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| 1. DATE ISSUED: 09/23/2020 | | 2. PROGRAM CFDA: 93.913 | |
| 3. SUPERSEDES AWARD NOTICE dated: 06/10/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. | | | |
| 4a. AWARD NO.: 6 H95RH00115-30-01 | | 4b. GRANT NO.: H95RH00115 | 5. FORMER GRANT NO.: CSHSO0018 |
| 6. PROJECT PERIOD: FROM: 08/01/1991 THROUGH: 06/30/2021 | | | |
| 7. BUDGET PERIOD: FROM: 07/01/2020 THROUGH: 06/30/2021 | | | |



NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title III, Section 338J
 Public Health Service Act, Section 338J (42 U.S.C. 254r), as amended.

8. TITLE OF PROJECT (OR PROGRAM): STATE OFFICE OF RURAL HEALTH

9. GRANTEE NAME AND ADDRESS:
 MISSOURI DEPARTMENT OF HEALTH
 PO BOX 570
 Jefferson City, MO 65102-0570
DUNS NUMBER:
 878092600

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Sara Davenport
 MISSOURI DEPARTMENT OF HEALTH
 MailStop Code: MO-03
 Division Line: Department of Health and Senior Services
 912 Wildwood Dr
 Jefferson City, MO 65109-5796

11. APPROVED BUDGET:(Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

| | |
|--|--------------|
| a . Salaries and Wages : | \$74,066.00 |
| b . Fringe Benefits : | \$44,440.00 |
| c . Total Personnel Costs : | \$118,506.00 |
| d . Consultant Costs : | \$0.00 |
| e . Equipment : | \$0.00 |
| f . Supplies : | \$2,110.00 |
| g . Travel : | \$8,761.00 |
| h . Construction/Alteration and Renovation : | \$0.00 |
| i . Other : | \$21,576.00 |
| j . Consortium/Contractual Costs : | \$643,687.00 |
| 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 : | \$794,640.00 |
| p . INDIRECT COSTS (Rate: % of S&W/TADC) : | \$25,360.00 |
| q . TOTAL APPROVED BUDGET : | \$820,000.00 |
| i. Less Non-Federal Share: | \$615,000.00 |
| ii. Federal Share: | \$205,000.00 |

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

| | |
|---|---------------------|
| a. Authorized Financial Assistance This Period | \$205,000.00 |
| b. Less Unobligated Balance from Prior Budget Periods | |
| i. Additional Authority | \$0.00 |
| ii. Offset | \$25,315.00 |
| c. Unawarded Balance of Current Year's Funds | \$0.00 |
| d. Less Cumulative Prior Awards(s) This Budget Period | \$179,685.00 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$0.00 |

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 | \$0.00 |

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 [C]
 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 acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached Yes No)
 This NoA is issued to remove one or more Grant Conditions imposed on projects.

Electronically signed by Inge Cooper , Grants Management Officer on : 09/23/2020

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

| FY-CAN | CFDA | DOCUMENT NO. | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|--------------|-----------------|-----------------|------------------|------------------|
| 20 - 3704111 | 93.913 | 16H95RH00115 | \$0.00 | \$0.00 | | 16SORH |

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. The grant condition stated below on NoA 5 H95RH00115-30-00 is hereby lifted.

Submit a revised SF 424A, Line Item Budget, and Budget Narrative Justification for the Federal award of \$205,000. Also include the budget breakdown for the required non-Federal resources.

The budget justification must detail the costs of each line item within each object class category. For the Personnel line item, you must include the following for each employee supported by funds from this award: name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and % of fringe benefits) to be paid for the budget year. This personnel information requirement also applies to subawards/subcontracts supported by Federal funds from this grant.

The Further Consolidated Appropriations Act, 2020 (Public Law 116-94), signed into law on December 20, 2019, restricts the amount of direct salary that may be paid to an individual under a Department of Health and Human Services (HHS) grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 2020, the Executive Level II salary level is \$197,300 (formerly \$192,600 in 2019). According to P.L. 116-94, Sec. 202: "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.

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

Contacts

NoA Email Address(es):

| Name | Role | Email |
|---------------------|----------------------|------------------------------|
| John J Taylor | Business Official | john.taylor@health.mo.gov |
| Sara Davenport | Program Director | sara.davenport@health.mo.gov |
| Amber Dawn Heathman | Authorizing Official | dawn.heathman@health.mo.gov |

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Mikael Redmond at:
5600 Fishers Lane
Rockville, MD, 20857-0001
Email: MRedmond@hrsa.gov
Phone: (301) 443-2867

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Potie Pettway at:
MailStop Code: 10NWH04
HRSA/OFAM/DGMO/HRB
5600 Fishers Lane
Rockville, MD, 20857-0001

Email: ppetway@hrsa.gov
Phone: (301) 443-1014
Fax: (301) 443-9810

All submissions in response to conditions and reporting requirements must be uploaded into the EHBs.