

1. DATE ISSUED: 02/11/2019		2. PROGRAM CFDA: 93.165		 <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 339(O) Public Health Service Act, Title III, Section 338I Public Health Service Act, Section 338 (i) Public Health Service Act, Title III, Section 338I, (42 U.S.C. 254q-1), as amended by the Patient Protection and Affordable Care Act Public Health Service Act, Title III, Section 338I(a)-(i) (42 U.S.C. 254q-1(a)-(i)) The Patient Protection and Affordable Care Act of 2010, Public Law 111-148) Public Health Service Act, Title III, Section 338I(a)-(i) (42 U.S.C. 254q-1(a)-(i))</p>			
3. SUPERSEDES AWARD NOTICE dated: 08/06/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.							
4a. AWARD NO.: 6 H56HP00096-28-03		4b. GRANT NO.: H56HP00096	5. FORMER GRANT NO.: H56CS00096				
6. PROJECT PERIOD: FROM: 10/01/1990 THROUGH: 08/31/2018							
7. BUDGET PERIOD: FROM: 09/01/2017 THROUGH: 08/31/2018							
8. TITLE OF PROJECT (OR PROGRAM): STATE LOAN REPAYMENT PROGRAM							
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) Teresa Leatherman MISSOURI DEPARTMENT OF HEALTH 912 Wildwood Dr Jefferson City, MO 65109-5796					
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:					
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 : \$500,000.00 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 : \$500,000.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$500,000.00 i. Less Non-Federal Share: \$250,000.00 ii. Federal Share: \$250,000.00		a. Authorized Financial Assistance This Period \$250,000.00 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 \$250,000.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$0.00					
		13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)					
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	Not applicable	
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 [C] 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) This Notice of Award is issued to close document #14H56HP00096. 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 James King , Grants Management Officer on : 02/11/2019							
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
17 - 3721703	93.165	14H56HP00096	\$0.00	\$0.00	N/A	GSLP_SLRP-14

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.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Tonya R Loucks	Authorizing Official	grants@health.mo.gov
Pat Bedell	Authorizing Official	pat.bedell@health.mo.gov
Teresa Leatherman	Program Director	teresa.leatherman@health.mo.gov
Jennifer Stockman	Employee	jenn.stockman@health.mo.gov
Teresa L. Leatherman	Point of Contact	teresa.leatherman@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 Vincent Woodard at:

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