1. DATE ISSUED: 03/17/2016	**2. PROGRAM CFDA:** 93.241	
3. SUPERSEDES AWARD NOTICE dated: 08/26/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 6 H54RH00006-17-01	**4b. GRANT NO.:** H54RH00006	**5. FORMER GRANT NO.:**
6. PROJECT PERIOD: **FROM:** 09/01/1999 **THROUGH:** 08/31/2018		
7. BUDGET PERIOD: **FROM:** 09/01/2015 **THROUGH:** 08/31/2016		

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

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Balanced Budget Act of 1997, Section 4201, P.L. 105-33
Title XVIII, §1820(g)(1) and (2) of the Social Security Act (42 U.S.C. 1395i-4), as amended; Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235).

8. TITLE OF PROJECT (OR PROGRAM): RURAL HOSPITAL FLEXIBILITY PROGRAM

9. GRANTEE NAME AND ADDRESS:
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 570
Jefferson City, MO 65102-0570
DUNS NUMBER:
878092600

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Ben Harvey
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
912 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 :	$73,283.00
b . Fringe Benefits :	$36,642.00
c . Total Personnel Costs :	$109,925.00
d . Consultant Costs :	$0.00
e . Equipment :	$0.00
f . Supplies :	$3,500.00
g . Travel :	$8,833.00
h . Construction/Alteration and Renovation :	$0.00
i . Other :	$16,623.00
j . Consortium/Contractual Costs :	$290,148.00
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 :	$429,029.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	$22,974.00
q . TOTAL APPROVED BUDGET :	$452,003.00
i. Less Non-Federal Share:	$0.00
ii. Federal Share:	$452,003.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$452,003.00**
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	$427,003.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$25,000.00**

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

YEAR	TOTAL COSTS
18	$427,003.00
19	$427,003.00

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-00053729. Prior Approval Request Type: Carryover

Electronically signed by Inge Cooper , Grants Management Officer on : 03/17/2016

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	SUB ACCOUNT CODE
14 - 3704129	93.912	15H54RH00006	$25,000.00	$0.00	N/A	15MRHFLEX

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 authorizes the carryover of an unobligated balance in the amount of $25,000 from budget period 09/01/2014 to 08/31/2015 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request.**

   Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

Contacts

NoA Email Address(es):

Name	Role	Email
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 Kevin Chaney at:
Office of Rural Health Policy
5600 Fishers Lane
OFC 17W49C
Rockville, MD, 20857-0002
Email: kchaney@hrsa.gov
Phone: (301) 945-0851

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Kimberly Dews at:
MailStop Code: 10NWH04
OFAM/DGMO
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: kdews@hrsa.gov
Phone: (301) 443-0655