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| 1. DATE ISSUED: 05/06/2020 | | 2. PROGRAM CFDA: 93.301 | |
| 3. SUPERSEDES AWARD NOTICE dated: 08/28/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. | | | |
| 4a. AWARD NO.: 6 H3HRH00010-17-02 | 4b. GRANT NO.: H3HRH00010 | 5. FORMER GRANT NO.: | |
| 6. PROJECT PERIOD: FROM: 09/01/2002 THROUGH: 05/31/2019 | | | |
| 7. BUDGET PERIOD: FROM: 06/01/2018 THROUGH: 05/31/2019 | | | |



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Social Security Act, Section 1820(g)(3)
Section 1820(g)(3) of the Social Security Act, 42 U.S.C. 1395i-4

8. TITLE OF PROJECT (OR PROGRAM): SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM

9. GRANTEE NAME AND ADDRESS:
MISSOURI DEPARTMENT OF HEALTH
912 Wildwood Dr
Jefferson City, MO 65109-5796
DUNS NUMBER:
878092600

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Sara Davenport
MISSOURI DEPARTMENT OF HEALTH
MailStop Code: MO-03
Division Line: 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 : | \$6,653.00 |
| b . Fringe Benefits : | \$3,526.00 |
| c . Total Personnel Costs : | \$10,179.00 |
| 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 : | \$397,708.74 |
| 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 : | \$407,887.74 |
| p . INDIRECT COSTS (Rate: % of S&W/TADC) : | \$2,178.00 |
| q . TOTAL APPROVED BUDGET : | \$410,065.74 |
| i. Less Non-Federal Share: | \$0.00 |
| ii. Federal Share: | \$410,065.74 |

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

| | |
|---|----------------------|
| a. Authorized Financial Assistance This Period | \$410,065.74 |
| 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 | \$427,140.00 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | (\$17,074.26) |

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

| YEAR | TOTAL COSTS |
|----------------|-------------|
| Not applicable | |

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 **[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)
This Notice of Award is issued to deobligate (\$17,074.26) and close document #16H3HRH00010. Of this amount, \$17,073 will be reobligated in documented number (19H3HRH00010) as approved carryover in a separate action. Please refer to page 2 of the notice for record retention instructions. For questions concerning this closeout notice, please contact the Grants Management Specialist.

Electronically signed by Inge Cooper , Grants Management Officer on : 05/06/2020

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

| FY-CAN | CFDA | DOCUMENT NO. | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|--------------|-----------------|-----------------|------------------|------------------|
| 18 - 3704132 | 93.301 | 16H3HRH00010 | (\$17,074.26) | \$0.00 | N/A | 16SRHIP |

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 to deobligate \$17,074.26 and closeout document number 16H3HRH00010. Of this amount, \$17,073 will be reobligated in documented number 19H3HRH00010 as approved carryover in a separate action.
2. 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.

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

Contacts

NoA Email Address(es):

| Name | Role | Email |
|------------------|----------------------|--------------------------------|
| Marcia A Mahaney | Authorizing Official | marcia.mahaney@health.mo.gov |
| Sara Davenport | Program Director | sara.davenport@health.mo.gov |
| Pamela Sandbothe | Business Official | pamela.sandbothe@health.mo.gov |

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact at:

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Jessica Sanders at:
5600 Fishers Ln
Rockville, MD, 20857-
Email: jsanders@hrsa.gov
Phone: (301) 443-0736

