

<b>1. DATE ISSUED:</b> 03/28/2019		<b>2. PROGRAM CFDA:</b> 93.917	
<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 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.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 X07HA00030-29-00		<b>4b. GRANT NO.:</b> X07HA00030	<b>5. FORMER GRANT NO.:</b> BRX070030
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/01/1991 <b>THROUGH:</b> 03/31/2022			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 04/01/2019 <b>THROUGH:</b> 03/31/2020			



**NOTICE OF AWARD**  
**AUTHORIZATION (Legislation/Regulation)**  
 Public Health Service Act, Title XXVI, Section 2603  
 FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300ff-11 et seq (as amended), Part B  
 Public Health Service Act as amended, Sections 2611-23, (42 USC 300ff21-31b)  
 2611-22 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a. as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)  
 Sections 2611-22 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a. as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)  
 Sections 2611-22 of Title XXVI of the Public Health Service Act sections 2611-23, (42 U.S.C. § 300ff-21-31b). as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)  
 Sections 2611-23 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)  
 Sections 2611-23 and 2693 of title XXVI of the Public Health Service Act, 42 U.S.C. 300ff-21-300ff-31b and 300ff-121, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

**8. TITLE OF PROJECT (OR PROGRAM):** RYAN WHITE CARE ACT TITLE II

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

**10. DIRECTOR:** (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)  
 Nicole Massey  
 MISSOURI DEPARTMENT OF HEALTH  
 Division Line: Community Public Health/Missouri Dept of Health and Senior Services  
 PO BOX 570  
 Jefferson City, MO 65102-0570

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

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

a. Authorized Financial Assistance This Period	<b>\$13,677,618.00</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 Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$13,677,618.00</b>

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 :	\$20,516,427.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$20,516,427.00
i. Less Non-Federal Share:	\$6,838,809.00
ii. Federal Share:	\$13,677,618.00

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

YEAR	TOTAL COSTS
30	\$13,573,009.00
31	\$13,573,009.00

**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	<b>\$0.00</b>

**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: \$29,500,000.00

**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 [ X ]Yes [ ]No)**

This award consists of the following amounts:

FY19 Formula: \$3,519,801  
FY19 ADAP: \$10,157,817

Total FY19 Award: \$13,677,618  
State Match: \$6,838,809

*Electronically signed by Brad Barney , Grants Management Officer on : 03/28/2019*

17. OBJ. CLASS: 41.15      18. CRS-EIN: [REDACTED]      19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 3776606	93.917	19X07HA00030	\$3,519,801.00	\$0.00	FRML	HIVII-19
19 - 3776608	93.917	19X07HA00030	\$10,157,817.00	\$0.00	ADAP	HIVII-19

## 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/WebEPSExternal/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. 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>
2. 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.
3. 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>.
4. The State Match requirement is \$6,838,809.00. The State Match amount is based on the amount of the award, not the amount of grant funds expended. State contributions claimed as match for other federal programs (such as Medicaid) may not be used to meet the match requirement for the Part B grant. Amounts provided by the Federal Government, and any portion of any service subsidized by the Federal Government, may not be included in calculating the amount of the State matching contribution. The same eligible funds can be used to meet both the State Match requirement and the Maintenance of Effort (MOE) requirement. If relevant, a recipient may request a waiver of the ADAP Supplemental match requirement if the State has otherwise fully complied with a match required for the Part B Base award.
5. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds.

### Program Specific Term(s)

1. 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 (<http://www.hrsa.gov/grants/ffata.html>). 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 for individuals are exempt from these requirements.
2. This award is subject to 45 CFR 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
3. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for

outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at [www.hrsa.gov/opa/](http://www.hrsa.gov/opa/).

