1. DATE ISSUED: 12/22/2015

2. PROGRAM CFDA: 93.110

3. SUPERSEDES AWARD NOTICE dated: 11/13/2014
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARD NO.: 6 H25MC26231-02-02

4b. GRANT NO.: H25MC26231

5. FORMER GRANT NO.:

6. PROJECT PERIOD:
FROM: 08/01/2013 **THROUGH:** 07/31/2016

7. BUDGET PERIOD:
FROM: 08/01/2014 **THROUGH:** 07/31/2015

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

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Section 1252, as amended, Public Law 104-166, 42 U.S.C. 300d-52
Social Security Act § 501(a)(2-3), 42 U.S.C. § 701(a)(2-3)
Title V, § 501(a)(3)(c) of the Social Security Act as amended, (42 U.S.C. 701(a)(3)(c)

8. TITLE OF PROJECT (OR PROGRAM): Community-Based Integrated Service Systems (Local/State)

9. GRANTEE NAME AND ADDRESS:
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 Wildwood Dr
Jefferson City, MO 65109-5796
DUNS NUMBER:
878092600

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Cindy Reese
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
Division Line: Division of Community and Public Health
930 Wildwood Dr
Jefferson City, MO 65109-5796

11.APPROVED BUDGET:(Excludes Direct Assistance)
[X] Grant Funds Only
[ ] 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 :	$136,875.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	$11,125.00
q . TOTAL APPROVED BUDGET :	$148,000.00
i. Less Non-Federal Share:	$0.00
ii. Federal Share:	$148,000.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$148,000.00**
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	$36,000.00
ii. Offset	$0.00
c. Unawarded Balance of Current Year's Funds	$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	$140,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**($28,000.00)**

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

YEAR	TOTAL COSTS
03	$140,000.00

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 75.307 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 75 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**)
Prior Approval Request Tracking Number PA-00051368. Prior Approval Request Type: Carryover

Electronically signed by Stephannie Young , Grants Management Officer on : 12/22/2015

17. OBJ. CLASS: 41.51

[redacted]

19. FUTURE RECOMMENDED FUNDING: $0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
14 - 3892050	93.110	H25MC26231A0	($28,000.00)	$0.00	N/A	N/A

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

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 Notice of Award has been revised to deobligate $28,000 of FY 2014 funds to be used as offset on the FY 2015 award.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Cindy Reese	Point of Contact, Program Director	cindy.reese@health.mo.gov
Bret Fischer	Authorizing Official	grants@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Michelle Koplitz at:
HRSA/MCHB/DHVECS
5600 Fishers Lane
RM 10-86
Rockville, MD, 20857-
Email: mkoplitz@hrsa.gov
Phone: (301) 880-4480

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Denise Boyer at:
MailStop Code: 10W-05D
Maternal Child and Health Systems Branch
5600 Fishers Lane
RM 10W-05D
Rockville, MD, 20852-1750
Email: DBoyer@hrsa.gov
Phone: (301) 594-4256
Fax: (301) 594-4073