5. FORMER GRANT NO.: H56CS00096																																																						
6. PROJECT PERIOD: FROM: 10/01/1990 THROUGH: 08/31/2018																																																									
7. BUDGET PERIOD: FROM: 09/01/2014 THROUGH: 08/31/2015																																																									
8. TITLE OF PROJECT (OR PROGRAM): STATE LOAN REPAYMENT PROGRAM																																																									
9. GRANTEE NAME AND ADDRESS: MISSOURI DEPARTMENT OF HEALTH PO BOX 570 Jefferson City, MO 65102-0570 DUNS NUMBER: 878092600			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Ben Harvey MISSOURI DEPARTMENT OF HEALTH 912 Wildwood Dr Jefferson City, MO 65109-5796																																																						
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation			12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																						
<table border="0"> <tr><td>a. Salaries and Wages :</td><td align="right">\$0.00</td></tr> <tr><td>b. Fringe Benefits :</td><td align="right">\$0.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td align="right">\$0.00</td></tr> <tr><td>d. Consultant Costs :</td><td align="right">\$0.00</td></tr> <tr><td>e. Equipment :</td><td align="right">\$0.00</td></tr> <tr><td>f. Supplies :</td><td align="right">\$0.00</td></tr> <tr><td>g. Travel :</td><td align="right">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td align="right">\$0.00</td></tr> <tr><td>i. Other :</td><td align="right">\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td align="right">\$500,000.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td align="right">\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td align="right">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td align="right">\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td align="right">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td align="right">\$500,000.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td align="right">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td align="right">\$500,000.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td align="right">\$250,000.00</td></tr> <tr><td> ii. Federal Share:</td><td align="right">\$250,000.00</td></tr> </table>			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 :	\$500,000.00	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 :	\$500,000.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q. TOTAL APPROVED BUDGET :	\$500,000.00	i. Less Non-Federal Share:	\$250,000.00	ii. Federal Share:	\$250,000.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td align="right">\$250,000.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td align="right">\$0.00</td></tr> <tr><td> ii. Offset</td><td align="right">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td align="right">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td align="right">\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td align="right">\$250,000.00</td></tr> </table>			a. Authorized Financial Assistance This Period	\$250,000.00	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	\$250,000.00
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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 [C]																																																									
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Director, Division of Administration, Bret Fischer, will provide 5% in kind FTE towards the oversight of the grant program.																																																									
<i>Electronically signed by Shonda Gosnell , Grants Management Officer on : 07/30/2014</i>																																																									
17. OBJ. CLASS: 41.51		18. CRS-EIN: [REDACTED]		19. FUTURE RECOMMENDED FUNDING: \$0.00																																																					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE																																																				
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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. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the FFR (Federal Financial Report) SF 425-Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
2. 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/dpm_contact_list/dpm_contact_list.aspx.
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>
4. The requirements of 48 CFR section 3.908 (found at <http://www.ecfr.gov>) implementing section 828 of the National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections" apply to this award. This notice requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce. The details of 41 U.S.C. 4712 can be found at <http://uscode.house.gov/browse.xhtml>. (regarding 48 CFR section 3.908, note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term, should read as "grant," "grantee," "subgrant," or "subgrantee").

Program Specific Term(s)

1. The SLRP Grantee will comply with applicable reporting requirements and demonstrate that all SLRP funds are being expended to avoid excessive unobligated funds to the best of their ability. To date the SLRP reporting requirements are outlined below and may be subject to be changed based on the reporting needs of the Bureau of Health Workforce (BHW). Grantees will be notified via email by their project officer if and when there are changes to Program reporting requirements.
2. As a State Loan Repayment Program grantee, it is your responsibility each budget period to show proof of your state match funds (source/amount). The state is responsible for the development of participant contracts that adhere to SLRP guidelines. You are encouraged to consult with your legal counsel to develop terms and conditions that are appropriate for the execution of your state loan repayment program. Grant applications must include a copy of any contract that is used in your state's loan repayment program.

The SLRP Grantee will demonstrate that it is enforcing the terms of its SLRP contracts (e.g. service commitment and default provisions).

The SLRP grantee will demonstrate the impact of the SLRP in the State's HPSA communities as it relates to the recruitment and retention of primary health care providers, elimination of access barriers, and improve health outcomes.

