



**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# H6100071  
Federal Award Date: 03/18/2025

**Recipient Information**

1. **Recipient Name**  
MISSOURI DEPARTMENT OF HEALTH  
PO BOX 570  
Jefferson Cty, MO 65102-0570
2. **Congressional District of Recipient**  
03
3. **Payment System Identifier (ID)**  
1446000987B7
4. **Employer Identification Number (EIN)**  
446000987
5. **Data Universal Numbering System (DUNS)**  
878092600
6. **Recipient's Unique Entity Identifier**  
UETLXV8NG8F4
7. **Project Director or Principal Investigator**  
Daniel Lane  
Program Coordinator  
Daniel.Lane@health.mo.gov  
(573)751-8506
8. **Authorized Official**  
Marcia A Mahaney  
Director, Division of Administration  
Marcia.Mahaney@health.mo.gov  
(573)526-0722

**Federal Agency Information**

9. **Awarding Agency Contact Information**  
Angela Love  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
alove1@hrsa.gov  
(301) 443-4285
10. **Program Official Contact Information**  
Hannah Kotz  
Maternal and Child Health Bureau (MCHB)  
hkotz@hrsa.gov  
(301) 526-6605

**Federal Award Information**

11. **Award Number**  
5 H61MC00071-25-00
12. **Unique Federal Award Identification Number (FAIN)**  
H6100071
13. **Statutory Authority**  
42 U.S.C. § 280g-1
14. **Federal Award Project Title**  
UNIVERSAL NEWBORN HEARING SCREENING
15. **Assistance Listing Number**  
93.251
16. **Assistance Listing Program Title**  
Universal Newborn Hearing and Screening
17. **Award Action Type**  
Noncompeting Continuation
18. **Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

19. Budget Period Start Date 04/01/2025 - End Date 03/31/2026	
20. Total Amount of Federal Funds Obligated by this Action	\$106,220.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$106,220.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$106,220.00
26. Project Period Start Date 04/01/2024 - End Date 03/31/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$341,220.00

28. **Authorized Treatment of Program Income**  
Addition
29. **Grants Management Officer – Signature**  
LaShawna Smith on 03/18/2025

**30. Remarks**



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**Maternal and Child Health Bureau (MCHB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> 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:	\$106,220.00
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:	\$106,220.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$106,220.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$106,220.00

<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	<b>\$106,220.00</b>
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	<b>\$106,220.00</b>

<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
26	\$235,000.00
27	\$235,000.00
28	\$235,000.00
<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
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	<b>\$0.00</b>
<b>35. FORMER GRANT NUMBER</b>	
<b>36. OBJECT CLASS</b> 41.51	
<b>37. BHCNIS#</b>	

**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.

<b>39. ACCOUNTING CLASSIFICATION CODES</b>						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 3893045	93.251	24H61MC00071	\$19,134.00	\$0.00	N/A	24H61MC00071
25 - 3893045	93.251	24H61MC00071	\$87,086.00	\$0.00	N/A	24H61MC00071

## 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. 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: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>
3. Due to the Federal government's continuing resolution status, funding for this grant award is limited to 45.21%. Up to 25% of the total approved budget may be rebudgeted within the approved budget categories without prior approval.
4. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.  
This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.  
Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
5. This Notice of Award provides the offset of an unobligated balance in the amount of \$19,134 from the 4/1/2023 - 3/31/2024 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.

### Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the [General Terms and Conditions](#). HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

### Reporting Requirement(s)

1. **Due Date: Within 120 Days of Award Issue Date**  
The grantee must submit a Performance Report within 120 days after receipt of the NoA. This report should include completing the financial forms, project abstract, grant summary and performance measures. The performance report must be submitted using the Electronic Handbook (EHB).
2. **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.

**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	Business Official	grants@health.mo.gov
Daniel Lane	Program Director	daniel.lane@health.mo.gov
Marcia A Mahaney	Authorizing Official	marcia.mahaney@health.mo.gov
Taylor Kinde	Point of Contact	taylor.kinde@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/>).