4. Except for recipients that receive a minimum allotment of RWHAP Part B funds, the recipient may not use more than ten percent (10%) of the current budget period grant funds for direct and indirect costs associated with planning and evaluation activities or more than ten percent (10%) of the current budget period grant funds for direct and/or indirect costs associated with administering the Part B award. The aggregate total of administration, and planning and evaluation activities cannot exceed 15% of the RWHAP Part B award. The recipient must ensure that the aggregate total of subrecipient administrative expenditures, including all indirect costs, does not exceed 10% of the aggregate total of funds awarded to subrecipients. Subrecipient administrative expenses may be individually set and may vary; however, the aggregate total of subrecipients' administrative costs may not exceed the 10% limit. See Policy Clarification Notice 15-01 for additional information on the 10% administrative cap (<https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>).
5. If the recipient expends any of the RWHAP Part B award on the AIDS Drug Assistance Program (ADAP), it must comply with data reporting requirements of the ADAP Data Report (ADR) for those funds, and the recipient must mandate compliance by each of its subrecipients. Please refer to the RWHAP ADAP Data Report webpage at <https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-adap-data-report-adr> for additional information
6. In accordance with the RWHAP client eligibility determination and recertification requirements (HRSA HAB PCN 13-02: Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements), HRSA expects clients' eligibility be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12-month period or calendar year) to ensure that the program only serves eligible clients, and that the RWHAP is the payer of last resort. See <https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf>
7. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
8. All RWHAP Part A, B, C, and D recipients must adhere to the legislative requirement to establish a clinical quality management program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in HRSA HAB PCN 15-02 (<https://hab.hrsa.gov/sites/default/files/hab/Global/CQM-PCN-15-02.pdf>).
9. Unless a waiver is obtained, not less than seventy – five percent (75%) of the portion of the grant remaining after reserving amounts for administration, planning and evaluation and clinical quality management will be used to provide core medical services that are needed in the state for individuals with HIV who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals). The recipient shall not exceed the lesser of 5 percent (5%) of the total grant funds or \$3 million for the required clinical quality management (CQM) program. Also see HRSA HAB PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds ([https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)).
10. Unless otherwise specified, all Conditions and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHB).
11. Funds may not be used for the following: purchasing or construction of real property, international travel, or payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).
12. RWHAP funds may not be used to make cash payments to intended clients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
13. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>.
14. RWHAP Part B recipients are required to facilitate the development of the Statewide Coordinated Statement of Need (SCSN) as

indicated in the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, 2017-2021 (see <https://careacttarget.org/library/integrated-hiv-prevention-and-care-plan-guidance-including-statewide-coordinated-statement>). The SCSN is a component of the Integrated HIV Prevention and Care Plan.

Recipients are required to report progress on the implementation of Integrated HIV Prevention and Care Plans in the FY 2019 RWHAP Part B Annual Progress Report.

15. The Maintenance of Effort (MOE) requirement is important for ensuring that RWHAP funds are used to supplement existing state expenditures for HIV-related care and treatment services and to prevent RWHAP Part B funds from being used to offset specific HIV-related budget reductions at the state level. The recipient must maintain non-federal funding for HIV-related activities at a level which is not less than the level of expenditures by the state for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant (see Section 2617(b)(7)(E) of the PHS Act).
16. RWHAP Part B recipients are required to use a minimum amount/percentage of the award to provide services to women, infants, children and youth (WICY). The minimum set-aside amounts/percentages for each state/territory must be determined separately for each priority population, and may not be less than the percentage of each population to the total number of persons estimated to be living with AIDS within the state/territory.  
Waiver: If the recipient can document that one or more WICY priority populations are receiving HIV-related services through the state Medicaid program under Title XIX of the Social Security Act, the Children's Health Program (CHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the recipient may request a waiver of the minimum WICY expenditure requirement from HRSA. Recipients requesting a waiver may utilize the WICY Expenditure Report to document that all priority populations are receiving HIV/AIDS health services through other funding sources.
17. RWHAP Part B recipients are required to meet specific requirements regarding the monitoring of both their grant and their subrecipients as detailed in the National Monitoring Standards for RWHAP recipients. (<https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-recipient-resources>)
18. 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 Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
19. RWHAP funds cannot pay for pre-exposure prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP) as the person using PrEP is not an individual living with HIV and the person using nPEP is not diagnosed with HIV prior to the exposure and therefore are not eligible for RWHAP funded medications or medical services. RWHAP Parts A and B recipients and subrecipients may provide some limited services under the EIS service category. (See the HIV/AIDS Bureau June 22, 2016 Program Letter available online at [https://hab.hrsa.gov/sites/default/files/hab/Global/prepletter062216\\_0.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/prepletter062216_0.pdf).)
20. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. Program income may be used to satisfy all or part of the state matching requirements. For additional information, see HRSA HAB PCN #15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income, available online at [https://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-03\\_program\\_income.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf).
21. In accordance with HRSA HAB PCN # 15-04: Utilization and Reporting of Pharmaceutical Rebates, recipients that collect rebates on ADAP medication purchases must adhere to the outlined provisions. See [https://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-04\\_pharmaceutical\\_rebates.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-04_pharmaceutical_rebates.pdf)
22. The recipient must comply with data requirements of the RSR and mandate compliance by each of its subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core service and support service providers are required to submit client-level data as instructed in the RSR manual. See <https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-services-report-rsr>.
23. If applicable, recipients must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.
24. Per 45 CFR §75.351 - 353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
25. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.aids.gov/federal-resources/policies/syringe-services-programs/>.

