



**Recipient Information**

- 1. Recipient Name**  
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
920 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**  
UETLXV8NG8F4
- 7. Project Director or Principal Investigator**  
Guy Deyton  
State Dental Director  
guy.deyton@health.mo.gov  
(573)751-5874
- 8. Authorized Official**

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Carolyn J Cobb  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
ccobb2@hrsa.gov  
(301) 443-0829
- 10. Program Official Contact Information**  
Jesse T Ungard  
Public Health Analyst  
Bureau of Health Workforce (BHW)  
jungard@hrsa.gov  
(301) 443-6249

**Federal Award Information**

- 11. Award Number**  
1 T12HP46090-01-00
- 12. Unique Federal Award Identification Number (FAIN)**  
T1246090
- 13. Statutory Authority**  
42 U.S.C. § 256g
- 14. Federal Award Project Title**  
Grants to States to Support Oral Health Workforce Activities
- 15. Assistance Listing Number**  
93.236
- 16. Assistance Listing Program Title**  
Grants for Dental Public Health Residence Training
- 17. Award Action Type**  
New
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 09/01/2022 - End Date 08/31/2023</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$315,847.00</b>
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	\$315,847.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$230,000.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$545,847.00</b>
<b>26. Project Period Start Date 09/01/2022 - End Date 08/31/2026</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$545,847.00

- 28. Authorized Treatment of Program Income**  
Cost Sharing or Matching
- 29. Grants Management Officer – Signature**  
Bruce Holmes on 07/13/2022

**30. Remarks**



Notice of Award  
Award Number: 1 T12HP46090-01-00  
Federal Award Date: 07/13/2022

**Bureau of Health Workforce (BHW)**

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b></p> <p><input type="checkbox"/> Grant Funds Only</p> <p><input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$516,930.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td style="text-align: right;">\$28,917.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$545,847.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$230,000.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$315,847.00</td></tr> </table>	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:	\$516,930.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$28,917.00	q. TOTAL APPROVED BUDGET:	\$545,847.00	i. Less Non-Federal Share:	\$230,000.00	ii. Federal Share:	\$315,847.00	<p><b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">02</td> <td style="text-align: right;">\$396,637.00</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: right;">\$396,637.00</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: right;">\$396,637.00</td> </tr> </tbody> </table> <p><b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table> <p><b>35. FORMER GRANT NUMBER</b></p> <p><b>36. OBJECT CLASS</b> 41.21</p> <p><b>37. BHCNIS#</b></p>	YEAR	TOTAL COSTS	02	\$396,637.00	03	\$396,637.00	04	\$396,637.00	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	<b>\$0.00</b>
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:	\$516,930.00																																																						
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$28,917.00																																																						
q. TOTAL APPROVED BUDGET:	\$545,847.00																																																						
i. Less Non-Federal Share:	\$230,000.00																																																						
ii. Federal Share:	\$315,847.00																																																						
YEAR	TOTAL COSTS																																																						
02	\$396,637.00																																																						
03	\$396,637.00																																																						
04	\$396,637.00																																																						
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	<b>\$0.00</b>																																																						
<p><b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;"><b>\$315,847.00</b></td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$315,847.00</b></td></tr> </table>		a. Authorized Financial Assistance This Period	<b>\$315,847.00</b>	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	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$315,847.00</b>																																								
a. Authorized Financial Assistance This Period	<b>\$315,847.00</b>																																																						
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	\$0.00																																																						
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$315,847.00</b>																																																						
<p><b>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:</b></p> <p>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.</p>																																																							
<p><b>39. ACCOUNTING CLASSIFICATION CODES</b></p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">FY-CAN</th> <th style="width: 15%;">CFDA</th> <th style="width: 15%;">DOCUMENT NUMBER</th> <th style="width: 15%;">AMT. FIN. ASST.</th> <th style="width: 15%;">AMT. DIR. ASST.</th> <th style="width: 15%;">SUB PROGRAM CODE</th> <th style="width: 15%;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>22 - 3720H17</td> <td>93.236</td> <td>22T12HP46090</td> <td>\$315,847.00</td> <td>\$0.00</td> <td>N/A</td> <td>22T12HP46090</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	22 - 3720H17	93.236	22T12HP46090	\$315,847.00	\$0.00	N/A	22T12HP46090																																								
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																																	
22 - 3720H17	93.236	22T12HP46090	\$315,847.00	\$0.00	N/A	22T12HP46090																																																	

## 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 Condition(s)

#### 1. Due Date: Within 30 Days of Award Release Date

Within 30 days, you must submit a revised letter to HRSA in the Electronic Handbooks, clearly stating the three assurances outlined in the HRSA-22-050 notice of funding opportunity instructions for Attachment 9 (page 31), as required by the Public Health Service Act Section 340G(c)(2). The letter should be from an authorizing official for your organization and clearly indicate that in the letter."

#### 2. Due Date: Within 30 Days of Award Release Date

Submit one SF-424 Research and Related (R&R) (Total Fed + Non-Fed) line item budget form set, and a separate budget justification narrative for each of the four budget periods for federal funds requested below so that cost are clearly defined, and totaled separately for each budget year. Four non-federal match budget narratives are also required for the 4-year period of performance under this program. Do not commingle federal, and non-federal budget justification narratives.

Federal: Year 1: **\$315,847**; Year 2: **\$396,637**; Year 3: **\$396,637**; Year 4: **\$396,637**.

