



**Recipient Information**

**1. Recipient Name**  
 MISSOURI DEPARTMENT OF HEALTH  
 PO BOX 570  
 Jefferson Cty, MO 65102-0570

**2. Congressional District of Recipient**  
 04

**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**  
 Alicia Jenkins  
 alicia.jenkins@health.mo.gov  
 (573)751-6431

**8. Authorized Official**  
 Marcia A Mahaney  
 Marcia.Mahaney@health.mo.gov  
 (573)526-0722

**Federal Agency Information**

**9. Awarding Agency Contact Information**  
 Olusola Dada  
 Grants Management Specialist  
 Office of Federal Assistance Management (OFAM)  
 Division of Grants Management Office (DGMO)  
 ODada@hrsa.gov  
 (301) 443-0195

**10. Program Official Contact Information**  
 Psyche H Doe  
 Public Health Analyst  
 HIV/AIDS Bureau (HAB)  
 PDoe@hrsa.gov  
 (301) 945-3942

**Federal Award Information**

**11. Award Number**  
 6 X07HA00030-30-09

**12. Unique Federal Award Identification Number (FAIN)**  
 X0700030

**13. Statutory Authority**  
 42 U.S.C. § 300ff-21-31b; 300ff-11-23 et seq.

**14. Federal Award Project Title**  
 RYAN WHITE CARE ACT TITLE II

**15. Assistance Listing Number**  
 93.917

**16. Assistance Listing Program Title**  
 HIV Care Formula Grants

**17. Award Action Type**  
 Administrative

**18. Is the Award R&D?**  
 No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 04/01/2020 - End Date 03/31/2021</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 this budget period	\$10,499,949.08
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$6,710,625.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$17,210,574.08</b>
<b>26. Project Period Start Date 04/01/2017 - End Date 03/31/2022</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$92,711,620.43

**28. Authorized Treatment of Program Income**  
 Addition

**29. Grants Management Officer – Signature**  
 Olusola Dada on 10/15/2021

**30. Remarks**



Notice of Award  
Award Number: 6 X07HA00030-30-09  
Federal Award Date: 10/15/2021

**HIV/AIDS Bureau (HAB)**

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

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

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:	\$17,210,574.08
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$17,210,574.08
i. Less Non-Federal Share:	\$6,710,625.00
ii. Federal Share:	\$10,499,949.08

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

a. Authorized Financial Assistance This Period	\$10,499,949.08
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	\$10,499,949.08
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
31	\$13,421,249.00

**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**  
BRX070030

**36. OBJECT CLASS**  
41.15

**37. BHCNIS#**

**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
20 - 3775617	93.917	20X07HA00030	\$0.00	\$0.00	ADAP	HIVII-20
20 - 3775615	93.917	20X07HA00030	\$0.00	\$0.00	FRML	HIVII-20

## 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 temporary reassignments as indicated in the 6th Extension request dated 12/4/2020 for the period of 12/6/2020 – 1/6/2021; 7th Extension request dated 2/26/2021 for the period of 1/7/2021 – 2/7/2021 and a 8th Extension dated 2/24/2021 for the period of 2/8/2021 – 3/8/2021 for 199 FTE of project funded personnel 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>

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Christine Smith	Business Official	christine.smith@health.mo.gov
Marcia A Mahaney	Authorizing Official	marcia.mahaney@health.mo.gov
Alicia Jenkins	Program Director	alicia.jenkins@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/>).