Contract Requirements

Contracts used under your state's loan repayment program must include the following information and terms:

- **Participant's Name**
- **Contract Award Period**
- **Contract Amount:** Total award amount of contract
- **Practice Site:** Name and physical location (not mailing address) of eligible practice site (including 9-digit zip code and HPSA identification number).
- **State Funding:** The State agrees to pay all or part of the principal, interest, and related expenses of the qualifying educational loans of the health professional. The award amount may not exceed \$50,000 per year for full-time participants or \$25,000 per year for half-time participants (unless they agree to serve twice as long), unless the individual agrees to serve at a high priority HPSA determined by the NHSC, and the additional funds come from non-Federal sources.
- **Practice Agreement:** In return for repayment of qualifying loans, the individual agrees to provide primary health services of one year for each year of loan repayment, with a minimum two-year obligation, at a public or nonprofit private entity that serves a Federally-designated HPSA.
- **Practice Hours:** The health professional agrees to provide either full- or half-time clinical service at a HPSA site. Full-time must be defined as not less than 40 hours per week for at least 45 weeks per year, and half-time must be defined as not less than 20 hours, but not more than 39 hours, per week for at least 45 weeks per year.
- **Site Requirements:** The health professional agrees to work at a service site that accepts reimbursement under Medicare, Medicaid, and the Children's Health Insurance Program, utilizes a sliding fee scale, and sees all patients regardless of their ability to pay.
- **Service Obligation:** If the participant fails to begin or complete service, he/she will incur a debt to the state in an amount not less than the damages that would be owed under the NHSC LRP default provision.
- **Waiver:** The state should have a waiver provision to accommodate cases where the participant is unable to complete the service obligation due to illness or other compelling personal circumstances. The waiver provision must not be more favorable than the NHSC LRP's waiver provision.
- **Contract Cancellation:** The state may cancel the obligation in the case of the participant's death.
- **Contract Termination:** The state may allow participants to request termination of their SLRP contract. The contract should clearly state the terms and conditions for termination. The state may fashion its own termination provision so long as it is not more favorable than the NHSC LRP's termination provision at 42 U.S.C. § 254o(c)(2) (An NHSC loan repayer may request termination of his/her contract by submitting a written request for termination and repaying all funds disbursed under the contract, no later than 45 days prior to the end of the fiscal year in which the contract was entered into - i.e., by August 17 of the year in which the contract was executed).

It is the responsibility of your state to recover from the SLRP participant the amount specified in the SLRP contract's default provision. While your state is not required to return to HRSA any of the monies it recovers from an SLRP defaulter, HRSA expects your state to enforce its SLRP contracts, including the default provision.

Contract Breach and Default Provision

The NHSC LRP default provision is found at 42 U.S.C. § 254o(c)(1). There are three components to the damages formula: (A) The amounts paid to the participant for any period **not** served; (B) The number of months **not** served, multiplied by \$7,500; and (C) Interest on (A) and (B) If the amount resulting from the above formula equals less than \$31,000, then the defaulter owes \$31,000. The amount owed is due to be paid within one year of breach. You may use a breach formula in your state loan repayment program contract different than the one above; however, the amount due to the state cannot be less than what would be owed if the above formula was used. In addition, your state must require that individuals who breach owe not less than \$31,000 to the state, even if its breach formula would result in a lower amount due.

SLRP participants are considered to be in default if they do not complete the period of obligated service at an eligible site in accordance with their SLRP contract, or otherwise fail to comply with the terms of the contract, even if no monies have yet been disbursed to the participant. That is, if a state does not release SLRP funds to a participant until the service obligation is completed, an individual found in breach of the obligation would still incur a debt to the state.

Reduction in SLRP Grant for Breached Contracts

When your state loan repayment program has had one or more initial breaches by health professionals of SLRP contracts in the fiscal year preceding that of a grant application, the SLRP statute requires the Secretary of HHS to reduce the state's next grant award as a means of "recovering" the Federal dollars invested in the health professional who failed to serve. The offset formula is found at 42 U.S.C. § 254q-1(g)(2)(B). The amount to be offset equals the sum of the Federal funds disbursed to the SLRP defaulter, plus interest at the maximum legal rate prevailing for loans made during the time amounts were paid under the contract, as determined by the Treasurer of the United States. The Secretary may waive the offset requirement if the SLRP participant's breach was due solely to the participant having a serious illness.

