



**Recipient Information**

- 1. Recipient Name**  
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
PO BOX 570  
Jefferson Cty, MO 65102-0570
- 2. Congressional District of Recipient**  
03
- 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**  
Aleesha Jones  
Sr. Public Health Program Specialist  
aleesha.jones@health.mo.gov  
(573)526-1024
- 8. Authorized Official**  
Amber Dawn Heathman  
dawn.heathman@health.mo.gov  
(573)751-6465

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Latisha Nibblett  
Public Health Analyst  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
lnibblett@hrsa.gov  
(301) 443-1582
- 10. Program Official Contact Information**  
Tara Proctor  
Bureau of Health Workforce (BHW)  
tproctor@hrsa.gov  
(301) 287-0066

**Federal Award Information**

- 11. Award Number**  
2 U68HP11488-16-00
- 12. Unique Federal Award Identification Number (FAIN)**  
U6811488
- 13. Statutory Authority**  
42 U.S.C. § 254f(d)
- 14. Federal Award Project Title**  
State Primary Care Offices
- 15. Assistance Listing Number**  
93.130
- 16. Assistance Listing Program Title**  
Primary Care Services-Resource Coordination and Development
- 17. Award Action Type**  
Competing Continuation
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 04/01/2024 - End Date 03/31/2025</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$198,546.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$31,871.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$198,546.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$198,546.00</b>
<b>26. Project Period Start Date 04/01/2024 - End Date 03/31/2029</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$198,546.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
James King on 03/12/2024

**30. Remarks**



Notice of Award  
Award Number: 2 U68HP11488-16-00  
Federal Award Date: 03/12/2024

**Bureau of Health Workforce (BHW)**

**31. APPROVED BUDGET: (Excludes Direct Assistance)**

Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$93,493.00
b. Fringe Benefits:	\$59,733.00
c. Total Personnel Costs:	\$153,226.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$653.00
g. Travel:	\$3,565.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$5,231.00
j. Consortium/Contractual Costs:	\$4,000.00
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:	\$166,675.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$31,871.00
i. Indirect Cost Federal Share:	\$31,871.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$198,546.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$198,546.00

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$198,546.00</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>\$198,546.00</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:**

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
24 - 3722433	93.130	24U68HP11488	\$198,546.00	\$0.00	N/A	24U68HP11488

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

YEAR	TOTAL COSTS
17	\$198,546.00
18	\$198,546.00
19	\$198,546.00
20	\$198,546.00

**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	<b>\$0.00</b>

**35. FORMER GRANT NUMBER**  
6 U68CS00195-22-03

**36. OBJECT CLASS**  
41.51

**37. BHCNIS#**

## 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. Recipients are responsible for meeting all requirements as outlined in Notice of Funding Opportunity Announcement HRSA-24-075, and must continue to be in compliance with all grant requirements throughout the project period. For example, including attending the PCO National Conference. Failure to meet grant requirements may result in action taken against the grant award, up to and including grant termination.
2. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests.
3. In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA program involvement will include:**
  - Participating, as appropriate, in meetings conducted during the period of performance including but not limited to: PCO Monthly Calls, Mentoring, PCO National Committee convenings, as well as user testing and HRSA-sponsored conferences;
  - Reviewing and approving National Health Service Corps (NHSC) Site Applications;
  - Reviewing submitted data and auditing the accuracy of Health Professional Shortage Area (HPSA), Medically Underserved Area/Population (MUA/P) application requests and Statewide Rational Service Area (SRSA) Plans; and
  - Evaluating Needs Assessments and all other activity required under this Cooperative Agreement and provide feedback and approval to funding recipients.

