

1. DATE ISSUED: 09/13/2018		2. PROGRAM CFDA: 93.241	
3. SUPERSEDES AWARD NOTICE dated: 02/15/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 4 H54RH00006-19-04		4b. GRANT NO.: H54RH00006	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 09/01/1999 THROUGH: 08/31/2019			
7. BUDGET PERIOD: FROM: 09/01/2017 THROUGH: 08/31/2019			

U.S. Department of Health and Human Services

HRSA
 Health Resources and Services Administration

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulation)
 Balanced Budget Act of 1997, Section 4201, P.L. 105-33
 Title XVIII, §1820(g)(1) and (2) of the Social Security Act (42 U.S.C. 1395i-4), as amended; Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235).

8. TITLE OF PROJECT (OR PROGRAM): RURAL HOSPITAL FLEXIBILITY PROGRAM

9. GRANTEE NAME AND ADDRESS:
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 PO BOX 570
 Jefferson Cty, MO 65102-0570
DUNS NUMBER:
 878092600

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Teresa Leatherman
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 912 Wildwood Dr
 Jefferson City, MO 65109-5796

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$151,008.00
b. Fringe Benefits :	\$77,769.00
c. Total Personnel Costs :	\$228,777.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$11,329.00
g. Travel :	\$19,364.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$52,375.00
j. Consortium/Contractual Costs :	\$631,739.00
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 :	\$943,584.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$48,843.00
q. TOTAL APPROVED BUDGET :	\$992,427.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$992,427.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$992,427.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$10,000.00
ii. Offset	\$7,816.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$464,993.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$509,618.00

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

YEAR	TOTAL COSTS
Not applicable	

14. 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 Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[A]**
 Estimated Program Income: \$0.00

16. 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.

REMARKS: (Other Terms and Conditions Attached Yes No)
 This action reflects decision by HRSA to approve your Prior Approval Request(s) Numbers: , PA-00071292.

Electronically signed by Brad Barney , Grants Management Officer on : 09/13/2018

17. OBJ. CLASS: 41.51	18. CRS-EIN: [REDACTED]	19. FUTURE RECOMMENDED FUNDING: \$0.00
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FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 3704129	93.912	15H54RH00006	\$509,618.00	\$0.00		15MRHFLEX

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)

- Participation in information sharing and program improvement activities coordinated by designated Flex Program technical assistance providers is required.
 - This Notice of Award extends the project period of this award until 8/31/2019. This Extension with Funds also extends the current budget period until 8/31/2019. Therefore unspent funds identified on the Federal Financial Report for the period 9/1/2017 – 8/31/2018 remain available for expenditure and will not require a carryover prior approval request. All funds awarded for FY 2017 and for FY 2018 will continue to be available for expenditure until 8/31/2019. As noted in the Reporting Requirements section of the FY 2017 NOA, a Federal Financial Report is required for the period 9/1/2017 – 8/31/2018 and this NOA does not change that reporting requirement.
 - Awardees are required to participate in live training: *HRSA Division of Financial Integrity Presentation to State Grantees- Managing your HRSA Awards*. This webinar training will be held on Tuesday August 21, 2018 from 3:00 to 4:00pm ET (call-in details will be forthcoming). Upon completion of the training, awardees will take a screenshot and upload the last slide of the training in EHB "Other Submissions". If unable to attend the live session, awardees must listen to the recorded session and upload a screenshot of the last slide on or before 10/31/2018.
 - This Notice of Award provides the offset of an unobligated balance in the amount of \$806.00 from the 09/01/2016 - 08/31/2017 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.**
 - This revised Notice of Award is issued to change the Program Director in accordance with your Prior Approval request
- All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Teresa Leatherman	Program Director	teresa.leatherman@health.mo.gov
Amber Dawn Heathman	Business Official	dawn.heathman@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Owmy Bouloute at:
 MailStop Code: 17W59D
 Hospital State Division/ FORHP
 5600 Fishers Ln
 Rockville, MD, 20852-1750
 Email: obouloute@hrsa.gov
 Phone: (301) 945-9675

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Kimberly Dews at:
 MailStop Code: 10NWH04
 OFAM/DGMO
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 Rockville, MD, 20852-1750
 Email: kdews@hrsa.gov

Phone: (301) 443-0655
