



Recipient Information

- 1. Recipient Name**
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
PO BOX 570
Jefferson City, 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**
Sara Davenport
sara.davenport@health.mo.gov
(573)751-6072
- 8. Authorized Official**

Federal Agency Information

- 9. Awarding Agency Contact Information**
Timothy P Coyle
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
tcoyle@hrsa.gov
(301) 443-4243
- 10. Program Official Contact Information**
Na'Cara Harrison
Bureau of Health Workforce (BHW)
nharrison@hrsa.gov
(301) 443-0629

Federal Award Information

- 11. Award Number**
4 H56HP46807-01-02
- 12. Unique Federal Award Identification Number (FAIN)**
H5646807
- 13. Statutory Authority**
42 U.S.C. § 254q-1
American Rescue Plan Act of 2021 (P.L. 117-2); Section 2602
- 14. Federal Award Project Title**
Grants to States for Loan Repayment
- 15. Assistance Listing Number**
93.165
- 16. Assistance Listing Program Title**
Grants to States for Loan Repayment
- 17. Award Action Type**
Change in Budget Period/Project Period; With or Without funds
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2022 - End Date 08/31/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$1,402,297.00
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	\$2,103,445.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$2,103,445.00
26. Project Period Start Date 09/01/2022 - End Date 08/31/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,103,445.00

- 28. Authorized Treatment of Program Income**
Cost Sharing or Matching
- 29. Grants Management Officer – Signature**
Tammy Ponton on 05/24/2023

30. Remarks



Notice of Award
Award Number: 4 H56HP46807-01-02
Federal Award Date: 05/24/2023

Bureau of Health Workforce (BHW)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</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;">\$100,857.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$68,830.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$169,687.00</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;">\$2,586.00</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;">\$7,361.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$1,262,066.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$631,033.00</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;">\$2,072,733.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$30,712.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$2,103,445.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$2,103,445.00</td></tr> </table> <p>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$2,103,445.00</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;">\$701,148.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$1,402,297.00</td></tr> </table>	a. Salaries and Wages:	\$100,857.00	b. Fringe Benefits:	\$68,830.00	c. Total Personnel Costs:	\$169,687.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$2,586.00	g. 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RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</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;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER</p> <p>36. OBJECT CLASS 41.51</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS		Not applicable	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
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<p>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:</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>39. ACCOUNTING CLASSIFICATION CODES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:15%;">FY-CAN</th> <th style="width:10%;">CFDA</th> <th style="width:20%;">DOCUMENT NUMBER</th> <th style="width:15%;">AMT. FIN. ASST.</th> <th style="width:10%;">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 style="text-align: center;">23 - 372A103</td> <td style="text-align: center;">93.165</td> <td style="text-align: center;">22H56HP46807C6</td> <td style="text-align: right;">\$1,402,297.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">22H56HP46807C6</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	23 - 372A103	93.165	22H56HP46807C6	\$1,402,297.00	\$0.00	N/A	22H56HP46807C6																																																		
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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 Total Amount of Federal Funds Obligated by this Action, shown in item 20, reflects funding for the remainder of the project period/period of performance for this grant. Recipients must adhere to the work plan and budget as submitted and approved, including the drawdowns and expenditures from the Payment Management System, which should be paced in accordance with the approved annual (12-month) work plan/budget for the remainder of the project period/period of performance.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Sara Davenport	Program Director	sara.davenport@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/>).