



Notice of Award

Title of Program: (CMC6) American Rescue Plan (ARP) for Congregate Meals under Title III-C1 of the OAA

Award Authority: P.L. 117-2 under P.L. 116-131 (OAA)

Grantee:
Missouri
The Missouri Department of Health and Senior Services
Division of Senior Services
Director
PO Box 570
JEFFERSON CITY, MISSOURI 65102 0507

Date: May 3, 2021

Grant No.: 2101MOCMC6-00
Award Instrument: Grant (Formula)
Project Period: 04-01-2021 - 09-30-2024
Budget Period: 04-01-2021 - 09-30-2024

EIN: [REDACTED]
DUNS#: 878092600

CFDA: 93.045

Object Class Code: 41.15

Appropriation	CAN	Award This Action	Cumulative Grant Award to Date
75-X-0142	2021,299C6CN	\$5,624,402.00	\$5,624,402.00
	Total	\$5,624,402.00	\$5,624,402.00

ACL Contact Information:

Please find your assigned ACL programmatic and fiscal contacts on ACL’s website at <https://www.acl.gov/grants/acl-mandatory-grants-programmatic-and-fiscal-contacts>.


Emmanuel Ekwo
ACL Grants Officer

Terms and Conditions:

1. This formula grant award is issued under the authority of the American Rescue Plan (ARP) Act, P.L. 117-2 for activities authorized under Title III of the Older Americans Act of 1965, as amended through P.L. 116-131, enacted March 25, 2020. The terms and conditions of this Notice of Award (NoA) and other requirements have the following order of precedence: (1) statute; (2) executive order; (3) program regulation; (4) administrative regulation found in 45 CFR Part 75; (5) agency policies; and (6) Any additional terms and conditions and remarks on NoA.

Please visit ACL’s website at <https://www.acl.gov/grants/managing-grant> to view some of these terms and conditions such as:

- Prohibition on certain telecommunications and video surveillance services or equipment

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- SAM.gov / DUNS Requirement
- National Policies including Trafficking Victims Protection Act, Whistleblower Protections, and DOMA: Implementation of Same-Sex Spouses/Marriages
- Federal Funding Accountability and Transparency Act (FFATA)
- Federal Awardee Performance and Integrity Information System (FAPIIS)

2. By requesting or receiving funds under this award, the recipient assures that it will carry out the project/program described in its approved state plan(s) and will comply with the terms and conditions and other requirements of this award.

3. SF-425 Financial Reporting: Grantee is required to submit SF-425s on a semi-annual basis. The SF-425 and the "AoA Title III supplemental form to the SF-425" shall be submitted using the HHS' Payment Management System (PMS). The "AoA Title III supplemental form to the SF-425" should be attached to the SF-425 in PMS. PMS website is located at: <https://pms.psc.gov>. Reports are due within 30 days for the periods ending September 30 and March 31 (i.e., due October 31 and April 30), through September 30, 2024. A final SF-425 are due within 120 days after September 30, 2024 (i.e., due January 31, 2025). If a final SF-425 report will be submitted by January 31, 2025, a semi-annual report is not required to be filed for report ending September 30, 2024.

4. Annual program reporting is required.

5. Federal participation cannot exceed 75% of the total State and Area plan administration costs. The remaining 25% represents the State and local matching share. Federal participation cannot exceed 85% of the total III-B (less Long Term Care Ombudsman services outlays), C-1 and C-2 service costs. Of the remaining 15% matching share, one third (5%) must come from State sources. Federal participation cannot exceed 75% of the total III-E costs. The remaining 25% represents the State and local matching share.

6. Program income may be used to meet match requirements.

Remarks:

1. The grant award for this program to your state under the approved plan of the state agency has been approved for the project period listed above.

2. Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. When requesting payment from PMS, please use your P account login and reference the Grant No. listed above for payment. Instructions regarding payments can be obtained at <https://pms.psc.gov/training/pms-user-guide.html#Request>, or contact your PSC Account Liaison; 1-877-614-5533; PMSSupport@psc.gov.

3. Federal Cash Reporting: On the SF-425 form, lines 10 a. through c. are reported on a quarterly calendar year basis (for the periods ending 12/31, 3/31, 6/30, 9/30) at the HHS' Payment Management System (PMS). PMS website is located at: <https://pms.psc.gov>. Reconciliation of advances and disbursements is required for each quarter and the report must be completed within 30 days of the end of each quarter (i.e., by 1/30, 4/30, 7/30, 10/30). This reporting requirement is separate from completing the entire SF-425 as denoted in the financial reporting term.