

1. DATE ISSUED: 07/26/2017		2. PROGRAM CFDA: 93.917	
3. SUPERSEDES AWARD NOTICE dated: 07/11/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 X07HA00030-27-02		4b. GRANT NO.: X07HA00030	5. FORMER GRANT NO.: BRX070030
6. PROJECT PERIOD: FROM: 04/01/1991 THROUGH: 03/31/2022			
7. BUDGET PERIOD: FROM: 04/01/2017 THROUGH: 03/31/2018			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title XXVI, Section 2603
 FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part B
 Public Health Service Act as amended, Sections 2611-23, (42 USC 300ff21-31b)
 2611-22 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a. as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
 Sections 2611-22 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a. as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
 Sections 2611-22 of Title XXVI of the Public Health Service Act sections 2611-23, (42 U.S.C. § 300ff-21-31b). as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
 Sections 2611-23 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
 Sections 2611-23 and 2693 of title XXVI of the Public Health Service Act, 42 U.S.C. 300ff-21-300ff-31b and 300ff-121, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

8. TITLE OF PROJECT (OR PROGRAM): RYAN WHITE CARE ACT TITLE II

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)
 Nicole Massey
 MISSOURI DEPARTMENT OF HEALTH
 930 Wildwood Dr
 Jefferson Cty, MO 65109-5796

11. APPROVED BUDGET:(Excludes Direct Assistance)
 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	\$13,573,009.00
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	\$7,933,460.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$5,639,549.00

a. Salaries and Wages :	\$0.00
b. Fringe Benefits :	\$0.00
c. Total Personnel Costs :	\$0.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$0.00
g. Travel :	\$0.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$0.00
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 :	\$20,359,514.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$20,359,514.00
i. Less Non-Federal Share:	\$6,786,505.00
ii. Federal Share:	\$13,573,009.00

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

YEAR	TOTAL COSTS
28	\$13,573,009.00
29	\$13,573,009.00
30	\$13,573,009.00
31	\$13,573,009.00

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: \$29,500,000.00

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 printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

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 award consists of the following amounts:

FY15 ADAP \$1,620,706
FY17 Formula \$3,508,508
FY17 ADAP \$8,443,795

Total FY17 Award \$13,573,009
State Match: \$6,786,505

Electronically signed by Brad Barney , Grants Management Officer on : 07/26/2017

17. OBJ. CLASS: 41.15 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
17 - 3778246	93.917	17X07HA00030	\$1,437,380.00	\$0.00	FRML	HIVII-17
17 - 3778248	93.917	17X07HA00030	\$2,581,463.00	\$0.00	ADAP	HIVII-17
15 - 3775108	93.917	17X07HA00030	\$1,620,706.00	\$0.00	ADAP	HIVII-17

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 State Match requirement is \$6,786,505.00. The State Match amount is based on the amount of the award, not the amount of grant funds expended. State contributions claimed as match for other federal programs (such as Medicaid) may not be used to meet the match requirement for the Part B grant. Amounts provided by the Federal Government, and any portion of any service subsidized by the Federal Government, may not be included in calculating the amount of the State matching contribution. The same eligible funds can be used to meet both the State Match requirement and the Maintenance of Effort (MOE) requirement. If relevant, a recipient may request a waiver of the ADAP Supplemental match requirement if the State has otherwise fully complied with a match required for the Part B Base award.
2. **Fiscal year (FY) 2015 unobligated balances have been deobligated from FY 2015 and reobligated for use in FY 2017. These funds must be tracked separately by the grantee as FY 2015 funds according to funding type. Please refer to the "Remarks" section of the NoA face page for the amount, type and purpose of these funds.**

This action by the DGMO is in accordance with Title XXVI of the Public Health Service (PHS) Act, Section 2603(b) (for Eligible Metropolitan Areas) and Section 2609(d)(2) (for Transitional Grant Areas), as amended by the Ryan White HIV/AIDS Program Treatment Extension Act of 2009.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2017 (FY17) funding based on HRSA's FY17 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. All Ryan White HIV/AIDS Program Part A, B, C, and D recipients must adhere to the legislative requirement to establish a clinical quality management program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in Policy Clarification Notice 15-02 (<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>).

Reporting Requirement(s)

1. **Due Date: 10/16/2017**

The recipient must submit a FY 2017 RWHAP Part B Quality Management Plan via the HRSA EHBs, consistent with reporting guidelines and instructions provided in EHBs.

2. **Due Date: 12/15/2017**

The recipient must submit an FY 2017 Interim Federal Financial Report SF425 (FFR), showing the amount of RWHAP Part B funds obligated and made available via the HRSA EHBs. No extensions are allowed for this condition. The Interim FFR reporting period is April 1, 2017– September 11, 2017. If the Interim FFR indicates the funds obligated are less than 75%, HRSA will recoup the remaining amount of funds and the jurisdiction will not be eligible for ADAP Supplemental funds.

3. **Due Date: 10/16/2017**

The recipient must submit a FY 2017 Program Terms Report as a RWHAP Part B Grant Requirement via Program Terms Report (PTR) Web Application, consistent with reporting guidelines, instructions, and reporting templates provided in PTR Web Application. The Report must include the following items:

- a. The FY 2017 RWHAP Part B and MAI Allocation Report indicating the priority areas established by the Recipient and the dollar amount of FY 2017 RWHAP Part B and MAI funds allocated to each prioritized service category related to eligible Core Medical and Support Services.

- b. A revised SF-424A budget and narrative justification for: Administration, Clinical Quality Management, and HIV Services for all FY 2017 funding. The Form can be found at <http://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>. The Recipient should only print the Budget Information-Non Construction Programs (Section A-F).
- c. A complete FY 2017 Implementation Plan that reflects all Core Medical and Support service categories and priorities established by the recipient and that are consistent with the FY 2017 RWHAP Part B & MAI Allocations Report. Emerging Community activities and funding allocations must be clearly identified.
- d. A Consolidated List of Contractors (CLC) for all direct service providers receiving RWHAP Part B Ryan White HIV/AIDS Treatment Program funding through contracts, Memorandum of Agreement(MOA), Memorandum of Understanding (MOU), and/or Letters of Agreement(LOA). Providers funded at the Consortia level should also be included in the CLC.
- e. A Contract Review Certification (CRC) for all funds for direct service contracts, including RWHAP Part B, ADAP, and MAI.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Nicole Massey	Program Director	nicole.massey@health.mo.gov
Mulima Walusiku-Todd	Business Official	mulima.walusiku@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Katherine Patterson at:
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: kpatterson@hrsa.gov
Phone: (301) 443-2016
Fax: (301) 443-8143

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Olusola Dada at:
MailStop Code: MSC 10NWH04
HRSA/OFAM/DGMO/HRHB
5600 Fishers Ln
RM 10NWH04
Rockville, MD, 20857-0001
Email: ODada@hrsa.gov
Phone: (301) 443-0195
Fax: (301) 443-9810