Trainee Related Expenses $0.00

$250,000.00

center

ii. Federal Share:
please

TOTAL APPROVED BUDGET
Fringe Benefits 877-464-4772, 8 am to 8 pm ET, weekdays.

$0.00 $0.00 $0.00

Trainee Tuition and Fees
Salaries and Wages

TOTAL DIRECT COSTS $235,213.00

P. INDIRECT COSTS (Rate: % of S&W/TADC):
$14,787.00

q. TOTAL APPROVED BUDGET $250,000.00

i. Less Non-Federal Share:$0.00

ii. Federal Share: $250,000.00

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 $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

d. Less Cumulative Prior Awards(s) This Budget Period $143,825.00

e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION $106,175.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) $106,175.00

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<th>YEAR</th>
<th>TOTAL COSTS</th>
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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: $0.00

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:

Please contact HRSA at the contact phone number provided for any questions.

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access some information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA at 877-464-4772, 8 am to 8 pm ET, weekdays.
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 LaShawna Smith, Grants Management Officer on: 06/26/2017*

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<th>17. OBJ. CLASS:</th>
<th>18. CRS-EIN:</th>
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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 H61MC00071-17-00 is hereby lifted. The applicant is required to provide a revised budget that includes a line item for the quality improvement and evaluation activities and demonstrates how 15% of the annual budget will be devoted to quality improvement activities. This information is to be provided within 90 days of receiving the Notice of Award. This condition will be reflected in the Notice of Award.

2. This revised Notice of Award is issued to provide an additional $106,175.00 to satisfy the FY17 funding level. These funds have been allocated to the approved budget categories. Grant funds totaling 25% or more of the authorized total must receive prior approval before being reallocated.

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

Contacts

NoA Email Address(es):

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharmini Rogers</td>
<td>Program Director</td>
<td><a href="mailto:sharmini.rogers@health.mo.gov">sharmini.rogers@health.mo.gov</a></td>
</tr>
<tr>
<td>Bret Fischer</td>
<td>Authorizing Official</td>
<td><a href="mailto:grants@health.mo.gov">grants@health.mo.gov</a></td>
</tr>
<tr>
<td>Linda M Cade</td>
<td>Authorizing Official</td>
<td><a href="mailto:linda.cade@health.mo.gov">linda.cade@health.mo.gov</a></td>
</tr>
</tbody>
</table>

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Michelle Koplitz at:
MCHB/DSCSHN
5600 Fishers Lane
RM 18W14
Rockville, MD, 20857-
Email: mkoplitz@hrsa.gov
Phone: (301) 880-4480

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Bria Haley at:
5600 Fishers Lane
rockville, MD, 20857-
Email: bhaley@hrsa.gov
Phone: (301) 443-3778