



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# T1246090
Federal Award Date: 07/06/2023

*Faithful+amp;amp;Gardner
7/10/23
LMS*

Recipient Information

- 1. Recipient Name**
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
920 Wildwood Dr
Jefferson City, MO 65109-5796
- 2. Congressional District of Recipient**
03
- 3. Payment System Identifier (ID)**
1446000987B7
- 4. Employer Identification Number (EIN)**
446000987
- 5. Data Universal Numbering System (DUNS)**
878092600
- 6. Recipient's Unique Entity Identifier**
UETLXV8NG8F4
- 7. Project Director or Principal Investigator**
Jacqueline Miller
jacqueline.miller@health.mo.gov
(573)526-3838
- 8. Authorized Official**
Marcia A Mahaney
Marcia.Mahaney@health.mo.gov
(573)526-0722

Federal Agency Information

- 9. Awarding Agency Contact Information**
Carolyn J Cobb
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ccobb2@hrsa.gov
(240) 461-3289
- 10. Program Official Contact Information**
Jesse T Ungard
Public Health Analyst
Bureau of Health Workforce (BHW)
jungard@hrsa.gov
(301) 443-6249

Federal Award Information

- 11. Award Number**
5 T12HP46090-02-00
- 12. Unique Federal Award Identification Number (FAIN)**
T1246090
- 13. Statutory Authority**
42 U.S.C. § 256g
- 14. Federal Award Project Title**
Grants to States to Support Oral Health Workforce Activities
- 15. Assistance Listing Number**
93.236
- 16. Assistance Listing Program Title**
Grants for Dental Public Health Residence Training
- 17. Award Action Type**
Noncompeting Continuation
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2023 - End Date 08/31/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$396,637.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$396,637.00
24. Total Approved Cost Sharing or Matching, where applicable	\$366,191.00
25. Total Federal and Non-Federal Approved this Budget Period	\$762,828.00
26. Project Period Start Date 09/01/2022 - End Date 08/31/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,362,642.00

- 28. Authorized Treatment of Program Income**
Cost Sharing or Matching
- 29. Grants Management Officer – Signature**
Bruce Holmes on 07/06/2023

30. Remarks



Notice of Award
Award Number: 5 T12HP46090-02-00
Federal Award Date: 07/06/2023

Bureau of Health Workforce (BHW)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																															
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>03</td> <td>\$396,637.00</td> </tr> <tr> <td>04</td> <td>\$396,637.00</td> </tr> </tbody> </table>	YEAR	TOTAL COSTS	03	\$396,637.00	04	\$396,637.00																																									
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38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:
 a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 3720H17	93.236	22T12HP46090	\$396,637.00	\$0.00	N/A	22T12HP46090

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/WebEPSEExternal/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. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
2. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
3. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:
<http://pms.psc.gov/find-pms-liaison-accountant.html>

Program Specific Term(s)

1. Matching Requirement: An entity that receives a grant under this program must contribute non-Federal funds to activities carried out under this grant to an amount equal to at least 40 percent of the federal funding support of the project. Matching funds may be a combination of in-kind contributions, fairly valued, and any other funding from State, local, community, or other organization sources.
2. The recipient must submit a Quarterly Performance Update (QPU) to HRSA via the EHBs at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the Standardized Work Plan. An email notification will be sent as a reminder that a report is due, including instructions on how to provide the reports through the EHB system.
3. The awardee must submit a progress report to HRSA on an **annual** basis. The Bureau of Health Workforce (BHW) will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project. The BHW Progress Report has two parts. The first part demonstrates awardee progress on program-specific goals. Awardees will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs. The second part collects information providing a comprehensive overview of awardee overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The awardee is also expected to report on dissemination activities in the annual progress report.

Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA Standard Terms (unless

otherwise specified on your Notice of Award), and Legislative Mandates. The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

- 1. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (**PMS Self-Service Web Portal**), or calling 877-614-5533.

- 2. Due Date: 07/31/2024**

Performance data for the recently completed academic year must be reported for each budget period annually no later than July 31. An email notification will be sent as a reminder that a report is due, including instructions on how to provide the report through the EHB system. The Bureau of Health Workforce (BHW) requirements and performance measures will be available at

<http://bhw.hrsa.gov/grants/reporting/index.html>.

Contact your BHW project officer for additional information.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Jacqueline Miller	Program Director	jacqueline.miller@health.mo.gov
Marcia A Mahaney	Authorizing Official	marcia.mahaney@health.mo.gov
Julie Boeckman	Point of Contact	julie.boeckman@health.mo.gov
Julie M Boeckman	Employee	julie.boeckman@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/>).