26. The recipient must comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and must comply with any cancellation of unobligated funds.
27. Funds may not be used by recipients or subcontractors for the purchase of vehicles without written approval from the Division of Grants Management Operations (DGMO).

## 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. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."  
Recipients 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 as a Prior Approval action via Electronic Handbooks (EHBs). 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 <https://pms.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 [HHS Limited English Proficiency \(LEP\)](#).
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: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf>. 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, 2017, Division H, § 202, (P.L. 115-31) enacted May 5, 2017, 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 \$189,600, effective January, 2018. 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 ([System for Award Management User Guide](#)), 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: 07/01/2019

The recipient must submit a Program Terms Report via the Program Terms Report (PTR) Web Application, consistent with reporting guidelines, instructions, and reporting templates provided in PTR Web Application. The Report must include the following items:

1. A Consolidated List of Contractors (CLC) for all direct service providers receiving RWHAP Part B funding through contracts, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), and/or Letters of Agreement (LOA). Providers funded at the Consortia level should also be included in the CLC.
2. The RWHAP Part B and MAI Allocation Report indicating the priority areas established by the Recipient and the dollar amount of RWHAP Part B and MAI funds allocated to each prioritized service category related to eligible Core Medical and Support Services.
3. A revised SF-424A budget and narrative justification for: Administration, Planning and Evaluation, Clinical Quality Management, and HIV Services for all funding. The Form can be found at <http://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>. The Recipient should only print the Budget Information-Non Construction Programs (Section A-F).
4. A complete RWHAP Part B Implementation Plan that reflects all Core Medical and Support service categories and priorities established by the recipient and that are consistent with the RWHAP Part B & MAI Allocations Report. Emerging Community activities and funding allocations must be clearly identified.
5. A Contract Review Certification (CRC) for all funds for direct service contracts, including RWHAP Part B, ADAP, and MAI.
6. FY 2019 RWHAP Part B Early Identification of Individuals with HIV/AIDS (EIIHA) Plan. Describe the process for linking people identified in the EIIHA data to both prevention (for HIV negative clients) and care services (for HIV positive clients).

### 2. Due Date: 08/29/2019

The recipient must submit an Interim Federal Financial Report SF-425 (FFR), showing the amount of RWHAP Part B funds obligated and made available via the HRSA EHBs. No extensions are allowed for this condition. The Interim FFR reporting period is April 1, 2019–July 31, 2019.

### 3. Due Date: 01/31/2020

The Recipient must submit an estimate of their Unobligated Balances (UOB) and an estimated carryover request consistent with reporting guidelines and instructions provided via the HRSA EHBs.

