

1. DATE ISSUED: 03/28/2019		2. PROGRAM CFDA: 93.130	
3. SUPERSEDES AWARD NOTICE dated: 03/08/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 U68HP11488-11-01	4b. GRANT NO.: U68HP11488	5. FORMER GRANT NO.: 6 U68CS00195-22-03	
6. PROJECT PERIOD: FROM: 04/01/2009 THROUGH: 03/31/2024			
7. BUDGET PERIOD: FROM: 04/01/2019 THROUGH: 03/31/2020			



8. TITLE OF PROJECT (OR PROGRAM): State Primary Care Offices

9. GRANTEE NAME AND ADDRESS:
MISSOURI DEPARTMENT OF HEALTH
PO BOX 570
Jefferson Cty, 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)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$98,756.00
b. Fringe Benefits :	\$57,278.00
c. Total Personnel Costs :	\$156,034.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$285.00
g. Travel :	\$2,395.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$4,526.00
j. Consortium/Contractual Costs :	\$3,000.00
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 :	\$166,240.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$33,235.00
q. TOTAL APPROVED BUDGET :	\$199,475.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$199,475.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$199,475.00
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	\$199,475.00
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
12	\$199,475.00
13	\$199,475.00
14	\$199,475.00
15	\$199,475.00

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 [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 NoA is issued to remove one or more Grant Conditions imposed on projects.

Electronically signed by Bruce Holmes , Grants Management Officer on : 03/28/2019

17. OBJ. CLASS: 41.51	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
19 - 3721912	93.547	19U68HP11488	\$0.00	\$0.00		19SPCO

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/WebEPSEExternal/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 U68HP11488-11-00 is hereby lifted.

Grantee is required to submit a revised budget justification narrative, and SF424RR.

1. **Amounts in the 5-year budget breakdown table do not match the totals in the budget justification narrative, or the SF-424RR (i.e. travel and supplies).**
2. **A SF-424RR is required for each of the five budget periods, not just for Year 1 only, as submitted. Only one budget justification narrative is required because the cost allocations are the same for all budget years April 1, 2019-March 31, 2024.**
3. **Contractual cost requested for \$3,000 should be allocated to Section F., Other Direct Costs-Line 5 (Subawards/Consortium/Contractual Costs of the SF-424RR. The \$3,000 contractual cost is correctly allocated in the contractual line item of the budget justification narrative.**
4. **Contractors cost should reflect the following information in the budget justification narrative:1) Name of Contractor 2) Method of Selection, 3) Period of Performance 4) Scope of Work Activities in work plan objectives, 5) Method of Accountability**
5. **Meals for travel related business expenses are covered under a per diem allowance (i.e. CONUS PER DIEM RATE-- \$200.00 meals??): Length of trip? (i.e. 3 days). Lodging Rate: \$133.00/Meals & Incidentals Per Diem (\$66.00). Missouri lodging rate for in-state is \$133.00, and Per Diem (meal) rate is \$66.00 according to the 2019 Missouri Per Diem table. In-state travel per diem in budget justification narrative reflects lodging rate at \$169.00 per night for meals and lodging (i.e. \$133+66.00=\$199.00). Please clarify.**

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
Lisa Eastman	Point of Contact	lisa.eastman@health.mo.gov
Teresa Leatherman	Program Director	teresa.leatherman@health.mo.gov
Amber Dawn Heathman	Business Official	dawn.heathman@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Melvin Whitfield at:
HRSA/BHW/DPSD/SDB
5600 Fishers Lane
Rockville, MD, 20852-1750
Email: mwhitfield@hrsa.gov
Phone: (301) 594-4454
Fax: (301) 443-4370

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Carolyn Cobb at:
MailStop Code: PKLN/Open Work Station

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5600 Fishers Ln
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