

1. DATE ISSUED: 05/28/2014		2. PROGRAM CFDA: 93.917	
3. SUPERSEDES AWARD NOTICE dated: 03/20/2014 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 X07HA00030-24-01		4b. GRANT NO.: X07HA00030	5. FORMER GRANT NO.: BRX070030
6. PROJECT PERIOD: FROM: 04/01/1991 THROUGH: 03/31/2015			
7. BUDGET PERIOD: FROM: 04/01/2014 THROUGH: 03/31/2015			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title XXVI, Section 2603
 FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part B
 Public Health Service Act as amended, Sections 2611-23, (42 USC 300ff21-31b)
 2611-22 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a. as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
 Sections 2611-22 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a. as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
 Sections 2611-22 of Title XXVI of the Public Health Service Act sections 2611-23, (42 U.S.C. § 300ff-21-31b). as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
 Sections 2611-23 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

8. TITLE OF PROJECT (OR PROGRAM): RYAN WHITE CARE ACT TITLE II

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)
 Ken Palermo
 MISSOURI DEPARTMENT OF HEALTH
 930 Wildwood Dr
 Jefferson City, MO 65109-5796

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$13,390,279.00
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	\$3,827,201.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$9,563,078.00

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 :	\$13,390,279.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$13,390,279.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$13,390,279.00

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

YEAR	TOTAL COSTS
Not applicable	

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 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 [X]Yes []No)

This award is comprised of the following sources of funding:

FY14 Formula- \$3,517,892
FY14 ADAP- \$9,872,387

Electronically signed by Victoria Carper , Grants Management Officer on : 05/28/2014

17. OBJ. CLASS: 41.15 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 - 3778015	93.917	14X07HA00030	\$2,457,319.00	\$0.00	FRML	HIVII-14
14 - 3778017	93.917	14X07HA00030	\$7,105,759.00	\$0.00	ADAP	HIVII-14

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)

1. This revised award provides the balance of Fiscal Year 2014 (FY14) funding based on final FY14 HRSA appropriations, includes updated and the remainder of the Ryan White HIV/AIDS Part B Program reporting requirements.

Reporting Requirement(s)

1. Due Date: 09/03/2014

The grantee must submit a FY 2014 Program Terms Report as a Part B Grant Requirement via the HRSA EHBs, consistent with reporting guidelines, instructions, and reporting templates provided in EHBs. The Report must include the following items:

- a. The FY 2014 Part B and MAI Planned Allocation Table, indicating the priority areas established by the Grantee and the dollar amount of FY 2014 Part B and MAI funds allocated to each prioritized service category related to eligible Core Medical and Support Services. Use only the categories identified on the Table.
- b. A revised SF-424A budget and narrative justification for: Administration, Clinical Quality Management, and HIV Services for all FY 2014 funding. The Form can be found at <http://www.hhs.gov/forms/PHS-5161-1.doc>. The Grantee should only print the Budget Information-Non Construction Programs (Section A-F).
- c. A complete FY 2014 Implementation Plan that reflects all Core Medical and Support service categories and priorities established by the grantee and that are consistent with the FY 2014 Part B & MAI Planned Allocations Report. Emerging Community activities and funding allocations must be clearly identified.
- d. A Consolidated List of Contractors (CLC) for all direct service providers receiving Part B Ryan White HIV/AIDS Treatment Program funding through contracts, Memorandum of Agreement(MOA), Memorandum of Understanding (MOU), and/or Letters of Agreement(LOA). Providers funded at the Consortia level should also be included in the CLC.
- e. A Contract Review Certification (CRC) for all funds for direct service contracts, including Part B, ADAP, and MAI.

2. Due Date: 11/02/2014

The grantee must submit an Interim Federal Financial Report SF-425 (FFR), showing the amount of Part B funds obligated and made available via the HRSA EHBs. No extensions are allowed for this condition. The Interim FFR reporting period is April 1 – October 3, 2014

3. Due Date: 01/30/2015

The Grantee must submit an estimate of their FY 2014 Unobligated Balances (UOB) and an estimated carryover request consistent with reporting guidelines and instructions provided via the HRSA's EHBs.

4. Due Date: 07/29/2015

The grantee must submit a FY 2014 Part B and MAI Final Expenditure Table via the HRSA EHBs using the format provided in the EHBs.

5. Due Date: 07/29/2015

The grantee must submit a Final FY 2014 Part B Annual Progress Report via the HRSA EHBs, consistent with reporting guidelines and instructions provided. This report must include the grantee's Report on Expenditures for Women, Infants, Children, and Youth (WICY) which documents the following:

- a. The amounts and percentages of Part B service-related expenditures to provide services to each WICY population separately; and,
- b. That the reported amounts are, at a minimum, not less than the percentage constituted by the ratio of each population with AIDS to the general population with AIDS

living within the state. Updated WICY Guidelines and Reporting Instructions will be provided in EHBs (See Program Term No. 2 for Waiver Information).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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

Contacts

NoA Email Address(es):

Name	Role	Email
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Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Katherine Patterson at:
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Division of Grants Management Operations:

For assistance on grant administration issues, please contact Olusola Dada at:
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