



Recipient Information

1. Recipient Name
MISSOURI DEPARTMENT OF HEALTH
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
Alicia Jenkins
Chief, Bureau of HIV, STD, and Hepatitis
alicia.jenkins@health.mo.gov
(573)526-3187

8. Authorized Official
Marcia A Mahaney
Marcia.Mahaney@health.mo.gov
(573)526-0722

Federal Agency Information

9. Awarding Agency Contact Information
Olusola Dada
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ODada@hrsa.gov
(301) 443-0195

10. Program Official Contact Information
Psyche H Doe
Public Health Analyst
HIV/AIDS Bureau (HAB)
PDoe@hrsa.gov
(301) 945-3942

Federal Award Information

11. Award Number
6 X07HA00030-32-01

12. Unique Federal Award Identification Number (FAIN)
X0700030

13. Statutory Authority
42 USC § 300ff-21 to § 331b and § 300ff-121

14. Federal Award Project Title
RYAN WHITE CARE ACT TITLE II

15. Assistance Listing Number
93.917

16. Assistance Listing Program Title
HIV Care Formula Grants

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2022 - End Date 03/31/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$8,780,589.00
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	\$13,564,474.00
24. Total Approved Cost Sharing or Matching, where applicable	\$6,782,237.00
25. Total Federal and Non-Federal Approved this Budget Period	\$20,346,711.00
26. Project Period Start Date 04/01/2022 - End Date 03/31/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$20,346,711.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Brad Barney on 06/13/2022

30. Remarks

The total award consists of the following amounts:
FY22 Formula: \$3,687,725
FY22 ADAP: \$9,876,749

Total FY22 Award: \$13,564,474

State Match: \$6,782,237



Notice of Award
Award Number: 6 X07HA00030-32-01
Federal Award Date: 06/13/2022

HIV/AIDS Bureau (HAB)

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:	\$20,346,711.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$20,346,711.00
i. Less Non-Federal Share:	\$6,782,237.00
ii. Federal Share:	\$13,564,474.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$13,564,474.00
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	\$4,783,885.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$8,780,589.00

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

YEAR	TOTAL COSTS
33	\$13,564,474.00
34	\$13,564,474.00
35	\$13,564,474.00
36	\$13,564,474.00

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
BRX070030

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 - 3771365	93.917	22X07HA00030	\$2,507,600.00	\$0.00	FRML	22X07HA00030
22 - 3771367	93.917	22X07HA00030	\$6,272,989.00	\$0.00	ADAP	22X07HA00030

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 State Match requirement is \$6,782,237.00. The State Match amount is based on the amount of the award, not the amount of grant funds expended. State contributions claimed as match for other federal programs (such as Medicaid) may not be used to meet the match requirement for the Part B grant. Amounts provided by the Federal Government, and any portion of any service subsidized by the Federal Government, may not be included in calculating the amount of the State matching contribution. The same eligible funds can be used to meet both the State Match requirement and the Maintenance of Effort (MOE) requirement. If relevant, a recipient may request a waiver of the ADAP Supplemental match requirement if the State has otherwise fully complied with a match required for the Part B Base award.

Program Specific Term(s)

1. This notice of award provides the balance of funding based on HRSA's appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

Reporting Requirement(s)

1. Due Date: 09/29/2022

The recipient must submit a Program Terms Report via the Program Terms Report (PTR) Web Application, consistent with reporting guidelines, instructions, and reporting templates provided in PTR Web Application. The PTR must include the following items:

- a. A Consolidated List of Contractors (CLC) for all direct service providers receiving RWHAP Part B funding through contracts, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), and/or Letters of Agreement (LOA). Providers funded at the Consortia level should also be included in the CLC.
- b. The Allocations Report indicating the priority areas established by the recipient and the dollar amount of RWHAP Part B and Minority AIDS Initiative (MAI) funds allocated to each prioritized service category related to eligible core medical and support services.
- c. A revised SF-424A budget and narrative justification for: Administration, Planning and Evaluation, Clinical Quality Management, and HIV Services for all funding. The form can be found at <https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>. The recipient should only print the Budget Information-Non Construction Programs (Section A-F).
- d. A complete RWHAP Part B Implementation Plan that reflects all core medical and support service categories and priorities established by the recipient and that are consistent with the RWHAP Part B & MAI Allocations Report. Emerging Community activities and funding allocations must be clearly identified.
- e. A Contract Review Certification (CRC) for all funds for direct service contracts, including RWHAP Part B, ADAP, and MAI.
- f. RWHAP Part B Early Identification of Individuals with HIV/AIDS (EIIHA) Plan. Describe the process for linking people identified in the EIIHA data to both prevention (for HIV negative clients) and care services (for HIV positive clients).

2. Due Date: 11/28/2022

The recipient must submit an Interim Federal Financial Report SF425 (FFR), showing the amount of RWHAP Part B funds obligated and made available via the Payment Management System (PMS). No extensions are allowed for this condition. **The interim FFR reporting period is April 1 – October 29.**

3. Due Date: 09/29/2022

The recipient must submit an RWHAP Part B Quality Management Plan via the HRSA EHBs, consistent with reporting guidelines and instructions provided in EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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

Contacts**NoA Email Address(es):**

Name	Role	Email
Marcia A Mahaney	Authorizing Official	marcia.mahaney@health.mo.gov
Alicia Jenkins	Program Director	alicia.jenkins@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/>).