



Recipient Information

1. **Recipient Name**
 HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
 PO BOX 570
 JEFFERSON CITY, MO 65102-0570
2. **Congressional District of Recipient**
 03
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**
 Martha Smith
 MCH/Title V Director
 Martha.Smith@health.mo.gov
 (573)751-6435
8. **Authorized Official**

Federal Agency Information

9. **Awarding Agency Contact Information**
 Crystal Howard
 Grants Management Specialist
 Office of Federal Assistance Management (OFAM)
 Division of Grants Management Office (DGMO)
 choward@hrsa.gov
 (301) 443-3844
10. **Program Official Contact Information**
 Suzanne Richards-Eckart
 Region VII Project Officer
 Maternal and Child Health Bureau (MCHB)
 srichards-eckart@hrsa.gov
 (816) 426-5201

Federal Award Information

11. **Award Number**
 6 B04MC45226-01-06
12. **Unique Federal Award Identification Number (FAIN)**
 B0445226
13. **Statutory Authority**
 42 U.S.C. § 701(a)(1)
14. **Federal Award Project Title**
 Maternal and Child Health Services
15. **Assistance Listing Number**
 93.994
16. **Assistance Listing Program Title**
 Maternal and Child Health Services Block Grant to the States
17. **Award Action Type**
 Administrative
18. **Is the Award R&D?**
 No

Summary Federal Award Financial Information

| | |
|---|------------------------|
| 19. Budget Period Start Date 10/01/2021 - End Date 09/30/2023 | |
| 20. Total Amount of Federal Funds Obligated by this Action | \$0.00 |
| 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 | \$12,469,248.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable | \$0.00 |
| 25. Total Federal and Non-Federal Approved this Budget Period | \$12,469,248.00 |
| 26. Project Period Start Date 10/01/2021 - End Date 09/30/2023 | |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period | \$12,469,248.00 |

28. **Authorized Treatment of Program Income**
 Addition
29. **Grants Management Officer – Signature**
 Stephanie Young on 09/23/2022

30. Remarks



Notice of Award
Award Number: 6 B04MC45226-01-06
Federal Award Date: 09/23/2022

Maternal and Child Health Bureau (MCHB)

31. 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: | \$12,469,248.00 |
| p. INDIRECT COSTS (Rate: % of S&W/TADC): | \$0.00 |
| q. TOTAL APPROVED BUDGET: | \$12,469,248.00 |
| i. Less Non-Federal Share: | \$0.00 |
| ii. Federal Share: | \$12,469,248.00 |

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

| | |
|---|-----------------|
| a. Authorized Financial Assistance This Period | \$12,469,248.00 |
| 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 | \$12,469,248.00 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$0.00 |

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

| YEAR | TOTAL COSTS |
|------|----------------|
| | Not applicable |

34. 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 Award(s) This Budget Period | \$0.00 |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 |

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCNIS#

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:

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.

39. ACCOUNTING CLASSIFICATION CODES

| FY-CAN | CFDA | DOCUMENT NUMBER | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|-----------------|-----------------|-----------------|------------------|------------------|
| 22 - 3893050 | 93.994 | 22B04MC45226 | \$0.00 | \$0.00 | N/A | 22B04MC45226 |

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 revised Notice of Award (NoA) is issued to correct the previous NoA.

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

Contacts

NoA Email Address(es):

| Name | Role | Email |
|--------------|------------------|----------------------------|
| Martha Smith | Program Director | martha.smith@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/>).