

|   |  |                                     |  |
|---|--|-------------------------------------|--|
| <b>1. DATE ISSUED:</b><br>10/09/2019  |  | <b>2. PROGRAM CFDA:</b> 93.917      |  |
| <b>3. SUPERSEDES AWARD NOTICE dated:</b> 10/22/2018<br>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. |  |                                     |  |
| <b>4a. AWARD NO.:</b><br>6 X07HA00030-28-03   |  | <b>4b. GRANT NO.:</b><br>X07HA00030 | <b>5. FORMER GRANT NO.:</b><br>BRX070030 |
| <b>6. PROJECT PERIOD:</b><br><b>FROM:</b> 04/01/1991 <b>THROUGH:</b> 03/31/2022   |  |                                     |  |
| <b>7. BUDGET PERIOD:</b><br><b>FROM:</b> 04/01/2018 <b>THROUGH:</b> 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  
 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

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

|   |                         |
|---|-------------------------|
| a. Authorized Financial Assistance This Period        | <b>\$13,203,353.22</b>  |
| 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 | \$15,384,983.00         |
| <b>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>  | <b>(\$2,181,629.78)</b> |

|   |                 |
|---|-----------------|
| 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 :                     | \$20,087,469.22 |
| p. INDIRECT COSTS (Rate: % of S&W/TADC) :   | \$0.00          |
| q. TOTAL APPROVED BUDGET :                  | \$20,087,469.22 |
| i. Less Non-Federal Share:                  | \$6,884,116.00  |
| ii. Federal Share:                          | \$13,203,353.22 |

**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        |
| <b>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</b>     | <b>\$0.00</b> |

**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 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**)  
 Prior Approval Request Tracking Number PA-00082552. Prior Approval Request Type: Carryover  
 This revised Notice of Award is issued to de-obligate \$2,181,629.78 and closeout document number 18X07HA00030. This action will also serve to carry over \$2,181,629 to be re-obligated to support year FY19 and document number 19X07HA00030 in a separate action. Please refer to page 2 of this award notice for record retention requirements.

**Electronically signed by Brad Barney , Grants Management Officer on : 10/09/2019**

| <b>17. OBJ. CLASS:</b> 41.15 |        | <b>18. CRS-EIN:</b><br>[REDACTED] |                  | <b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00 |                  |                  |
|------------------------------|--------|-----------------------------------|------------------|---|------------------|------------------|
| FY-CAN                       | CFDA   | DOCUMENT NO.                      | AMT. FIN. ASST.  | AMT. DIR. ASST.                               | SUB PROGRAM CODE | SUB ACCOUNT CODE |
| 18 - 3775008                 | 93.917 | 18X07HA00030                      | (\$2,181,629.78) | \$0.00  | ADAP             | 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/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)

- The document number referenced has expired and is closed in the Payment Management System. The closeout of this grant does not automatically cancel any requirements for property accountability, record retention, or financial accountability. Recipients must continue to track all equipment and supplies acquired under the award after grant closeout in accordance with the property management requirements of 45 CFR Part 75, as applicable. The recipient must request disposition instructions from HRSA for any property that is no longer needed. Any real property acquired with DHHS grant support may not be conveyed, transferred, assigned, mortgaged, or in any other manner encumbered by the grantee, except as expressly authorized in writing by the DHHS awarding component or its successor organization. The Government's interest in real property acquired under grants is described in 45 CFR Part 75. Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the Federal government may recover amounts based on the results of an audit covering any part of the period of grant support. All funds due that are not returned constitute a debt to the Federal government. If the grant is closed based on approved provisional indirect cost rates and negotiated final indirect cost rates are lower than the approved provisional rates, your organization is required to recalculate indirect costs and return all excess indirect costs claimed to HRSA within 45 days of the date of the letter transmitting the final rates. Your final rates may have come from the DHHS or another cognizant Federal agency. The return of excess indirect costs must be accompanied by a revised final Federal Financial Report (FFR). Please keep in mind financial records, programmatic records, supporting documents, and all other grant-related records shall be retained for a period of 3 (three) years calculated from the date the final FFR was submitted. If any litigation, claim, financial management review, or audit is started before expiration of the 3-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved and final disposition.

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

## Contacts

### NoA Email Address(es):

| Name                 | Role                 | Email                         |
|----------------------|----------------------|-------------------------------|
| Tonya R Loucks       | Authorizing Official | tonya.loucks@health.mo.gov    |
| Nicole Massey        | Business Official    | nicole.massey@health.mo.gov   |
| Mulima Walusiku-Todd | Business Official    | mulima.walusiku@health.mo.gov |
| Nicole Massey        | Program Director     | nicole.massey@health.mo.gov   |
| Christine E Smith    | Point of Contact     | christine.smith@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:  
5600 Fishers Ln Rm 10NWH04

Rockville, MD, 20857-  
Email: ODada@hrsa.gov  
Phone: (301) 443-0195  
Fax: (301) 443-9810

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