MO Department of Health and Senior Services  
Bureau of Health Promotion  
920 Wildwood Drive  
P.O. Box 570  
Jefferson City, MO  65102-0570

November 15, 2016

Re: Notice of Grant Award  
Abstinence Education Grant Program  
FY 2017

Dear Grantee:

The following award is the allocated amount for the fiscal year indicated for the Abstinence Education Grant Program in accordance with Section 510 of the Social Security Act.

<table>
<thead>
<tr>
<th>Award Amount:</th>
<th>$330,068</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catalog of Federal Domestic Assistance (CFDA) Program Number</td>
<td>93.235</td>
</tr>
<tr>
<td>Entity Identification Number (EIN)</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Appropriation Number</td>
<td>75-7-1512</td>
</tr>
<tr>
<td>Grant Document Number (GDN)</td>
<td>1601MOAEGP</td>
</tr>
<tr>
<td>Common Accounting Number (CAN)</td>
<td>2017G990597</td>
</tr>
<tr>
<td>Amount</td>
<td>$330,068</td>
</tr>
</tbody>
</table>

The project period for these funds starts **10/01/2016**. These funds must be obligated **no later than 09/30/2018** and liquidated **no later than 12/30/2018**. Any funds that remain unobligated or unliquidated after these dates will be recouped by this agency.

By accepting this award, the State agrees to use these funds in accordance with the Terms and Conditions and all applicable Federal laws, regulations and policies governing the use of Federal funds and the submission of periodic financial reports. Any expenditure found to have been made in violation of these requirements is subject to disallowance and recoupment by this agency and the imposition of additional interest charges under 45 CFR 30.13 and 30.14.

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at [https://www.acf.hhs.gov/grants/terms-and-conditions](https://www.acf.hhs.gov/grants/terms-and-conditions).

Specifically, the State agrees to comply with the provisions of Federal regulations (31 CFR 205) that implements the Cash Management Improvement Act by limiting the amount and timing of your requests to draw Federal funds to the minimum amount necessary to meet actual and immediate program needs and requirements. Failure to adhere to these requirements may result in the unobligated portion of your letter-of-credit to be revoked.

Grant funds are available through HHS' Payment Management System (PMS). Please direct questions as follows:

(a) **Payments and Cash Transactions:** Payment Management Services, Program Support Center PO Box 6021, Rockville, Maryland 20852 ([http://www.dpm.psc.gov](http://www.dpm.psc.gov)) or to the PMS Help Desk at (877) 614-5533.
(b) **Program Requirements:** Jewellynne Tinsley at jewellynne.tinsley@acf.hhs.gov or (202) 401-5082;  
(c) **Expenditure Reporting:** Manolo Salgueiro at manolo.salgueiro@acf.hhs.gov or (202) 690-5811.

Sincerely,

Michael H. Bratt  
Acting Director  
Division of Mandatory Grants

Note: This action is based on a request from the Program office to provide Supplemental FY2017 funding to a FY2016 grant.