

1. DATE ISSUED: 07/10/2018		2. PROGRAM CFDA: 93.241	
3. SUPERSEDES AWARD NOTICE dated: 06/05/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H3GRH30031-02-05		4b. GRANT NO.: H3GRH30031	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 08/01/2016 THROUGH: 07/31/2019			
7. BUDGET PERIOD: FROM: 08/01/2017 THROUGH: 07/31/2018			



NOTICE OF AWARD
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.

8. TITLE OF PROJECT (OR PROGRAM): Flex Rural Veterans Health Access Program

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

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Lee Temmen
 HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
 MailStop Code: 912 Wildwood
 Division Line: Office of Primary Care and Rural Health/Department of Health and Senior Services
 912 Wildwood Dr
 Jefferson City, MO 65109-5796

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

a. Salaries and Wages :	\$14,720.00
b. Fringe Benefits :	\$7,802.00
c. Total Personnel Costs :	\$22,522.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$0.00
g. Travel :	\$3,909.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$749.00
j. Consortium/Contractual Costs :	\$268,000.00
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 :	\$295,180.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$4,820.00
q. TOTAL APPROVED BUDGET :	\$300,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$300,000.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$300,000.00
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	\$300,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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

YEAR	TOTAL COSTS
03	\$300,000.00

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	\$0.00

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 **[D]**
 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 [X]Yes []No)
 This NoA is issued to remove one or more Grant Conditions imposed on projects.

Electronically signed by Olusola Dada , Grants Management Officer on : 07/10/2018

17. OBJ. CLASS: 41.51 **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
17 - 3704125	93.912	16H3GRH30031	\$0.00	\$0.00		16FRVHAP

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

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. The grant condition stated below on NoA 5 H3GRH30031-02-00 is hereby lifted. 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.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Tonya R Loucks	Authorizing Official	tonya.loucks@health.mo.gov
Pat Bedell	Authorizing Official	pat.bedell@health.mo.gov
Lee Temmen	Program Director, Point of Contact	lee.temmen@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Monica Cowan at:
MailStop Code: 17W59D
HRSA/OA/FORHP/OAT
5600 Fishers Lane
STOP 17W13B
Rockville, MD, 20852-1750
Email: Monica.Cowan@hrsa.hhs.gov
Phone: (301) 443-0076
Fax: (301) 443-2803

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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