


<b>1. DATE ISSUED:</b> 08/23/2017		<b>2. PROGRAM CFDA:</b> 93.241		 <b>U.S. Department of Health and Human Services</b> <b>HRSA</b> Health Resources and Services Administration <b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Title XVIII, Section 1820 (g)(1) of the Social Security Act (42 U.S.C. 1395i-4), as amended by Sec. 4201 (a) of P.L. 105-33, Sec. Title XVIII, § 1820 (g)(6) of the Social Security Act (42 U.S.C. 1395i-4(g)(6)), as amended.																																																						
<b>3. SUPERSEDES AWARD NOTICE dated:</b> except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																										
<b>4a. AWARD NO.:</b> 5 H3GRH30031-02-00		<b>4b. GRANT NO.:</b> H3GRH30031	<b>5. FORMER GRANT NO.:</b>																																																							
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 08/01/2016 <b>THROUGH:</b> 07/31/2019																																																										
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 08/01/2017 <b>THROUGH:</b> 07/31/2018																																																										
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Flex Rural Veterans Health Access Program																																																										
<b>9. GRANTEE NAME AND ADDRESS:</b> HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF PO Box 570 Jefferson Cty, MO 65102-0570 <b>DUNS NUMBER:</b> 878092600				<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Ben Harvey HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 912 Wildwood Dr Jefferson City, MO 65109-5796																																																						
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>																																																						
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<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[D ]</b></span> Estimated Program Income: \$0.00																																																										
<b>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:</b> 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.																																																										
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)																																																										
<i>Electronically signed by Karen Mayo , Grants Management Officer on : 08/23/2017</i>																																																										
<b>17. OBJ. CLASS:</b> 41.51		<b>18. CRS-EIN:</b>		<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00																																																						
<b>FY-CAN</b>	<b>CFDA</b>	<b>DOCUMENT NO.</b>	<b>AMT. FIN. ASST.</b>	<b>AMT. DIR. ASST.</b>	<b>SUB PROGRAM CODE</b>	<b>SUB ACCOUNT CODE</b>																																																				
17 - 3704125	93.912	16H3GRH30031	\$300,000.00	\$0.00	16FRVHAP																																																					

## 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 Condition(s)

**1. Due Date: Within 30 Days of Award Issue Date**

The awardee will submit a revised Methodology that addresses/incorporates the input from VA review of the Prior Approval Request submission (PA-00063560) and OAT's subsequent decision.

**2. Due Date: Within 30 Days of Award Issue Date**

The awardee will submit a revised Detailed Budget Spreadsheet, and Detailed Budget Narrative that addresses/incorporates the input from VA review of the Prior Approval Request submission (PA-00063560) and OAT's subsequent decision.

**3. Due Date: Within 30 Days of Award Issue Date**

The awardee will submit a revised Work Plan for Year 2 that reflects the input from VA review of the Prior Approval Request submission (PA-00063560) and OAT's subsequent decision. Each major program service activity in the revised Work Plan should estimate the number of individual veterans that will be served by and/or benefit from the respective service activity.

**4. Due Date: Within 30 Days of Award Issue Date**

The awardee will submit a revised NCC Performance Narrative that reflects the input from VA review of the Prior Approval Request submission (PA-00063560) and OAT's subsequent decision.

**5. Due Date: Within 30 Days of Award Issue Date**

The awardee will submit a detailed plan – for each major program service activity – of how it will engage with the Department of Veterans Affairs (VA) Poplar Bluff facility, in consultation with FORHP, to coordinate the care of rural veterans between VA and community providers. Please see pages 19 and 24 of the Funding Opportunity Announcement for details of what needs to be addressed in this submission.

**6. Due Date: Within 30 Days of Award Issue Date**

The awardee will provide letters of commitment from the newly obtained project partners identified in the NCC. The awardee will provide evidence that the identified and proposed project partners intend to commit, engage, and will accept financial responsibility of the proposed project. Please see pages 19 and 25 of the Funding Opportunity Announcement for details of what needs to be addressed in this submission.

The commitment of network members in the proposed project must be documented clearly. This will include the submission of signed Memoranda of Understanding, as well as Letters of Commitment that identify participating rural providers and demonstrate that care givers understand the challenges in project implementation and their competence and willingness to meet those challenges, as well as report the number of individual veterans that are served by and/or benefit from the grant program. Additionally, any providers that participate in the proposed Project ECHO activities will document their commitment to provide data on the number of individual veterans served after participating in the program. The submitted documents should also describe the involvement and support of potential rural health partners' senior project partner management, clinicians, and other care givers in developing and operating the project. Please see pages 13, 19, 24 and 25 of the Funding Opportunity Announcement for details of what needs to be addressed in this submission.

**7. Due Date: Within 30 Days of Award Issue Date**

As stated on pg 4 of the FOA, the RVHAP program goals include providing access to mental health and other services to rural veterans via partnerships with other healthcare entities such as: critical access hospitals, Federally Qualified Health Centers, rural health clinics, State hospital associations, home health agencies, mental health service providers, pharmacists, local Government agencies, private practice physicians, and other providers who demonstrate the ability to provide access to health care services to rural veterans. The applicant must identify key project partners (in addition to FCC Behavioral Health) in the project service area with the ability to provide access to health care services to rural veterans, and propose a detailed timeline for outreach and solicitation of support for the proposed project.

