

Notice of Award FAIN# X0700030

Federal Award Date: 10/30/2020

#### **Recipient Information**

- 1. Recipient Name
  MISSOURI DEPARTMENT OF HEALTH
  PO BOX 570
  Jefferson Cty, MO 65102-0570
- 2. Congressional District of Recipient
- 3. Payment System Identifier (ID)
- 4. Employer Identification Number (EIN)



- 878092600
- 6. Recipient's Unique Entity Identifier
- 7. Project Director or Principal Investigator
  CHRISTINE SMITH
  Bureau Chief
  CHRISTINE.SMITH@HEALTH.MO.GOV
  (573)751-6431
- 8. Authorized Official Marcia A Mahaney Marcia.Mahaney@health.mo.gov (573)526-0722

# **Federal Agency Information**

- 9. Awarding Agency Contact Information
  Olusola Dada
  Health Resources and Services Administration
  ODada@hrsa.gov
  (301) 443-0195
- 10. Program Official Contact Information
  Psyche H Doe
  Public Health Analyst
  Health Resources and Services Administration
  PDoe@hrsa.gov
  (301) 945-3942

## **Federal Award Information**

- 11. Award Number 6 X07HA00030-30-05
- 12. Unique Federal Award Identification Number (FAIN) X0700030
- 13. Statutory Authority 42 USC § 300ff-21-38; 300ff-121
- 14. Federal Award Project Title
  RYAN WHITE CARE ACT TITLE II
- 15. Assistance Listing Number 93.917
- 16. Assistance Listing Program Title HIV Care Formula Grants
- 17. Award Action Type
  Administrative
- 18. Is the Award R&D?

<b>Summary Federal Award Financial Information</b>		
19. Budget Period Start Date 04/01/2020 - End Date 03/31/2021		
20. Total Amount of Federal Funds Obligated by this Action	\$0.00	
20a. Direct Cost Amount		
20b. Indirect Cost Amount		
21. Authorized Carryover	\$0.00	
22. Offset	\$0.00	
23. Total Amount of Federal Funds Obligated his budget period	\$19,835,840.00	
24. Total Approved Cost Sharing or Matching, where applicable	\$6,710,625.00	
25. Total Federal and Non-Federal Approved this Budget Period	\$26,546,465.00	
26. Project Period Start Date 04/01/2017 - End Date 03/31/2022		
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$82,037,664.35	

- 28. Authorized Treatment of Program Income Addition
- 29. Grants Management Officer Signature Olusola Dada on 10/30/2020

30. Remarks

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**Health Resources and Services Administration** 

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	ED BUDGET: (Excludes Direct Assistance) Funds Only	
	project costs including grant funds and all othe	ar financial narticination
[X] Total		
a. Salaries	and Wages:	\$0.00
b. Fringe E	Benefits:	\$0.00
c. Total Pe	ersonnel Costs:	\$0.00
d. Consult	ant Costs:	\$0.00
e. Equipm	ent:	\$0.00
f. Supplies	::	\$0.00
g. Travel:		\$0.00
h. Constru	ction/Alteration and Renovation:	\$0.00
i. Other:		\$0.00
j. Consort	ium/Contractual Costs:	\$0.00
k. Trainee	Related Expenses:	\$0.00
I. Trainee	Stipends:	\$0.00
m. Trainee	Tuition and Fees:	\$0.00
n. Trainee	Travel:	\$0.00
o. TOTAL I	DIRECT COSTS:	\$26,546,465.00
p. INDIREC	CT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL	APPROVED BUDGET:	\$26,546,465.00
i. Less	Non-Federal Share:	\$6,710,625.00
ii. Fed	eral Share:	\$19,835,840.00
32. AWARD (	COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authoriz	red Financial Assistance This Period	\$19,835,840.00
b. Less Und	obligated Balance from Prior Budget Periods	
i. Add	litional Authority	\$0.00
ii. Offs	et	\$0.00
c. Unawar	ded Balance of Current Year's Funds	\$0.00
d. Less Cur	nulative Prior Award(s) This Budget Period	\$19,835,840.00

### 33. RECOMMENDED FUTURE SUPPORT:

(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS			
31	\$13,421,249.00			
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)				
a. Amount of Direct Assistance \$0.00				
b. Less Unawarded Balance of Current Year's Funds				
c. Less Cumulative Prior Award(s) This Budget Period \$0.0				
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00				
35. FORMER GRANT NUMBER BRX070030				
36. OBJECT CLASS				
41.15				
37. BHCMIS#				

38. 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:

\$0.00

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.

## 39. ACCOUNTING CLASSIFICATION CODES

e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 3776608	93.917	20X07HA00030	\$0.00	\$0.00	ADAP	HIVII-20
19 - 3776606	93.917	20X07HA00030	\$0.00	\$0.00	FRML	HIVII-20

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# 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. Temporary Reassignment of State and Local Personnel during a Public Health Emergency

This revised Notice of Award, approves the temporary reassignment as indicated in the Extension Request dated 9/29/2020 for the period covering 9/22/20 – 10/22/20) for 4.0 FTE of project funded personnel for the purposes of immediate response to the COVID-19 emergency in the affected jurisdiction in accordance with Pandemic and All-Hazards Preparedness and Advancing Innovation Action (PAHPAIA), Section 116-22, and amended 319(e) of the Public Health Service (PHS) Act. Recipients must maintain appropriate records and cost documentation as required by 2 CFR § 200.302 -Financial management and 2 CFR § 200.333 -Retention requirement of records to substantiate the charging of any salaries and other project activities costs related to interruption of operations or services. Detailed information is available at: http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx

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

#### **Contacts**

## NoA Email Address(es):

Name	Role	Email
Christine Smith	Program Director	christine.smith@health.mo.gov
Marcia A Mahaney	Authorizing Official	marcia.mahaney@health.mo.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).