

1. DATE ISSUED: 11/06/2014		2. PROGRAM CFDA: 93.301		 <p align="center">NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Social Security Act, Section 1820(g)(3) Section 1820(g)(3) of the Social Security Act, 42 U.S.C. 1395i-4</p>																																																					
3. SUPERSEDES AWARD NOTICE dated: 09/05/2014 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																									
4a. AWARD NO.: 6 H3HRH00010-13-01		4b. GRANT NO.: H3HRH00010	5. FORMER GRANT NO.:																																																						
6. PROJECT PERIOD: FROM: 09/01/2002 THROUGH: 05/31/2016																																																									
7. BUDGET PERIOD: FROM: 09/01/2014 THROUGH: 08/31/2015																																																									
8. TITLE OF PROJECT (OR PROGRAM): SMALL RURAL HOSPITAL IMPROVEMENT GRANT 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 checked="" type="checkbox"/> Grant Funds Only <input 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">\$365,040.00</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">\$365,040.00</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">\$365,040.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td align="right">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td align="right">\$365,040.00</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 :	\$365,040.00	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 :	\$365,040.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q. TOTAL APPROVED BUDGET :	\$365,040.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$365,040.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td align="right">\$365,040.00</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">\$365,040.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td align="right">\$0.00</td></tr> </table>			a. Authorized Financial Assistance This Period	\$365,040.00	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	\$365,040.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00
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13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																																									
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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 [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:																																																									
<small>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.</small>																																																									
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Prior Approval Request Tracking Number PA-00042075. Prior Approval Request Type: Other <i>Electronically signed by Pamela Bell , Grants Management Officer on : 11/06/2014</i>																																																									
17. OBJ. CLASS: 41.51		18. CRS-EIN: ██████████		19. FUTURE RECOMMENDED FUNDING: \$0.00																																																					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																																			
14 - 3704132	93.301	H3HRH00010D0	\$0.00	\$0.00		N/A																																																			

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)

- This revision is issued to approve a budget modification, in accordance with your Prior Approval request.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Linda M Cade	Authorizing Official	linda.cade@health.mo.gov
Ben Harvey	Program Director	ben.harvey@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Michael McNeely at:
MailStop Code: 17W45C
HRSA/OA/ORHP
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: mmcneely@hrsa.gov
Phone: (301) 443-5812

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Benjamin White at:
MailStop Code: 10SWH03
HIV/AIDS & Rural Health Branch
5600 Fisher Lane
Rockville, MD, 20857-0001
Email: BWhite@hrsa.gov
Phone: (301) 945-9455
Fax: (301) 443-5461