

<b>1. DATE ISSUED:</b> 05/02/2016		<b>2. PROGRAM CFDA:</b> 93.110	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 02/03/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 6 H18MC00028-19-02		<b>4b. GRANT NO.:</b> H18MC00028	<b>5. FORMER GRANT NO.:</b> MCJ29T007
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 10/01/1997 <b>THROUGH:</b> 11/30/2017			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 12/01/2015 <b>THROUGH:</b> 11/30/2016			



**NOTICE OF AWARD**  
**AUTHORIZATION (Legislation/Regulation)**  
 Public Health Service Act, Section 1252, as amended, Public Law 104-166, 42 U.S.C. 300d-52  
 Social Security Act, Title V, 42 U.S.C. 701  
 Social Security Act, Section 501(a)(2); (42 U.S.C. 701(a)(2))  
 Social Security Act § 501(a)(2-3), 42 U.S.C. § 701(a)(2-3)  
 Social Security Act, § 501(a)(2), as amended (42 U.S.C. 701(a)(2))  
 Social Security Act, Title V, § 501(a)(2), (42 U.S.C. 701(a)(2)), as amended

**8. TITLE OF PROJECT (OR PROGRAM):** STATE SYSTEMS DEVELOPMENT INITIATIVE

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

**10. DIRECTOR:** (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)  
 Venkata Garikapaty  
 MISSOURI DEPARTMENT OF HEALTH  
 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>\$123,641.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$28,267.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$95,374.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>

a. Salaries and Wages :	\$54,142.00
b. Fringe Benefits :	\$18,011.00
c. Total Personnel Costs :	\$72,153.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$20,522.00
g. Travel :	\$4,450.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$7,772.00
j. Consortium/Contractual Costs :	\$4,500.00
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 :	\$109,397.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$14,244.00
q. TOTAL APPROVED BUDGET :	\$123,641.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$123,641.00

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

YEAR	TOTAL COSTS
20	\$100,000.00

**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: \$0.00

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**  
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

**REMARKS:** (Other Terms and Conditions Attached Yes No)  
 Prior Approval Request Tracking Number PA-00055402. Prior Approval Request Type: Carryover

**Electronically signed by Donna Giarth , Grants Management Officer on : 05/02/2016**

**17. OBJ. CLASS:** 41.51 **18. CRS-EIN:** XXXXXXXXXX **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 3893310	93.110	15H18MC00028	\$0.00	\$0.00		SSDI/15

## 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. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$28,267 from budget period 12/01/2014-11/30/2015 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval (PA-00055402) request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Bret Fischer	Authorizing Official	grants@health.mo.gov
Venkata Garikapaty	Employee, Program Director	venkata.garikapaty@health.mo.gov, venkata.garikapaty@dhss.mo.gov

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Scott Snyder at:  
HRSA/MCHB/DSCH  
5600 Fishers Ln  
RM 5C-26  
Rockville, MD, 20852-1750  
Email: [ssnyder@hrsa.gov](mailto:ssnyder@hrsa.gov)  
Phone: (301) 443-0345  
Fax: (301) 443-9354

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Donna Giarth at:  
HRSA/OFAM/DGMO/MCHSB  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: [dgiarth@hrsa.gov](mailto:dgiarth@hrsa.gov)  
Phone: (301) 443-9142