### The cooperative agreement recipient's responsibilities will include:

- Completing activities proposed in response to the program requirements described in Section IV of HRSA-24-075;
  - Communicating and collaborating on shortage designation activities with the Project Officer in meetings, calls, and ongoing review of activities, audits, procedures, and budget items;
  - Informing stakeholders of those designations which are moved into a "Proposed for Withdrawal" status and highlighting the potential impact of designation withdrawals on state and federal workforce programs;
  - Conducting a statewide assessment to identify shortages of health care providers and health care services, unmet need, and disparities in health outcomes by areas and/or population groups, and health workforce concerns;
  - Collecting data on elements such as the number of NHSC site applications reviewed, measuring the impact of state/federally obligated providers serving in HPSAs, tracking the number of technical assistance and outreach sessions provided to stakeholders, among other activities;
  - Attending training on, responding to surveys about, and maintaining the capacity to accurately collect and record provider data;
  - Coordinating the HPSAs and MUA/P designation processes within the state to ensure consistent and accurate assessment of underservice including data collection, verification, and analysis as applicable;
  - Providing technical assistance and collaboration to expand access to primary care, including coordination of the NHSC and Nurse Corps programs and provider recruitment and retention;
  - Collaborating with Health Center workforce planning and development including but not limited to scoring of HPSAs, and providing technical assistance on available federal and state recruitment and retention programs;
  - Collaborating with other HRSA partners and organizations to support access to primary care services; and
  - Developing statewide, long-term strategies to address identified shortages of health care providers.
4. 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.

- 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: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
- 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>

## Program Specific Term(s)

- The Project Officer will facilitate development and accomplishment of the work plan by providing information and technical assistance as appropriate.
- Progress Report(s).** The recipient must submit a progress report to HRSA on an annual basis. HRSA will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.  
The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients 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 recipient 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 recipient should also plan to report on dissemination activities in the annual progress report.

## Standard Term(s)

- Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

## Reporting Requirement(s)

- Due Date: 11/30/2024**  
Performance data for the recently completed reporting year (October 1 - September 30) must be reported for each budget period annually no later than November 30. 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.
- 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>.
- Due Date: 03/31/2027**  
**Statewide Community Health Needs Assessment:** By year three of the period of performance, each recipient must conduct a statewide Community Health Needs Assessment that identifies the communities with the greatest unmet health care needs, disparities in health outcomes, poverty, health workforce shortages, and barriers to health care access. The Needs Assessment should provide:
  - A description of the target populations in your state or territory and their unmet primary, dental, and mental health needs, including:
    - An analysis of poverty rates using generally accepted measures (e.g., the Federal poverty rate or concentrations of individuals on

Medicaid);

- An analysis of standard mortality and morbidity rates among geographic areas and/or target populations at the county and subcounty level (applicants may include infant mortality or low-birth rates in addition to standard mortality rates, if relevant);
- A description of unmet health needs, including updates or emerging challenges since the issuance of the previous awards under this title;
- A description of disparities in health outcomes (e.g., disparities based on geography, socioeconomic status, race, ethnicity, disability, primary language, health literacy, sex, gender identity, sexual orientation, etc.); and
- Citations to verifiable demographic data to support the information provided (e.g., data from a U.S. government agency or survey).

2. A discussion of any relevant barriers, by service area, that the project will work to overcome, including:

- A description of infrastructure challenges (e.g., access to transportation, technological barriers, water fluoridation, etc.);
- A description of challenges target populations face (e.g., socioeconomic factors, waiting time to receive care, linguistic barriers, etc.);
- A description of challenges health care providers face (e.g., cultural competence, insufficient availability of training, etc.); and
- A description of the state or territory's political and/or fiscal climate, or other possible issues that may affect your ability to achieve the project's goals.

3. A plan for ongoing collaboration with recipients or interested parties in your state or territory, including:

- Partnership with at least two external interested parties (e.g., public health organizations, agencies or associations, health care facilities, local health departments, State Health Departments, or members of communities with higher levels of need) to effectively identify health needs;
- A description of what input external interested parties will provide in the development of the Needs Assessment; and
- A plan and/or timeline for meeting with external interested parties to review and update the Needs Assessment and conduct ongoing assessments.

**4. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must 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.

**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
Aleesha Jones	Program Director	aleesha.jones@health.mo.gov
Deetilyn Galbreath	Point of Contact	deetilyn.galbreath@health.mo.gov
Amber Dawn Heathman	Authorizing Official	dawn.heathman@health.mo.gov
Marcia Mahaney	Authorizing Official	grants@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/>).