

Department of Health and Human Services Health Resources and Services Administration

Notice of Award FAIN# B0445226 Federal Award Date: 09/11/2024

Federal Award Information			
11. Award Number 6 B04MC45226-01-07 12. Unique Federal Award Identification Number (FAIN)			
B0445226			
Maternal and Child Health Services			
Maternal and Child Health Services Block Grant to the States			
17 Award Action Type			
Administrative			
18. Is the Award R&D?			
No			
Summary Federal Award Financial Infor	mation		
19. Budget Period Start Date 10/01/2021 - End Date 09/30/2023			
20. Total Amount of Federal Funds Obligated by this Action	(\$252.21)		
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	\$12,468,995.79		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
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25. Total Federal and Non-Federal Approved this Budget Period	\$12,468,995.79		
25. Total Federal and Non-Federal Approved this Budget Period 26. Project Period Start Date 10/01/2021 - End Date 09/30/2023	\$12,468,995.79		
	6 B04MC45226-01-07 12. Unique Federal Award Identification Number (FAIN) B0445226 13. Statutory Authority 42 U.S.C. § 701(a)(1) 14. Federal Award Project Title Maternal and Child Health Services 15. Assistance Listing Number 93.994 16. Assistance Listing Program Title Maternal and Child Health Services Block Grant to the States 17. Award Action Type Administrative 18. Is the Award R&D? No Summary Federal Award Financial Infor 19. Budget Period Start Date 10/01/2021 - End Date 09/30/2023 20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount 20b. Indirect Cost Amount 21. Authorized Carryover 22. Offset		

30. Remarks

This Notice of Award is issued to de-obligate (\$252.21) and close document number 22B04MC45226. Please refer to the Grant Specific Term of this notice for record retention instructions. Questions regarding this closeout can be directed to Jonnie Horne at Jhorne@hrsa.gov. All other inquiries regarding this grant should be directed to the Awarding Agency Contact listed in block 9.

Notice of Award Award Number: 6 B04MC45226-01-07 Federal Award Date: 09/11/2024

Maternal and Child Health Bureau (MCHB)

Health Resources & Services Administration

	/					
	APPROVED BUDGET: (Excludes Direct Assistance)					
·] Grant Funds Only					
[2	[X] 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:	\$0.00				
j.	Consortium/Contractual Costs:	\$0.00				
k.	Trainee Related Expenses:	\$0.00				
Ι.	Trainee Stipends:	\$0.00				
m.	Trainee Tuition and Fees:	\$0.00				
n.	Trainee Travel:	\$0.00				
0.	TOTAL DIRECT COSTS:	\$12,468,995.79				
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:	\$12,468,995.79				
	i. Less Non-Federal Share:	\$0.00				
	ii. Federal Share:	\$12,468,995.79				
32. /	WARD COMPUTATION FOR FINANCIAL ASSISTANCE:					
a.	Authorized Financial Assistance This Period	\$12,468,995.79				
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	\$12,469,248.00				
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	(\$252.21)				

YEAR	TOTAL COSTS		
	Not applicable		
34. APPROVED DIRECT	ASSISTANCE BUDGET: (In lieu of cash)		
a. Amount of Direct A	ssistance	\$0.0	
b. Less Unawarded Balance of Current Year's Funds			
c. Less Cumulative Prior Award(s) This Budget Period			
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION			
35. FORMER GRANT N	UMBER		
36. OBJECT CLASS			
41.15			
37. BHCMIS#			

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 statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 3893050	93.994	22B04MC45226	(\$252.21)	\$0.00	N/A	22B04MC45226

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. The document number referenced has expired and is closed in the Payment Management System. The closeout of this grant does not automatically cancel any requirements for property accountability, record retention, or financial accountability.

Recipients must continue to track all equipment and supplies acquired under the award after grant closeout in accordance with the property management requirements of 45 CFR Part 75, as applicable. The recipient must request disposition instructions from HRSA for any property that is no longer needed. Any real property acquired with DHHS grant support may not be conveyed, transferred, assigned, mortgaged, or in any other manner encumbered by the grantee, except as expressly authorized in writing by the DHHS awarding component or its successor organization. The Government's interest in real property acquired under grants is described in 45 CFR Part 75. Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the

Federal government may recover amounts based on the results of an audit covering any part of the period of grant support. All funds due that are not returned constitute a debt to the Federal government.

If the grant is closed based on approved provisional indirect cost rates and negotiated final indirect cost rates are lower than the approved provisional rates, your organization is required to recalculate indirect costs and return all excess indirect costs claimed to HRSA within 45 days of the date of the letter transmitting the final rates. Your final rates may have come from the DHHS or another cognizant Federal agency. The return of excess indirect costs must be accompanied by a revised final Federal Financial Report (FFR).

Please keep in mind financial records, programmatic records, supporting documents, and all other grant-related records shall be retained for a period of 3 (three) years calculated from the date the final FFR was submitted. If any litigation, claim, financial management review, or audit is started before expiration of the 3-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved and final disposition.

2. Notice of Award Item #31 has been updated to indicate Total project costs include grant funds and all other financial participation as this grant program has a Cost Sharing/Matching requirement.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Role	Email
Program Director	martha.smith@health.mo.gov
Employee	karen.harbert@health.mo.gov
Authorizing Official	dawn.heathman@health.mo.gov
Employee	andrew.schnabel@health.mo.gov
Employee	stacy.watson@health.mo.gov
	Program Director Employee Authorizing Official Employee

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/).