

1. DATE ISSUED: 06/11/2018		2. PROGRAM CFDA: 93.917	
3. SUPERSEDES AWARD NOTICE dated: 04/03/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 X07HA00030-28-01		4b. GRANT NO.: X07HA00030	5. FORMER GRANT NO.: BRX070030
6. PROJECT PERIOD: FROM: 04/01/1991 THROUGH: 03/31/2022			
7. BUDGET PERIOD: FROM: 04/01/2018 THROUGH: 03/31/2019			



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
 Division Line: Community Public Health/Missouri Dept of Health and Senior Services
 PO BOX 570
 Jefferson City, MO 65102-0570

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

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 :	\$20,760,220.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$20,760,220.00
i. Less Non-Federal Share:	\$6,884,116.00
ii. Federal Share:	\$13,876,104.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$13,876,104.00
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	\$5,224,103.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$8,652,001.00

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

YEAR	TOTAL COSTS
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. 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 [X]Yes []No)

This award includes the following sources of funding:

FY18 Formula - \$3,486,897
FY18 MAI - \$107,872
FY18 ADAP - \$10,281,335

Total FY18 Award - \$13,876,104
State Match: \$6,884,116

Electronically signed by Brad Barney , Grants Management Officer on : 06/11/2018

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
18 - 3775006	93.917	18X07HA00030	\$2,153,664.00	\$0.00	FRML	HIVII-18
18 - 3775008	93.917	18X07HA00030	\$6,426,631.00	\$0.00	ADAP	HIVII-18
18 - 3775005	93.928	18X07HA00030	\$71,706.00	\$0.00	MAI	HIVII-18

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 State Match requirement is \$6,884,116.00. 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.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2018 (FY18) funding based on HRSA's FY18 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. In accordance with the RWHAP client eligibility determination and recertification requirements (Policy Clarification Notice 13-02), HRSA expects clients' eligibility be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12-month period or calendar year) to ensure that the program only serves eligible clients, and that the RWHAP is the payer of last resort.

Reporting Requirement(s)

1. Due Date: 09/13/2018

The recipient must submit the RWHAP Part B MAI Annual Plan via the HRSA EHBs, consistent with reporting guidelines and instructions provided in EHBs.

2. Due Date: 11/12/2018

The recipient must submit an Interim Federal Financial Report SF-425 (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, 2018 –October 13, 2018.

3. Due Date: 09/13/2018

The recipient must submit a Program Terms Report via the 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 RWHAP Part B and MAI Allocation Report indicating the priority areas established by the Recipient and the dollar amount of 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 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 Implementation Plan that reflects all Core Medical and Support service categories and priorities established by the recipient and that are consistent with the 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 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
Mulima Walusiku-Todd	Business Official	mulima.walusiku@health.mo.gov
Nicole Massey	Program Director	nicole.massey@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Kim Brown at:

MailStop Code: Mail Stop 09SWH03

DSHAP/SSB

5600 Fishers Ln

Rockville, MD, 20852-1750

Email: kbrown2@hrsa.gov

Phone: (301) 443-1434

Fax: (301) 443-1839

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

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