



**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**
- 7. Project Director or Principal Investigator**  
CHRISTINE SMITH  
Bureau Chief  
CHRISTINE.SMITH@HEALTH.MO.GOV  
(573)751-6431
- 8. Authorized Official**  
Brian A Bishop  
brian.bishop@health.mo.gov  
(573)751-6029

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
India Smith  
GRANTS MANAGEMENT SPECIALIST  
Health Resources and Services Administration  
ISmith@hrsa.gov  
(301) 443-2096
- 10. Program Official Contact Information**  
Tyranny Smith  
Health Resources and Services Administration  
TSmith-Bullock@hrsa.gov  
(301) 945-3960

**Federal Award Information**

- 11. Award Number**  
6 UT8HA33937-01-05
- 12. Unique Federal Award Identification Number (FAIN)**  
UT833937
- 13. Statutory Authority**  
42 U.S.C. § 243(c); 300ff-11 et seq.
- 14. Federal Award Project Title**  
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 15. Assistance Listing Number**  
93.686
- 16. Assistance Listing Program Title**  
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 17. Award Action Type**  
Administrative
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 03/01/2020 - End Date 02/28/2021</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$0.00</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 his budget period	\$1,000,000.00
<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>\$1,000,000.00</b>
<b>26. Project Period Start Date 03/01/2020 - End Date 02/28/2025</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,000,000.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Karen Mayo on 12/11/2020

**30. Remarks**



Notice of Award  
Award Number: 6 UT8HA33937-01-05  
Federal Award Date: 12/11/2020

**Health Resources and Services Administration**

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

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

a. Salaries and Wages:	\$128,251.00
b. Fringe Benefits:	\$76,950.00
c. Total Personnel Costs:	\$205,201.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$18,764.00
g. Travel:	\$16,045.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$11,299.00
j. Consortium/Contractual Costs:	\$704,778.00
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:	\$956,087.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$43,913.00
q. TOTAL APPROVED BUDGET:	\$1,000,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$1,000,000.00

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

a. Authorized Financial Assistance This Period	\$1,000,000.00
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	\$1,000,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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

YEAR	TOTAL COSTS
02	\$1,000,000.00
03	\$1,000,000.00
04	\$1,000,000.00
05	\$1,000,000.00

**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**

**36. OBJECT CLASS**  
41.15

**37. BHCNIS#**

**38. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

**39. ACCOUNTING CLASSIFICATION CODES**

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
20 - 377EAGR	93.686	20UT8HA33937	\$0.00	\$0.00		20RWHAP-A-B

## 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. Temporary Reassignment of State and Local Personnel during a Public Health Emergency This revised Notice of Award, approves a 5th Extension per request dated 10/28/2020 for the period covering 11/5/2020 - 12/5/2020 for project funded personnel of 2.20 FTE for the purposes of immediate response to the COVID-19 emergency in the affected jurisdiction in accordance with Pandemic and All-Hazards Preparedness and Advancing Innovation Action (PAHPAIA), Section 116-22, and amended 319(e) of the Public Health Service (PHS) Act. Recipients must maintain appropriate records and cost documentation as required by 2 CFR § 200.302 -Financial management and 2 CFR § 200.333 -Retention requirement of records to substantiate the charging of any salaries and other project activities costs related to interruption of operations or services. Detailed information is available at: <http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>

### Program Specific Term(s)

1. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs. All prior terms and conditions remain in effect unless specifically removed.

## Contacts

### NoA Email Address(es):

Name	Role	Email
Amber Dawn Heathman	Authorizing Official	dawn.heathman@health.mo.gov
Marcia Mahaney	Authorizing Official	grants@health.mo.gov
Brian A Bishop	Authorizing Official	brian.bishop@health.mo.gov
Christine Smith	Program Director	christine.smith@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/>).