Legislative Information

Public Health Service Act, Title III, Section 3381(a)-(i) (42 U.S.C. § 254q-1(a)-(i))

Help with Grants

- CallCenter@hrsa.gov
- 1-877-464-4772, TTY: 877-897-9910

Monday – Friday (except Federal holidays), 9 a.m. – 5:30 p.m. ET

- For program-related questions, please email slrp@hrsa.gov

The SLRP Grantee will demonstrate the impact of the SLRP in the state's HPSA communities as it relates to the recruitment and retention of primary health care providers, elimination of access barriers, and improved health outcomes.

SLRP has the authority to now start offering a half-time program that mirrors the NHSC half-time program.

The ACA amended the NHSC statute to authorize half-time service and added a definition of "half-time clinical practice": "a minimum of 20 hours per week (not to exceed 39 hours per week) in a clinical practice, for a minimum of 45 weeks per year." The NHSC LRP Application and Program Guidance further define "half-time clinical practice," that can serve as a reference for SLRP grantees.

See <http://nhsc.hrsa.gov/downloads/lrpapplicationguidance.pdf> - Service Requirements, pp 17-19. Also, note that there are 2 half-time options: participants can do 2 years of service for half the money or serve twice as long (i.e., do 4 years of service for the full award amount).

The NHSC LRP statute, as amended by the Affordable Care Act (ACA), now authorizes the Secretary to offer up to \$50,000 per year to NHSC LRP participants. The State Loan Repayment Programs (SLRPs) can now also offer this option. Under the SLRP statute, the State grantees must offer contract terms, including award amount, that are not more favorable than the terms the Secretary of HHS is authorized to offer to NHSC LRP participants.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsggps107.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered

binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$181,500 (the Executive Level II salary of the Federal Executive Pay scale). This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy. **Your award amount will not necessarily be recalculated to adjust for necessary reductions in salaries included in your proposal. However, none of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the salary limitation.** [It is important to note that an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.]
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>.

It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and

more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

Reporting Requirement(s)

1. Due Date: 04/21/2015

SLRP Field Strength Report

Due Date: 4/21/2015,

Deadline: April 21, 2015 - The report captures data from September 1, 2014 – March 31, 2015

The grantee must submit a **SLRP Field Strength Report**. The awardee must submit progress reports to HRSA two times a year. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. The Report template will be available to awardee 2-3 weeks prior to the due date. All reports are to be submitted electronically through EHB. All reports should capture the following:

- a. The total # of **NEW** contracts signed by discipline for the cited reporting period.
- b. **ACTUAL** qualifying educational loan amounts for participants under new contracts.
- c. Indicate whether the new provider will practice in an Urban and Rural setting.
- d. Total # of practitioners (new and continuing) currently providing care through the SLRP.
- e. Total # of SLRP participants by name with, terminations, and/or defaults , waivers, and who have completed service during the reporting period by discipline (includes new and current providers) under contract during the reporting period by discipline
- f. Budget Projections/Obligated/Committed expenditures for the designated reporting period

Grantees will be notified via email by their project officer if and when there are changes to Program reporting requirements.

2. Due Date: 09/21/2015

Due Date: 9/21/2015,

Deadline: September 21, 2015 - The report captures data from April 1, 2015 – August 31, 2015.

The grantee must submit a **SLRP Field Strength Report**. The awardee must submit progress reports to HRSA two times a year. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. The Report template will be available to awardee 2-3 weeks prior to the due date. All reports are to be submitted electronically through EHB. All reports should capture the following:

- a. The total # of **NEW** contracts signed by discipline for the cited reporting period.
- b. **ACTUAL** qualifying educational loan amounts for participants under new contracts.
- c. Indicate whether the new provider will practice in an Urban and Rural setting.
- d. Total # of practitioners (new and continuing) currently providing care through the SLRP.
- e. Total # of SLRP participants by name with, terminations, and/or defaults , waivers, and who have completed service during the reporting period by discipline (includes new and current providers) under contract during the reporting period by discipline
- f. Budget Projections/Obligated/Committed expenditures for the designated reporting period

Grantees will be notified via email by their project officer if and when there are changes to Program reporting requirements.

3. Due Date: Annually (Budget Period) Beginning: Budget End Date Ending: Budget End Date, due 90 days after end 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

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