### Grant Specific Term(s)

1. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting

drawdown requests. Reporting on the FFR (Federal Financial Report) SF 425-Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.

2. Recipients will be expected to provide timely responses to information requests as identified by HRSA, including, but not limited to, data on grantee activities and program outcomes.
3. This Notice of Award (NoA) is issued to support your Flex Rural Veterans Health Access Program application submitted in response to HRSA-16-015. This NoA establishes a project period of August 1, 2016 through July 31, 2019 and provides funding for the budget period of August 1, 2017 through July 31, 2018. Per page 1 of the FOA, the proposed projects, activities, and costs which are supported must be toward increasing the delivery of mental health services or other health care services for veterans living in rural areas through the use of health information technology, via Telehealth and/or Health Information Exchange Networks.
4. The requirements of 48 CFR section 3.908 (found at <http://www.ecfr.gov>) implementing section 828 of the National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections" apply to this award. This notice requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce. The details of 41 U.S.C. 4712 can be found at <http://uscode.house.gov/browse.xhtml>. (regarding 48 CFR section 3.908, note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term, should read as "grant," "grantee," "subgrant," or "subgrantee").
5. Technical Progress Reports will be required after the end of the budget period. OAT may also request, as appropriate, information to measure the progress of the program. A copy of a concise format to be used, as well as instructions for submitting the report, will be provided by OAT.
6. The Universal Service Provisions of the Telecommunications Act of 1996 should make telecommunication rates for eligible rural health providers comparable with rates for urban providers and in many cases thereby reduce transmission costs to rural providers. All eligible applicants and their eligible OAT-funded network members must apply for a Universal Service subsidy as soon as possible or demonstrate to OAT that applying would not provide any financial advantage. Further information on Universal Service is available at <http://www.universalservice.org/rhcl>.
7. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. 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. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: [http://www.dpm.psc.gov/grant\\_recipient/grantee\\_forms.aspx](http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx) and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contacts/contacts.aspx>.

8. 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:  
<http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
9. 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.

## Program Specific Term(s)

1. Please be advised that whenever there is a significant change to the scope of the original project (i.e., project plan goals and objectives, network members or arrangement, etc.) being proposed, prior approval must be received before a change is made. These proposed changes may or may not involve a change in budgeted line items. Such requests have to be approved by HRSA.
2. HRSA reserves the right to reduce funding if, after receiving technical assistance the grantee does not fulfill the requirements as outlined in the funding opportunity announcement.
3. Applicants accepting this award must provide information for OAT's Grantee Directory Profiles. Further instructions will be provided by OAT. The current Telehealth directory is available online at: <http://www.hrsa.gov/telehealth>
4. The replacement of, or significant change in the responsibilities of senior project staff, including the project director, project manager, and chief financial officer, must have prior approval from the Grants Management Officer. Failure to fill key positions in a timely manner may result in restriction of funding.

## Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. HRSA requires grantees to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:  
*"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."*  
Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b)) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.  
In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov). For additional information please visit the Division of Payment Management Website at [www.DPM.PSC.GOV](http://www.DPM.PSC.GOV).
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Htips@os.dhhs.gov](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.

9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L.114-113) enacted December 18, 2015, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at \$187,000, effective January, 2017. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights/for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>.

It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees ([https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

15. **§75.113 Mandatory disclosures.**

Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

Department of Health and Human Services  
Health Resources and Services Administration  
Office of Federal Assistance Management  
Division of Grants Management Operations  
5600 Fishers Lane, Mailstop 10SWH-03  
Rockville, MD 20879

**AND**

U.S. Department of Health and Human Services  
Office of Inspector General  
Attn: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW, Cohen Building  
Room 5527  
Washington, DC 20201  
Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to [www.sam.gov](http://www.sam.gov). Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

**Recipient integrity and performance matters.** If the total Federal share of the Federal award is more than \$500,000 over the period of performance, [Appendix XII to CFR Part 200](#) is applicable to this award.

## Reporting Requirement(s)

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

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). 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 budget period end date. 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
Ben Harvey	Point of Contact, Program Director	<a href="mailto:ben.harvey@health.mo.gov">ben.harvey@health.mo.gov</a>
Bret Fischer	Authorizing Official	<a href="mailto:grants@health.mo.gov">grants@health.mo.gov</a>

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Anthony Oliver at:  
MailStop Code: 17W13-C  
Office for the Advancement of Telehealth  
5600 Fishers Lane  
RM 17W13-C

Rockville, MD, 20857-  
Email: AOliver@hrsa.gov  
Phone: (301) 443-2919

**Division of Grants Management Operations:**

For assistance on grant administration issues, please contact Olusola Dada at:

MailStop Code: MSC 10NWH04  
HRSA/OFAM/DGMO/HRHB  
5600 Fishers Ln  
RM 10NWH04  
Rockville, MD, 20857-0001  
Email: ODada@hrsa.gov  
Phone: (301) 443-0195  
Fax: (301) 443-9810

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