



**Recipient Information**

- 1. Recipient Name**  
MISSOURI DEPARTMENT OF HEALTH & 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)**  
1446000987B7
- 5. Data Universal Numbering System (DUNS)**  
878092600
- 6. Recipient's Unique Entity Identifier**  
UETLXV8NG8F4
- 7. Project Director or Principal Investigator**  
Jennifer R Delp  
Public Health Program Specialist  
jennifer.delp@health.mo.gov  
(573)751-2433
- 8. Authorized Official**  
Marcia Mahaney  
Director, Division of Administration  
grants@health.mo.gov  
(573)751-6014

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Jacqueline Dickerson  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
jdickerson@hrsa.gov  
(301) 443-6512
- 10. Program Official Contact Information**  
Michael Clark  
Project Officer  
Bureau of Health Workforce (BHW)  
MClark@hrsa.gov  
(301) 594-4203

**Federal Award Information**

- 11. Award Number**  
1 T96HP53174-01-00
- 12. Unique Federal Award Identification Number (FAIN)**  
T9653174
- 13. Statutory Authority**  
42 U.S.C. § 296j(a)(1)
- 14. Federal Award Project Title**  
Advanced Nursing Education - Sexual Assault Nurse Examiners Program
- 15. Assistance Listing Number**  
93.247
- 16. Assistance Listing Program Title**  
Advanced Education Nursing Grant Program
- 17. Award Action Type**  
New
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 07/01/2024 - End Date 06/30/2025</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$500,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$7,832.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$500,000.00
<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>\$500,000.00</b>
<b>26. Project Period Start Date 07/01/2024 - End Date 06/30/2027</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$500,000.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Tammy Ponton on 06/13/2024

**30. Remarks**

This grant is included under Expanded Authority



Notice of Award  
Award Number: 1 T96HP53174-01-00  
Federal Award Date: 06/13/2024

**Bureau of Health Workforce (BHW)**

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

Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$22,976.00
b. Fringe Benefits:	\$14,679.00
c. Total Personnel Costs:	\$37,655.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$8,904.00
g. Travel:	\$6,946.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$1,451.00
j. Consortium/Contractual Costs:	\$437,212.00
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:	\$492,168.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$7,832.00
i. Indirect Cost Federal Share:	\$7,832.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$500,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$500,000.00

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

a. Authorized Financial Assistance This Period	\$500,000.00
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	\$500,000.00

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

YEAR	TOTAL COSTS
02	\$500,000.00
03	\$500,000.00

**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	\$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**  
41.21

**37. BHCNIS#**

**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
24 - 372SANE	93.247	24T96HP53174	\$500,000.00	\$0.00	N/A	24T96HP53174

## 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. 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 \$30,000 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.fsr.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. 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>.
4. 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. This award is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75 except when the Notice of Award indicates in the "Remarks" section that the grant is included under "Expanded Authority". These recipients may take the following actions without prior approval of the Grant Management Officer:  
Section 75.308 c(2)(d)(1) Incur pre-award costs up to 90 calendar days before the award. See also 75.458.  
Section 75.308 c(2)(d)(2) Initiate a one-time extension of the period of performance by up to 12 months unless one or more of the conditions outlined in paragraphs (d)(2)(i) through (iii) of this section apply. For one-time extensions, the recipient must notify the HHS awarding agency in writing with the supporting reasons and revised period of performance at least 10 calendar days before the end of the period of performance specified in the Federal award. This notification must be submitted through the Electronic Handbooks (EHB). This one-time extension may not be exercised merely for the purpose of using unobligated balances.  
Section 75.308 c(2)(d)(3) Carry forward unobligated balances to subsequent periods of performance.  
Except for funds restricted on a Notice of Award, grantee organizations are authorized to carry over unobligated grant funds up to the lesser of 25% or \$250,000 of the amount awarded for that budget period remaining at the end of that budget period. If the unobligated balance is in excess of 25% of the total amount awarded, or \$250,000, whichever is less, and the grantee wishes to carry the funds forward, the grantee

must obtain prior approval from the Grants Management Officer.

The grantee must notify the GMO when it has elected to carry over unobligated balances under Expanded Authority and the amount to be carried over. The notification must be provided under item 12, "Remarks", on the initial submission of the Federal Financial Report (FFR). For all other Post Award request refer Standard Term 5 below.

2. Recipients are responsible for meeting all requirements as outlined in Notice of Funding Opportunity Announcement HRSA-24-017, and must continue to be in compliance with all grant requirements throughout the project period. Failure to meet grant requirements may result in action taken against the grant award, up to and including grant termination.
3. All nursing programs and consortium partners, if applicable, associated with the project must be accredited for the purpose of graduate nursing education. The grantee must provide evidence of continued/ongoing accreditation by the appropriate national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education within 30 days of its decision. Nurse-Midwifery and nurse anesthetist education programs must show evidence of specialty accreditation by the Accreditation Commission for Midwifery Education (ACME) of the American College of Nurse-Midwives and the Council on Accreditation of Nurse Anesthesia Programs of the American Association of Nurse Anesthetists, respectively. Failure to do so could result in a disallowance of expenditures.
4. 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: 08/02/2024**  
Once awarded, the grantee must communicate with and support the HRSA project officer in verifying and finalizing the Standardized Work Plan. Once the Standardized Work Plan is verified and finalized, an email notification will be sent to the grantee through the EHB system.
3. **Due Date: Quarterly (Budget Period) Beginning: Budget Start Date Ending: Project End Date, due Quarter End Date after 30 days of reporting period.**  
The grantee 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.
4. **Due Date: Within 90 Days of Project End Date**  
A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.
5. **Due Date: 07/31/2025**  
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
Marcia Mahaney	Authorizing Official	grants@health.mo.gov
Jennifer R Delp	Point of Contact, Program Director	jennifer.delp@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/>).