



**Recipient Information**

**Federal Award Information**

- 1. Recipient Name**  
 HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
 PO BOX 570  
 Jefferson City, MO 65102-0570
- 2. Congressional District of Recipient**  
 04
- 3. Payment System Identifier (ID)**  
 [REDACTED]
- 4. Employer Identification Number (EIN)**  
 [REDACTED]
- 5. Data Universal Numbering System (DUNS)**  
 878092600
- 6. Recipient's Unique Entity Identifier**
- 7. Project Director or Principal Investigator**  
 Martha Smith  
 Title V MCH Director  
 Martha.Smith@health.mo.gov  
 (573)751-6435
- 8. Authorized Official**  
 Marcia A Mahaney  
 Marcia.Mahaney@health.mo.gov  
 (573)526-0722

- 11. Award Number**  
 1 B04MC40144-01-00
- 12. Unique Federal Award Identification Number (FAIN)**  
 B0440144
- 13. Statutory Authority**  
 Social Security Act, Title V, 45 CFR 96  
 42 U.S.C. § 701(a)(1)
- 14. Federal Award Project Title**  
 Maternal and Child Health Services
- 15. Assistance Listing Number**  
 93.994
- 16. Assistance Listing Program Title**  
 Maternal and Child Health Services Block Grant to the States
- 17. Award Action Type**  
 New
- 18. Is the Award R&D?**  
 No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 10/01/2020 - End Date 09/30/2022</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$2,419,434.00</b>
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	\$2,419,434.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$2,419,434.00</b>
<b>26. Project Period Start Date 10/01/2020 - End Date 09/30/2022</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,419,434.00

- 28. Authorized Treatment of Program Income**  
 Addition
- 29. Grants Management Officer – Signature**  
 Shonda Gosnell on 10/26/2020

**30. Remarks**



Notice of Award  
Award Number: 1 B04MC40144-01-00  
Federal Award Date: 10/26/2020

**Health Resources and Services Administration**

**31. APPROVED BUDGET: (Excludes Direct Assistance)**

Grant Funds Only

Total project costs including grant funds and all other financial participation

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:	\$2,419,434.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$2,419,434.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$2,419,434.00

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

YEAR	TOTAL COSTS
	Not applicable

**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	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

**35. FORMER GRANT NUMBER**

**36. OBJECT CLASS**  
41.15

**37. BHCNIS#**

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	\$2,419,434.00
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 Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$2,419,434.00

**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:**

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**

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 3893050	93.994	21B04MC40144	\$2,419,434.00	\$0.00		21B04MC40144

## 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. Effective December 26, 2014, all references to 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 200 as codified by HHS at 45 CFR 75.
2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
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://pms.psc.gov/grant-recipients/access-newuser.html>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
4. "Prohibition on certain telecommunications and video surveillance services or equipment."
  - (a) As described in CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:
    - (1) Procure or obtain,
    - (2) Extend or renew a contract to procure or obtain; or
    - (3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
      - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
      - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
      - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.
5. This Notice of Award (NOA) provides partial first quarter Fiscal Year (FY) 2021 Title V Maternal and Child Health (MCH) Block Grant funding for the period October 1, 2020 through September 30, 2022, in accordance with the current Continuing Resolution.

### Program Specific Term(s)

1. Grantee will disregard Block 28, "Authorized Treatment of Program Income," and Block 38, part "d" of the Notice of Award. Instead, this Block

Grant award is subject to 45 CFR Part 96, as applicable, and individual State Regulations.

- Travel is required for the MCH and CSHCN Directors for the Block Grant Application/Annual Report Review and the MCH Federal State Technical Assistance Partnership Meeting.

## Reporting Requirement(s)

### 1. Due Date: Quarter End Date after 90 Days of Budget End Date

The grantee must submit a Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access, should be directed to the Help Desk at [PMSFFRSupport@psc.hhs.gov](mailto:PMSFFRSupport@psc.hhs.gov).

The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the grant project period ends. Please refer to the chart below for the specific due date for your FFR:

Budget Period ends August – October: FFR due January 30

Budget Period ends November – January: FFR due April 30

Budget Period ends February – April: FFR due July 30

Budget Period ends May – July: FFR due October 30

**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
Marcia A Mahaney	Authorizing Official	<a href="mailto:marcia.mahaney@health.mo.gov">marcia.mahaney@health.mo.gov</a>
Martha Smith	Program Director	<a href="mailto:martha.smith@health.mo.gov">martha.smith@health.mo.gov</a>

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/>).