



Recipient Information

Federal Award Information

- 1. Recipient Name**
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 570
Jefferson Cty, MO 65102-0570
- 2. Congressional District of Recipient**
04
- 3. Payment System Identifier (ID)**
1446000987B7
- 4. Employer Identification Number (EIN)**
446000987
- 5. Data Universal Numbering System (DUNS)**
878092600
- 6. Recipient's Unique Entity Identifier**
UETLXV8NG8F4
- 7. Project Director or Principal Investigator**
Sara Davenport
sara.davenport@health.mo.gov
(573)751-6072
- 8. Authorized Official**
Amber Dawn Heathman
dawn.heathman@health.mo.gov
(573)751-6465

- 11. Award Number**
6 U68HP11488-15-01
- 12. Unique Federal Award Identification Number (FAIN)**
U6811488
- 13. Statutory Authority**
42 U.S.C. § 254f(d)
- 14. Federal Award Project Title**
State Primary Care Offices
- 15. Assistance Listing Number**
93.130
- 16. Assistance Listing Program Title**
Primary Care Services-Resource Coordination and Development
- 17. Award Action Type**
Administrative
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

| | |
|---|---------------------|
| 19. Budget Period Start Date 04/01/2023 - End Date 03/31/2024 | |
| 20. Total Amount of Federal Funds Obligated by this Action | \$54,402.00 |
| 20a. Direct Cost Amount | |
| 20b. Indirect Cost Amount | |
| 21. Authorized Carryover | \$0.00 |
| 22. Offset | \$0.00 |
| 23. Total Amount of Federal Funds Obligated this budget period | \$253,877.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable | \$0.00 |
| 25. Total Federal and Non-Federal Approved this Budget Period | \$253,877.00 |
| 26. Project Period Start Date 04/01/2019 - End Date 03/31/2024 | |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period | \$1,051,777.00 |

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Bruce Holmes on 07/28/2023

30. Remarks

The supplemental funding awarded in the amount of \$54,402.00 is for additional resources for state Primary Care Offices to conduct MCTA scoring data-related activities, which will be used to determine the greatest need for maternity health professionals in Primary Care HPSAs (Please refer to Terms and Conditions section of the Notice of Award).



Notice of Award
Award Number: 6 U68HP11488-15-01
Federal Award Date: 07/28/2023

Bureau of Health Workforce (BHW)

| <p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$98,756.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$57,278.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$156,034.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$285.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$2,395.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$58,928.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$3,000.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$220,642.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$33,235.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$253,877.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$253,877.00</td></tr> </table> | 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: | \$58,928.00 | 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: | \$220,642.00 | p. INDIRECT COSTS (Rate: % of S&W/TADC): | \$33,235.00 | q. TOTAL APPROVED BUDGET: | \$253,877.00 | i. Less Non-Federal Share: | \$0.00 | ii. Federal Share: | \$253,877.00 | <p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER 6 U68CS00195-22-03</p> <p>36. OBJECT CLASS 41.51</p> <p>37. BHCNIS#</p> | YEAR | TOTAL COSTS | | Not applicable | a. Amount of Direct Assistance | \$0.00 | b. Less Unawarded Balance of Current Year's Funds | \$0.00 | c. Less Cumulative Prior Award(s) This Budget Period | \$0.00 | d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 |
|---|------------------------|--|---------------------|---|---------------------------|-------------------------|----------------------|------------------|---------------|--|--------------|--|--------------|---|--|--------|-----------|-------------|----------------------------------|------------|------------------------------|--------|----------------------|--------|------------------------------|--------|--------------------|--------|------------------------|--------------|--|-------------|---------------------------|--------------|----------------------------|--------|--------------------|--------------|---|------|-------------|--|----------------|--------------------------------|--------|---|--------|--|--------|--|---------------|
| 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: | \$58,928.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | \$220,642.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p. INDIRECT COSTS (Rate: % of S&W/TADC): | \$33,235.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| q. TOTAL APPROVED BUDGET: | \$253,877.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Less Non-Federal Share: | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii. Federal Share: | \$253,877.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YEAR | TOTAL COSTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Amount of Direct Assistance | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Less Unawarded Balance of Current Year's Funds | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Less Cumulative Prior Award(s) This Budget Period | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$253,877.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$199,475.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$54,402.00</td></tr> </table> | | a. Authorized Financial Assistance This Period | \$253,877.00 | 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 Award(s) This Budget Period | \$199,475.00 | e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$54,402.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Authorized Financial Assistance This Period | \$253,877.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Award(s) This Budget Period | \$199,475.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$54,402.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</p> <p>a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>39. ACCOUNTING CLASSIFICATION CODES</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">FY-CAN</th> <th style="width: 15%;">CFDA</th> <th style="width: 15%;">DOCUMENT NUMBER</th> <th style="width: 15%;">AMT. FIN. ASST.</th> <th style="width: 15%;">AMT. DIR. ASST.</th> <th style="width: 15%;">SUB PROGRAM CODE</th> <th style="width: 15%;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>23 - 3722357</td> <td>93.130</td> <td>19U68HP11488</td> <td>\$54,402.00</td> <td>\$0.00</td> <td>N/A</td> <td>19SPCO</td> </tr> </tbody> </table> | | FY-CAN | CFDA | DOCUMENT NUMBER | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE | 23 - 3722357 | 93.130 | 19U68HP11488 | \$54,402.00 | \$0.00 | N/A | 19SPCO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FY-CAN | CFDA | DOCUMENT NUMBER | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 - 3722357 | 93.130 | 19U68HP11488 | \$54,402.00 | \$0.00 | N/A | 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/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. This revised Notice of Award is issued to provide a supplement in the amount of \$54,402.00 to aid state Primary Care Offices (PCO) in establishing criteria and/or identifying Maternity Care Target Areas (MCTAs), collecting and publishing data on the availability, and need for maternity care health services in Health Professional Shortage Areas (HPSAs). These additional resources will go to the PCOs to conduct MCTA scoring data-related activities, which inform the composite MCTA scores now used to determine the greatest need for maternity health professionals in Primary Care HPSAs.

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

Contacts

NoA Email Address(es):

| Name | Role | Email |
|---------------------|----------------------|------------------------------|
| Amber Dawn Heathman | Authorizing Official | dawn.heathman@health.mo.gov |
| Sara Davenport | Program Director | sara.davenport@health.mo.gov |

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).