NOTICE OF AWARD

AUTHORIZED (Legislation/Regulation)
Public Health Service Act, Title III, Section 338(O)
Public Health Service Act, Title III, Section 338I
Public Health Service Act, Title III, 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 A
Public Health Service Act, Title III, Section 338(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 338(a)-(i) (42 U.S.C. 254q-1(a)-(i))

1. DATE ISSUED: 09/05/2018
2. PROGRAM CFDA: 93.165

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   except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.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 H56HP00096-29-01
4b. GRANT NO.: H56HP00096
5. FORMER GRANT NO.: H56CS00096

6. PROJECT PERIOD:
   FROM: 10/01/1990 THROUGH: 08/31/2022

7. BUDGET PERIOD:
   FROM: 09/01/2018 THROUGH: 08/31/2019

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)
    Lee Temmen
    MISSOURI DEPARTMENT OF HEALTH
    912 Wildwood Dr
    Jefferson City, MO 65109-5796

11. APPROVED BUDGET:(Excludes Direct Assistance)
    [X] 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 $425,000.00
    b. Less Unobligated Balance from Prior Budget Period
       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 $425,000.00
    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>
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<tr>
<th>YEAR</th>
<th>TOTAL COSTS</th>
</tr>
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<tbody>
<tr>
<td>30</td>
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<td>31</td>
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<tr>
<td>32</td>
<td>$425,000.00</td>
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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
   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 grantees 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 James King, Grants Management Officer on: 09/05/2018

17. OBJ. CLASS: 41.51
18. CRS-EIN: [X]
19. FUTURE RECOMMENDED FUNDING: $0.00
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<tr>
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<th>Description</th>
<th>Amount</th>
<th>Amount</th>
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</tr>
<tr>
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<td></td>
<td></td>
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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 2 H56HP00096-29-00 is hereby lifted.

   Non-Federal Entity to revise the Budget form.

   Revise the Research & Related Budget form that was submitted as part of your HRSA-18-011 application response. Ensure that each budget period section is completed accurately for each of the 4 years. The Cumulative Budget is automatically generated and provides the total budget information for the grant request.

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

Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee Temmen</td>
<td>Program Director</td>
<td><a href="mailto:lee.temmen@health.mo.gov">lee.temmen@health.mo.gov</a></td>
</tr>
<tr>
<td>Teresa L. Leatheran</td>
<td>Point of Contact</td>
<td><a href="mailto:teresa.leatherman@health.mo.gov">teresa.leatherman@health.mo.gov</a></td>
</tr>
<tr>
<td>Pat Bedell</td>
<td>Authorizing Official</td>
<td><a href="mailto:pat.bedell@health.mo.gov">pat.bedell@health.mo.gov</a></td>
</tr>
<tr>
<td>Tonya R Loucks</td>
<td>Authorizing Official</td>
<td><a href="mailto:grants@health.mo.gov">grants@health.mo.gov</a></td>
</tr>
</tbody>
</table>

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Paula Gumbs at:
MailStop Code: 5600 Fishers Lane 14N58A
HRSA/BHW/DNHSC
5600 Fishers Lane
RM 14N58A
Rockville, MD, 20857-
Email: PGumbs@hrsa.gov
Phone: (301) 443-7581

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Vincent Woodard at:
5600 Fishers Ln
SPC 10W05C
Rockville, MD, 20857-0001
Email: VWoodard@hrsa.gov
Phone: (301) 945-3938