

Notice of Award FAIN# X1039696

Federal Award Date: 09/28/2021

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

3. Payment System Identifier (ID)

4. Employer Identification Number (EIN)



- 5. Data Universal Numbering System (DUNS) 878092600
- 6. Recipient's Unique Entity Identifier
- 7. Project Director or Principal Investigator Jami Kiesling jami.kiesling@health.mo.gov (573)751-6266
- 8. Authorized Official Marcia A 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

4 X10MC39696-01-05

12. Unique Federal Award Identification Number (FAIN) X1039696

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)

42 0.5.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

16. Assistance Listing Program Title

Maternal, Infant and Early Childhood Homevisiting Grant Program

17. Award Action Type

Change in Budget Period/Project Period; With or Without funds

18. Is the Award R&D?

No

Summary Federal Award Financial Information			
19. Budget Period Start Date 09/30/2020 - End Date 08/28/2021			
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
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	\$3,795,472.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$3,795,472.00		
26. Project Period Start Date 09/30/2020 - End Date 08/28/2021			
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,795,472.00		

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

30. Remarks



Maternal and Child Health Bureau (MCHB)

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31. APPROVED BUDGET: (Excludes Direct Assistance)				
[X] Grant Funds Only				
[] Total project costs including grant funds and all other finar	ncial participation			
a. Salaries and Wages:	\$259,103.00			
b. Fringe Benefits:	\$161,939.00			
c. Total Personnel Costs:	\$421,042.00			
d. Consultant Costs:	\$0.00			
e. Equipment:	\$0.00			
f. Supplies:	\$6,598.00			
g. Travel:	\$43,905.00			
h. Construction/Alteration and Renovation:	\$0.00			
i. Other:	\$42,660.00			
j. Consortium/Contractual Costs:	\$3,196,637.00			
k. Trainee Related Expenses:	\$0.00			
I. Trainee Stipends:	\$0.00			
m. Trainee Tuition and Fees:	\$0.00			
n. Trainee Travel:	\$0.00			
o. TOTAL DIRECT COSTS:	\$3,710,842.00			
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$84,630.00			
q. TOTAL APPROVED BUDGET:	\$3,795,472.00			
i. Less Non-Federal Share:	\$0.00			
ii. Federal Share:	\$3,795,472.00			
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:				
a. Authorized Financial Assistance This Period	\$3,795,472.00			
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	\$3,795,472.00			
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			
Not applicable				
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)				
a. Amount of Direct Assistance				
b. Less Unawarded Balance of Current Year's Funds				
c. Less Cumulative Prior Award(s) This Budget Period				
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.0				
35. FORMER GRANT NUMBER				
36. OBJECT CLASS 41.51				
37. BHCMIS#				

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 statue 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
20 - 3895632	93.870	20X10MC39696	\$0.00	\$0.00	N/A	20MIECHV-F

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/WebEPSExternal/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 revised Notice of Award is issued to terminate the grant award issued to Missouri Department of Health and Senior Services (Grant Number X10MC39696) as requested via prior approval (Tracking Number PA-00099465) submitted by Brian Bishop on 8/31/2021. This grant will be transferred to Missouri Department of Elementary and Secondary Education (Grant Number X10MC45193).

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

Contacts

NoA Email Address(es):

Name	Role	Email
Jami Kiesling	Program Director, Point of Contact	jami.kiesling@health.mo.gov
Marcia A Mahaney	Authorizing 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/).