


<b>1. DATE ISSUED:</b> 10/16/2017		<b>2. PROGRAM CFDA:</b> 93.241	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 09/20/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 6 H3GRH30031-02-02		<b>4b. GRANT NO.:</b> H3GRH30031	<b>5. FORMER GRANT NO.:</b>
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 08/01/2016 <b>THROUGH:</b> 07/31/2019			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 08/01/2017 <b>THROUGH:</b> 07/31/2018			

U.S. Department of Health and Human Services  
  
 Health Resources and Services Administration

**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  
 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

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 :	\$300,000.00
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 :	\$300,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
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	<b>\$300,000.00</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	\$300,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>

**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	<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** **[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  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 : 10/16/2017**

<b>17. OBJ. CLASS:</b> 41.51	<b>18. CRS-EIN:</b> [REDACTED]	<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00
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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

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

The awardee will provide letters of commitment from the newly obtained project partners identified in the NCC. The awardee will provide evidence that the identified and proposed project partners intend to commit, engage, and will accept financial responsibility of the proposed project. Please see pages 19 and 25 of the Funding Opportunity Announcement for details of what needs to be addressed in this submission.

The commitment of network members in the proposed project must be documented clearly. This will include the submission of signed Memoranda of Understanding, as well as Letters of Commitment that identify participating rural providers and demonstrate that care givers understand the challenges in project implementation and their competence and willingness to meet those challenges, as well as report the number of individual veterans that are served by and/or benefit from the grant program. Additionally, any providers that participate in the proposed Project ECHO activities will document their commitment to provide data on the number of individual veterans served after participating in the program. The submitted documents should also describe the involvement and support of potential rural health partners' senior project partner management, clinicians, and other care givers in developing and operating the project. Please see pages 13, 19, 24 and 25 of the Funding Opportunity Announcement for details of what needs to be addressed in this submission.

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
Lee Temmen	Program Director	lee.temmen@health.mo.gov

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Anthony Oliver at:

MailStop Code: 17W13-C  
Office for the Advancement of Telehealth  
5600 Fishers Lane  
RM 17W13-C  
Rockville, MD, 20857-  
Email: AOliver@hrsa.gov  
Phone: (301) 443-2919

### 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  
Email: ODada@hrsa.gov  
Phone: (301) 443-0195  
Fax: (301) 443-9810