

1. DATE ISSUED: 09/18/2018		2. PROGRAM CFDA: 93.236	
3. SUPERSEDES AWARD NOTICE dated: 07/16/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 T12HP31860-01-01		4b. GRANT NO.: T12HP31860	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 09/01/2018 THROUGH: 08/31/2022			
7. BUDGET PERIOD: FROM: 09/01/2018 THROUGH: 08/31/2019			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Part D of Title III of the Public Health Service Act as amended,
 Subpart X – Primary Dental Programs, Section 340G (42 USC
 256g)
 Title III, Section 340G of the Public Health Service Act (42 USC
 256g).
 Section 340G of the Public Health Service Act (42 USC §256g)

8. TITLE OF PROJECT (OR PROGRAM): Grants to States to Support Oral Health Workforce Activities	
9. GRANTEE NAME AND ADDRESS: HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 912 Wildwood Dr., Jefferson City, MO 65109 DUNS NUMBER: 878092600	
10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) John Dane HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF MailStop Code: Office of Dental Health Division Line: Missouri Department of Health and Senior Services 912 Wildwood Dr Jefferson City, MO 65109	

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	
a. Salaries and Wages :	\$118,287.00
b. Fringe Benefits :	\$53,259.00
c. Total Personnel Costs :	\$171,546.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$0.00
g. Travel :	\$3,900.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$149,202.00
j. Consortium/Contractual Costs :	\$0.00
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 :	\$324,648.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$36,711.00
q. TOTAL APPROVED BUDGET :	\$361,359.00
i. Less Non-Federal Share:	\$145,335.00
ii. Federal Share:	\$216,024.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$216,024.00
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	\$216,024.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
02	\$216,024.00
03	\$216,024.00
04	\$216,024.00

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	\$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	
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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 James King , Grants Management Officer on : 09/18/2018

17. OBJ. CLASS: 41.21	18. CRS-EIN:	19. FUTURE RECOMMENDED FUNDING: \$0.00
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FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 372OH17	93.236	18T12HP31860	\$0.00	\$0.00		18-SSOHWA

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)

- The grant condition stated below on NoA 1 T12HP31860-01-00 is hereby lifted.
 - A detailed budget justification narrative with an accompanying SF424RR is required for all 4 budget years.
 - A budget justification narrative description of all matching funds proposed, with an accompanying line-item budget for all 4 years. A 40 percent match of non-federal funds is required. Matching funds must be clearly justified and relate directly to project activities. Please clarify/itemize and provide in detail the specific deliverables to be received for all 4 years that support the costs, goals, and objectives of the match amounts proposed.
 - The budget justification narrative for the federal and the match budget must detail the costs of each line item within each object class category. For the Personnel line item, you must include the following for each employee supported by funds from this award: name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and % of fringe benefits) to be paid for the budget year. This personnel information requirement also applies to subawards/subcontracts supported by Federal funds from this grant (including any personnel providing in-kind services to provide a correlation between the annual salary and FTE % so that an in-kind value that supports the grant can be determined. Consultant/Contractors cost request should provide 1) Name of Contractor/Consultant, 2) Method of Selection, 3) Period of Performance, 4) Scope of Work Activities in work plan objectives, 5) Method of Accountability.

Specifics:

-Base salary amounts should appear in the budget justification narrative in the same manner as reflected in the supporting SF-424RR budget form.

-Provide more details regarding the 8 workshops to be attended in years 1-4.

-Other Direct Costs (Non-Federal): Salary for hygienist, or number of hours is miscalculated (i.e. \$90.00 X 75 hrs. = \$6,750 instead of \$2,250).

-Provide an itemized list of the Tele-Dentistry equipment being purchased in years 1-4,

-Development time cost for workshop planning is miscalculated for years 1-4 non-federal. (e.g. Year 1- \$90.00 x 40 hrs. = \$3,600 in lieu of \$4,000) (page 6).

-SF424-RR for Years 1-4 included the non-federal match in the calculation of the Total Direct and Indirect Institutional Costs total.

(i.e. \$361,359.00-\$145,335 non-federal match=\$216,024 federal funds, as requested in budget justification narrative. Please remove non-federal match funds from this total in the SF-424RR for all years. Year 4 is reflecting a total over the ceiling amount due to the inclusion of the non-federal match being included in the Total Direct and Indirect Costs total

(i.e. \$404,649.00-\$188,625.00=\$216,024.00 federal funds, as requested in the budget justification narrative). Please correct.

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

Contacts

NoA Email Address(es):

Name	Role	Email
John Dane	Point of Contact	john.dane@health.mo.gov
Pat Bedell	Authorizing Official	grants@health.mo.gov

John Dane	Program Director	john.dane@health.mo.gov
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Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Jesse Ungard at:

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Division of Grants Management Operations:

For assistance on grant administration issues, please contact Carolyn Cobb at:

MailStop Code: PKLN/Open Work Station

HRSA/OFAM/DGMO/HPB

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