

HRSA will be performing monthly network and server maintenance activities between Wednesday, May 21st, 2014 6:00 P.M. and Thursday, May 22nd, 2014 3:00 A.M. ET. Please ensure that you save your work and log off prior to the start of these activities to prevent unintentional loss of data.

1. DATE ISSUED: 05/21/2014		2. PROGRAM CFDA: 93.130		 <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 333D Public Health Service Act as amended, Title 3 Section 330(l), 330(m), 333(d)</p>																																																						
3. SUPERSEDES AWARD NOTICE dated: 04/03/2014 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																										
4a. AWARD NO.: 6 U68HP11488-06-01		4b. GRANT NO.: U68HP11488	5. FORMER GRANT NO.: 6 U68CS00195-22-03																																																							
6. PROJECT PERIOD: FROM: 04/01/2009 THROUGH: 03/31/2019																																																										
7. BUDGET PERIOD: FROM: 04/01/2014 THROUGH: 03/31/2015																																																										
8. TITLE OF PROJECT (OR PROGRAM): State Primary Care Offices																																																										
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>\$117,557.00</td></tr> <tr><td>b. Fringe Benefits :</td><td>\$55,883.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td>\$173,440.00</td></tr> <tr><td>d. Consultant Costs :</td><td>\$0.00</td></tr> <tr><td>e. Equipment :</td><td>\$0.00</td></tr> <tr><td>f. Supplies :</td><td>\$150.00</td></tr> <tr><td>g. Travel :</td><td>\$6,610.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td>\$0.00</td></tr> <tr><td>i. Other :</td><td>\$5,434.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td>\$6,265.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td>\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td>\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td>\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td>\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td>\$191,899.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td>\$36,076.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td>\$227,975.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td>\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td>\$227,975.00</td></tr> </table>				a. Salaries and Wages :	\$117,557.00	b. Fringe Benefits :	\$55,883.00	c. Total Personnel Costs :	\$173,440.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$150.00	g. Travel :	\$6,610.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$5,434.00	j. Consortium/Contractual Costs :	\$6,265.00	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 :	\$191,899.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$36,076.00	q. TOTAL APPROVED BUDGET :	\$227,975.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$227,975.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td>\$227,975.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td>\$0.00</td></tr> <tr><td> ii. Offset</td><td>\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td>\$227,975.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr> </table>			a. Authorized Financial Assistance This Period	\$227,975.00	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	\$227,975.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00
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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						[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 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) This NoA is issued to remove one or more Grant Conditions imposed on projects.																																																										
Electronically signed by Tammy Jeffs , Grants Management Officer on : 05/21/2014																																																										
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 - 3691417	93.130	14U68HP11488	\$0.00	\$0.00		14-PCSRCD																																																				
14 - 3981173	93.224	14U68HP11488	\$0.00	\$0.00		14-PCSRCD																																																				

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)

- The grant condition stated below on NoA 2 U68HP11488-06-00 is hereby lifted.
Within 30 days, submit a revised SF 424A, line item budget, budget justification, and work plan that addresses the weaknesses cited in the Summary Statement and which reflects the annual award amount of \$227,975 for each year of the five-year Cooperative Agreement project period, 04/01/2014-03/31/2019.
- In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**
 - Providing consultation in the planning, development, and evaluation of the work plan under the Cooperative Agreement;
 - Participating, as appropriate, in workgroups conducted during the period of the Cooperative Agreement;
 - Monitoring the activities of the work plan through progress review, meetings, and teleconferences.
 - Serving as the final authority on National Health Service Corps (NHSC) Site Applications and all shortage designation actions.

The cooperative agreement recipient's responsibilities shall include:

 - Completion of activities proposed in response to application review criteria listed in Section V of this application.
 - Participation in face-to-face meetings and conference calls with the federal Project Officer conducted during the period of the cooperative agreement.
 - Collaboration with the federal Project Officer on ongoing review of activities, procedures and budget items.
 - Conduct statewide analysis of unmet need, disparities, and health workforce issues.
 - Coordinate the Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps) designation process within the state to ensure consistent accurate assessment of underservice including data collection, verification, and analysis as applicable.
 - Provide technical assistance and collaboration to expand access to primary care including: coordination of the NHSC and NURSE Corps programs and provider recruitment and retention; collaboration with Health Center planning and development; and collaboration with other HRSA partners and organizations to support access to primary care services.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Amber Dawn Heathman	Business Official	dawn.heathman@health.mo.gov
Ben Harvey	Point of Contact	ben.harvey@health.mo.gov
Bret Fischer	Authorizing Official	grants@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 Adam Tahiru at:
MailStop Code: 9-55A
DPSD
5600 Fishers Lane
Rockville, MD, 20857-
Email: ATahiru@hrsa.gov
Phone: (301) 443-6892

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Tammy Jeffs at:

MailStop Code: 11-03
HRSA/OFAM/DGMO
5600 Fishers Ln
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Email: tjeffs@hrsa.gov
Phone: (301) 443-5419
Fax: (301) 443-6343
