



**Recipient Information**

- 1. Recipient Name**  
MISSOURI DEPARTMENT OF HEALTH  
912 Wildwood Dr  
Jefferson City, MO 65109-5796
- 2. Congressional District of Recipient**  
03
- 3. Payment System Identifier (ID)**  
[REDACTED]
- 4. Employer Identification Number (EIN)**  
[REDACTED]
- 5. Data Universal Numbering System (DUNS)**  
878092600
- 6. Recipient's Unique Entity Identifier**
- 7. Project Director or Principal Investigator**  
Sara Davenport  
sara.davenport@health.mo.gov  
(573)751-6072
- 8. Authorized Official**  
Marcia A Mahaney  
Marcia.Mahaney@health.mo.gov  
(573)526-0722

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Jessica Sanders  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
jsanders@hrsa.gov  
(301) 443-0736
- 10. Program Official Contact Information**  
Jeanene R Meyers  
Public Health Analyst  
Office of Rural Health Policy (ORHP)  
jmeyers@hrsa.gov  
(301) 443-2482

**Federal Award Information**

- 11. Award Number**  
6 H3HRH00010-19-01
- 12. Unique Federal Award Identification Number (FAIN)**  
H3H00010
- 13. Statutory Authority**  
Social Security Act, Section 1820(g)(3)  
Section 1820(g)(3) of the Social Security Act, 42 U.S.C. 1395i-4
- 14. Federal Award Project Title**  
SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM
- 15. Assistance Listing Number**  
93.301
- 16. Assistance Listing Program Title**  
Small Rural Hospital Improvement Grant Program
- 17. Award Action Type**  
Administrative
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 06/01/2020 - End Date 05/31/2021</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$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	\$509,765.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$509,765.00
<b>26. Project Period Start Date 06/01/2019 - End Date 05/31/2023</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,037,076.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Inge Cooper on 10/14/2020

**30. Remarks**

This NoA is issued to remove one or more Grant Conditions imposed on projects.



Notice of Award  
Award Number: 6 H3HRH00010-19-01  
Federal Award Date: 10/14/2020

**Office of Rural Health Policy (ORHP)**

**31. APPROVED BUDGET: (Excludes Direct Assistance)**

Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$31,500.00
b. Fringe Benefits:	\$18,900.00
c. Total Personnel Costs:	\$50,400.00
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:	\$446,782.00
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:	\$497,182.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$12,583.00
q. TOTAL APPROVED BUDGET:	\$509,765.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$509,765.00

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

a. Authorized Financial Assistance This Period	\$509,765.00
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	\$509,765.00
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
20	\$509,765.00
21	\$509,765.00
22	\$509,765.00

**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**  
41.51

**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
20 - 3704132	93.301	19H3HRH00010	\$0.00	\$0.00	N/A	19SRHIP

## 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 grant condition stated below on NoA 5 H3HRH00010-19-00 is hereby lifted.

Due Date: Within 30 Days of Award Issue Date

Submit an amended response to the Non-Competing Continuation (NCC) reporting requirement appendices *Attachment 3: FY 2020 Work Plan (one year ONLY.)* The Workplan should include: activities, completion date, responsible staff and entity, progress/process measures and outcome/impact pertaining to the goals and objectives for the upcoming budget period FY 2020 (June 1, 2020– May 31, 2021).

Technical assistance is available to assist grantee strengthen work plan. The FY 2020 Work Plan should include any adaptations or updated progress/process measures for the upcoming year based upon FY 19 results. A work plan template is available on the [SHIP TA](#) website.

Please consult your Project Officer for any additional questions and/or requested guidance

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Sara Davenport	Program Director	sara.davenport@health.mo.gov
Marcia A Mahaney	Authorizing Official	marcia.mahaney@health.mo.gov
Pamela Sandbothe	Business Official	pamela.sandbothe@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/>).