**4. Due Date: 07/30/2020**

The recipient must submit a Final RWHAP Part B Annual Progress Report via the HRSA EHBs, consistent with reporting guidelines and instructions provided. Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding.

This report must include the recipient's Report on

1. FY 2019 RWHAP Part B Implementation Plan Update
2. FY 2019 RWHAP Part B Progress Report Narrative
3. FY 2019 Certification of Aggregate Administrative Cost
4. FY 2019 RWHAP Part B Women, Infants, Children and Youth (WICY) Report Worksheet
5. FY 2019 Clinical Quality Management (CQM) Program Update
6. FY 2019 RWHAP Part B and MAI Final Expenditures Report

**5. Due Date: 07/30/2020**

The recipient must submit a RWHAP Part B and MAI Final Expenditures Report via the HRSA EHBs using the format provided in the HRSA EHBs.

**6. Due Date: 07/30/2020**

**The recipient must submit a Federal Financial Report (SF425) using the HRSA EHBs. This report should reflect cumulative reporting within the project period.**

**The Federal Financial Report will not be accepted unless the recipient completes the SF425 form in its entirety, providing a breakout of their award amounts, any approved carryover, and the respective expenditures for each in the Remarks category of the SF425 form, as listed below:**

- a. The Part B Base amount
- b. The ADAP Base amount
- c. The ADAP Supplemental amount
- d. The EMERGING COMMUNITIES amount
- e. The MAI amount
- f. Prior Year Base carryover amount
- g. Prior Year ADAP carryover amount
- h. Prior Year MAI carryover amount

The annual Federal Financial Report must include State Matching Funds and/or ADAP Supplemental Match if required. The recipient must separately report the amounts of the State Matching Funds and/or ADAP Supplemental Match if required in the Remarks section.

In addition, the recipient must report separately the ADAP Base funds. The funds must be reported in the Remarks section. The following subset of information is required:

- ADAP Summary (a) Outlays - ADAP funds  
(b) Unliquidated Obligations - ADAP funds  
(c) Total Federal Share - ADAP funds  
(d) Unobligated Balance - ADAP funds

If the recipient collects rebates on ADAP drug purchases, please reference HRSA HAB PCN # 15-04: Utilization and Reporting of Pharmaceutical Rebates, available at

[https://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-04\\_pharmaceutical\\_rebates.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-04_pharmaceutical_rebates.pdf). The following subset of information is required and must be reported in the Remarks section of the SF-425 form.

Unobligated Balances Summary

1. Unobligated Balance - ADAP funds
2. Part B Base Unobligated Balances
3. Total Unobligated Balances

Rebate Account Summary

1. Rebate Revenues
2. Rebate Expenditures
3. Remaining Rebate Funds
4. Adjusted Remaining Balance

A final FFR may not include unliquidated obligations and must agree with the PMS report of disbursements for the document number for the budget period being reported.

If the recipient has an unobligated balance of RWHAP Part B Base, ADAP, and/or MAI funds the recipient must:

1. Attach and upload a carryover request with their FFR submission within the HRSA EHBs Prior Approval module; or
2. Indicate in their FFR their intent to submit a carryover request separately, via the Prior Approval Portal, within 30 days of the FFR submission; or
3. Indicate on the FFR their intention to NOT submit any carryover request

**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
Christine E Smith	Point of Contact	christine.smith@health.mo.gov
Nicole Massey	Business Official	nicole.massey@health.mo.gov
Nicole Massey	Program Director	nicole.massey@health.mo.gov
Mulima Walusiku-Todd	Business Official	mulima.walusiku@health.mo.gov
Tonya R Loucks	Authorizing Official	tonya.loucks@health.mo.gov

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Kim Brown at:

MailStop Code: Mail Stop 09SWH03

DSHAP/SSB

5600 Fishers Ln

Rockville, MD, 20852-1750

Email: kbrown2@hrsa.gov

Phone: (301) 443-1434

Fax: (301) 443-1839

### 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

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