1. DATE ISSUED: 2. PROGRAM CFDA: 93.870 11/20/2019 3. SUPERSEDES AWARD NOTICE dated: 08/22/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4a. AWARD NO.: 4b. GRANT NO.: 5. FORMER GRANT 6 X10MC33590-01-01 X10MC33590 NO.:



NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulation)

Social Security Act, Title V, Section 511 (42 U.S.C. §711), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148).

Reauthorization and appropriation for FY16 provided through Medicare Access and CHIP Reauthorization Act (P.L. 114-10) Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L.115-123), Title VI, Subtitle A.

7. BUDGET PERIOD:

6. PROJECT PERIOD:

FROM: 09/30/2019 THROUGH: 09/29/2021

FROM: 09/30/2019 THROUGH: 09/29/2021

8. TITLE OF PROJECT (OR PROGRAM): Maternal, Infant and Early Childhood Homevisiting Grant Program

9. GRANTEE NAME AND ADDRESS:

HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

PO BOX 570

JEFFERSON CITY, MO 65102-0570

DUNS NUMBER: 878092600

11.APPROVED BUDGET:(Excludes Direct Assistance)

[X] Grant Funds Only

[] Total project costs including grant funds and all other financial participation

a . Salaries and Wages : \$237,404,00

b . Fringe Benefits : \$142 442 00 c . Total Personnel Costs :

\$379,846.00 d . Consultant Costs : \$0.00

e . Equipment : \$0.00 f. Supplies: \$4,539.00

\$56,466.00 g . Travel: h . Construction/Alteration and Renovation : \$0.00

i. Other: \$46,736.00

j. Consortium/Contractual Costs: \$3,340,484.00

k . Trainee Related Expenses : \$0.00

I. Trainee Stipends: \$0.00 Trainee Tuition and Fees: \$0.00

n . Trainee Travel : \$0.00

o. TOTAL DIRECT COSTS: \$3,828,071.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$81,287,00

g. TOTAL APPROVED BUDGET: \$3,909,358.00

i. Less Non-Federal Share: \$0.00

ii. Federal Share: \$3,909,358.00 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL

INVESTIGATOR) Jami Kiesling

HEALTH AND SENIOR SERVICES. MISSOURI DEPARTMENT OF 930 Wildwood Dr

Jefferson City, MO 65109-5796

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

\$3,909,358.00 a. Authorized Financial Assistance This Period

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 \$3,909,358.00

e. AMOUNT OF FINANCIAL ASSISTANCE THIS

ACTION

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

YEAR TOTAL COSTS Not applicable

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

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]

\$0.00

\$0.00

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

REMARKS: (Other Terms and Conditions Attached [X]Yes []No)

Prior Approval Request Tracking Number PA-00083486. Prior Approval Request Type: Other

Electronically signed by LaToya Ferguson, Grants Management Officer on: 11/20/2019

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

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 3895628	93.870	19X10MC33590	\$0.00	\$0.00		19MIECHV-F

Date Issued: 11/20/2019 3:46:58 PM Award Number: 6 X10MC33590-01-01

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. This revised Notice of Award is issued to approve the request submitted by Brian Bishop on Oct. 21, 2019. The approval supports the implementation of an interagency spending delegation agreement which will identify the provider as The Children's Trust Fund of Missouri. This award does not require any budgetary revisions as the funding amount will not change.

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
Jami Kiesling	Point of Contact, Program Director	jami.kiesling@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Sandra Springer at:

601 E 12th St

Kansas City, MO, 64106-2818 Email: sspringer@hrsa.gov Phone: (816) 426-5200

Division of Grants Management Operations:

For assistance on grant administration issues, please contact LaToya Ferguson at:

MailStop Code: 10W61B 5600 Fishers Ln

RM 10W61B

Rockville, MD, 20857-0002 Email: LFerguson@hrsa.gov Phone: (301) 443-1440 Fax: (301) 443-6343