1. DATE ISSUED: 2. PROGRAM CFDA: 93.917 09/23/2020

3. SUPERSEDES AWARD NOTICE dated: 09/22/2020

except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARD NO.: 6 X07HA00030-30-03

4b. GRANT NO .: X07HA00030

5. FORMER GRANT

NO.: BRX070030

6. PROJECT PERIOD:

FROM: 04/01/1991 THROUGH: 03/31/2022

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulation)

Public Health Service Act, Title XXVI, Section 2603

FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part B

Public Health Service Act as amended, Sections 2611-23, (42 USC 300ff21-31b)

2611-22 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a. as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

Sections 2611-22 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a. as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

Sections 2611-22 of Title XXVI of the Public Health Service Act sections 2611-23, (42 U.S.C. § 300ff-21-31b). as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

Sections 2611-23 of title XXVI of the Public Health Service Act, 42 USC 300ff-21-300ff-31a, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

Sections 2611-23 and 2693 of title XXVI of the Public Health Service Act, 42 U.S.C. 300ff-21-300ff-31b and 300ff-121, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

7. BUDGET PERIOD:

FROM: 04/01/2020 THROUGH: 03/31/2021

8. TITLE OF PROJECT (OR PROGRAM): RYAN WHITE CARE ACT TITLE II

9. GRANTEE NAME AND ADDRESS: MISSOURI DEPARTMENT OF HEALTH

PO BOX 570

Jefferson Cty, MO 65102-0570

DUNS NUMBER:

878092600

g . Travel :

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL

INVESTIGATOR) CHRISTINE SMITH

MISSOURI DEPARTMENT OF HEALTH

930 Wildwood Dr

ACTION

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Jefferson City, MO 65109-5796

11.APPROVED BUDGET: (Excludes Direct Assistance)

[] Grant Funds Only

a . Salaries and Wages :

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

b . Fringe Benefits :	\$0.00
c . Total Personnel Costs :	\$0.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f. Supplies:	\$0.00

h. Construction/Alteration and Renovation:

Other: Consortium/Contractual Costs:

k . Trainee Related Expenses :

Trainee Tuition and Fees:

Trainee Stipends:

n . Trainee Travel:

o. TOTAL DIRECT COSTS: p. INDIRECT COSTS (Rate: % of S&W/TADC):

q . TOTAL APPROVED BUDGET : i. Less Non-Federal Share:

ii. Federal Share:

Estimated Program Income: \$29,500,000.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period \$13,421,249,00

b. Less Unobligated Balance from Prior Budget Periods

i. Additional Authority

ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00

d. Less Cumulative Prior Awards(s) This Budget \$13,421,249.00

e. AMOUNT OF FINANCIAL ASSISTANCE THIS \$0.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the

availability of funds and satisfactory progress of project) **YEAR TOTAL COSTS** \$13,421,249.00

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance \$0.00 \$0.00

b. Less Unawarded Balance of Current Year's Funds c. Less Cumulative Prior Awards(s) This Budget Period

d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION

\$13.421.249.00 15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

\$20,131,874.00

\$20,131,874.00

\$6,710,625.00

A=Addition B=Deduction C=Cost Sharing or Matching D=Other

[A]

\$0.00

\$0.00

\$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:

Date Issued: 9/23/2020 10:26:59 AM Award Number: 6 X07HA00030-30-03

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 [X]Yes []No)

Electronically signed by Olusola Dada , Grants Management Officer on : 09/23/2020

17. OBJ. CLASS: 41.15 | 18. CRS-EIN: 1446000987B7 | 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
20 - 3775615	93.917	20X07HA00030	\$0.00	\$0.00	FRML	HIVII-20
20 - 3775617	93.917	20X07HA00030	\$0.00	\$0.00	ADAP	HIVII-20

Date Issued: 9/23/2020 10:26:59 AM Award Number: 6 X07HA00030-30-03

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. Temporary Reassignment of State and Local Personnel during a Public Health Emergency

This revised Notice of Award, approves the temporary reassignment as indicated in the 3 Extension Requests (#1: dated 6/11/20 - for period covering 6/19/20-07/19/20; #2: dated 7/30/20 – for period covering 7/20/20-08/20/20; #3 dated 8/27/20 for the period covering 8/21/20-09/21/20;) for 4.0 FTE of project funded personnel for the purposes of immediate response to the COVID-19 emergency in the affected jurisdiction in accordance with Pandemic and All-Hazards Preparedness and Advancing Innovation Action (PAHPAIA), Section 116-22, and amended 319(e) of the Public Health Service (PHS) Act. Recipients must maintain appropriate records and cost documentation as required by 2 CFR § 200.302 -Financial management and 2 CFR § 200.333 -Retention requirement of records to substantiate the charging of any salaries and other project activities costs related to interruption of operations or services. Detailed information is available at: http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx

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

Contacts

NoA Email Address(es):

Name	Role	Email
Christine Smith	Program Director	christine.smith@health.mo.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Psyche Doe at: 5600 Fishers Ln # 9W49D

Rockville, MD, 20857-Email: PDoe@hrsa.gov Phone: (301) 945-3942

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Olusola Dada at:

5600 Fishers Ln Rm 10NWH04

Rockville, MD, 20857-Email: ODada@hrsa.gov Phone: (301) 443-0195

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