

| | | | |
|---|--|-------------------------------------|---|
| 1. DATE ISSUED: 06/13/2019 | | 2. PROGRAM CFDA: 93.130 | |
| 3. SUPERSEDES AWARD NOTICE dated: 03/28/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. | | | |
| 4a. AWARD NO.: 6 U68HP11488-11-02 | | 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 : 06/13/2019

| | | |
|------------------------------|--------------------------------|---|
| 17. OBJ. CLASS: 41.51 | 18. CRS-EIN: [REDACTED] | 19. FUTURE RECOMMENDED FUNDING: \$0.00 |
|------------------------------|--------------------------------|---|

| 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/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 U68HP11488-11-00 is hereby lifted. As a condition of this award, the recipient must submit for HRSA approval a work plan, including benchmarks, for the development of the Statewide Rational Service Area plans for the primary care, mental health, and dental health disciplines by no later than May 31, 2019. If the recipient does not submit the work plan by May 31, 2019, HRSA, after providing TA and consultation, may pursue any of the remedies described in 45 CFR 75.371, which include:
 - a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the HHS awarding agency or pass-through entity.
 - b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
 - c) Wholly or partly suspend (suspension of award activities) or terminate the Federal award.
 - d) Initiate suspension or debarment proceedings as authorized under 2 CFR part 180 and HHS awarding agency regulations at 2 CFR part 376 (or in the case of a pass-through entity, recommend such a proceeding be initiated by a HHS awarding agency).
 - e) Withhold further Federal awards for the project or program.
 - f) Take other remedies that may be legally available.

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

Contacts

NoA Email Address(es):

| Name | Role | Email |
|---------------------|----------------------|---------------------------------|
| Teresa Leatherman | Program Director | teresa.leatherman@health.mo.gov |
| Amber Dawn Heathman | Business Official | dawn.heathman@health.mo.gov |
| Lisa Eastman | Point of Contact | lisa.eastman@health.mo.gov |
| Tonya R Loucks | Authorizing Official | grants@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
 HRSA/OFAM/DGMO/HPB
 5600 Fishers Ln
 Rockville, MD, 20852-1750
 Email: ccobb2@hrsa.gov
 Phone: (301) 443-0829