#### Specifics:

Years 1-4:

- Line item figures presented in the Federal, and Match budget justification narratives should be calculated correctly, and the exact same amounts allocated, to the SF-424 Research and Related (R&R) (Total Fed + Non-Fed) form set in the appropriate cost line items, as specifically indicated in the next bulleted statement.
- Personnel and Fringe should be shown as two different line items in summary chart on page 3, as allocated in the budget justification narrative (e.g. \$96,929.00 Salary total+ Fringe total \$55,264=\$152,193), instead of both cost being combined, for budget clarity.
- Network charge \$2,659 per 1.55 FTE=\$4,121 not shown in budget justification narrative for \$4,121, but shown in the budget detail line item budget submitted.
- Scholarships for Students and Treatment for Veterans totals are miscalculated: \$0 (Year 1)+ \$80,000 (Year 2) + 80,000 (Year 3) + 80,000=\$240,000 instead of \$160,000. Amounts in chart on page 4, states \$80,000 for years 2-4 for this expense.
- The proposed Innovative Project #1 is based on the passage of pending legislation and the related work plan anticipates it's passage in Budget Period 1 or 2. This legislation is listed as the required innovation for Innovative Program Profile for Project #1. This raises the issue of unallowable costs due to the statutory restrictions on use of funds for lobbying. While these restrictions do provide some allowances for related activities within the executive branch of the State, the proposed activities involve outside participants. Activities listed include "Engage state partners in coordinating education efforts to support legislation that changes rules of supervision and result in enactment of expanded pilot program authority". The Challenges section does indicate that Office of Dental Health (ODH) and the Missouri Dental Association agreed to proceed with a pilot program using hygienists in Year 1, if the legislation does not pass. The contingency plans also include, "If", by the end of the 2023 legislative session (June 1) the pilot program bill has not passed, MDB will be petitioned to collaborate with stakeholders on a statute and rule change that would allow EFDHCW's [Expanded Function Dental Healthcare Workers] to practice in public health settings with a phased-in expanded scope similar to the work plan for this proposed project. Please provide update on the pending legislation as it moves forward.

#### Match

- Submit a separate budget justification for each of the four budget periods supporting the 40% match funds required so that cost are clearly defined, and totaled for each budget year.
- Year 1: **\$126,339**; Year 2: **\$158,655.00**; Year 3: **\$158,655** Year 4: **\$158,655**. Costs paid with match funds must currently exist, available, and tied to the objectives of the project. Do not combine the 4 match budget justification narratives. Please clarify the committed match of \$190,000 and \$230,000 vs. the required match figures above. The committed match is not clearly accounted for in

the budget justification narrative, and this is the only figure needed in the budget to avoid confusion.

- Travel expenses under Tele-dentistry training is miscalculated (\$2,000 instead of \$1,600).
- There is no mention of the cost of meals,(Per Diem rate for meals should be quoted and clarification of partial days), and included to support this expense.
- Rate of Pay for 10 hours of Post training activities follow up and analysis of workshop evaluations not provided. A cost of \$1,000 is being requested.
- If \$90,000 of Missouri's State Revenue Funds are being utilized, as match; a detailed justification must identify specifically how the funds will be utilized towards the objectives of this project (e.g. Dental Lifeline Network??).
- ATSU: \$60,000 @ .50 FTE only provides \$30,000 match annually to work on the project instead of \$60,000. The \$60,000 would represent 1.0 FTE, if this is the annual salary of the employee.
- Affinia: \$35,000 @ .20 FTE only provides \$7,000 annually, and \$35,000 @ .50 FTE only \$17,500, instead of \$35,000 to work on the project. Please clarify.
- Missouri Foundation for Health and Veterans United estimated funds of \$40,000-80,000 must exist, and be available for use for the objectives of this program.
- The following information should be provided for all contracts, and consultant cost request justifications in both the federal, and match budget (example shown below).

**Name of Contractor: Access Teledentistry**

**Type of Contractor: Teledentistry Consultant**

**Method of Selection:**

**Period of Performance:**

**Scope of Work Activities in work plan objectives:**

**Amount:**

Guidance from the GMS, and Program Officer is encouraged prior to submitting the revised budget into EHB for review.

## Grant Specific Term(s)

1. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under “Expanded Authority,” as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See “Prior-Approval Requirements” in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
4. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**  
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>
5. The awardee must submit a progress report to HRSA on an **annual** basis. The Bureau of Health Workforce (BHW) will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project. The BHW Progress Report has two parts. The first part demonstrates awardee progress on program-specific goals. Awardees will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs. The second part collects

information providing a comprehensive overview of awardee overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The awardee is also expected to report on dissemination activities in the annual progress report.

## Program Specific Term(s)

1. Matching Requirement: An entity that receives a grant under this program must contribute non-Federal funds to activities carried out under this grant to an amount equal to at least 40 percent of the federal funding support of the project. Matching funds may be a combination of in-kind contributions, fairly valued, and any other funding from State, local, community, or other organization sources.
2. Once awarded, the recipient must communicate with and support the HRSA project officer in verifying, updating, and finalizing the Standardized Work Plan. Once the Standardized Work Plan is verified and finalized, an email notification will be sent to the recipient through the EHB system.
3. The recipient must submit a Quarterly Performance Update (QPU) to HRSA via the EHBs at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the Standardized Work Plan. An email notification will be sent as a reminder that a report is due, including instructions on how to provide the reports through the EHB system.

## Standard Term(s)

1. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

## Reporting Requirement(s)

### 1. Due Date: 07/31/2023

Performance data for the recently completed academic year must be reported for each budget period annually no later than July 31. An email notification will be sent as a reminder that a report is due, including instructions on how to provide the report through the EHB system. The Bureau of Health Workforce (BHW) requirements and performance measures will be available at

<http://bhw.hrsa.gov/grants/reporting/index.html>.

Contact your BHW project officer for additional information.

### 2. Due Date: Within 90 Days of Project End Date

A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

### 3. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

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

## Contacts

## NoA Email Address(es):

Name	Role	Email
Guy Deyton	Program Director	guy.deyton@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/>).