



Notice of Award

Title of Program: (O AFC) Older American Act Title III - Family Caregivers
Award Authority: P.L. 114-144 (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: October 25, 2018

Grant No.: 1901MOO AFC-00
Award Instrument: Grant (Formula)
Project Period: 10-01-2018 - 09-30-2020
Budget Period: 10-01-2018 - 09-30-2020

EIN: ██████████
DUNS#: 878092600

CFDA: 93.052

Object Class Code: 41.15

Appropriation	CAN	Award This Action	Cumulative Grant Award to Date
75-19-0142	2019,2995148,ACL	\$280,549	\$280,549
	Total	\$280,549	\$280,549

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>.

Tanielle Chandler
ACL Grants Officer

Terms and Conditions:

1. This grant award is issued under Older Americans Act of 1965, as amended through P.L. 114-144, Enacted April 19, 2016. 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:

- SAM.gov / DUNS Requirement
- Consolidated Appropriations Act, 2018, Pub. L. 115-141, signed into law on March 23, 2018
- National Policies including Trafficking Victims Protection Act, Whistleblower Protections, and DOMA: Implementation of Same-Sex Spouses/Marriages
- Federal Funding Accountability and Transparency Act (FFATA)

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- Federal Awardee Performance and Integrity Information System (FAPIIS)
- HHS Grants Policy Statement, Part II

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. As communicated in the State Unit on Aging Directors Letter #01-2018, this Notice of Award includes the 24-month project period of 10/01/2018 – 9/30/2020. As a reminder, the project period represents the 24-month period of time during which the grantee may incur new obligations to carry out the work authorized under the Federal award. Consistent with 45 CFR 75.309(b), grantees must liquidate those obligations no later than 90 days after the end of the project period. In instances where grantees are unable to complete the work authorized within the project period or are unable to liquidate within the 90-day period, grantees may request an extension to the liquidation period or a no-cost extension. Please direct questions to your ACL Regional Office Fiscal Specialist.

4. Grantee is required to submit SF-425 and the AoA Title III supplemental form to the SF-425 on a semi-annual basis. Reports are due within 30 days for the periods ending March 31 and September 30 (i.e., due April 30 and October 30), through September 30, 2020, a final PMS drawdown and a final SF-425 are due within 90 days after September 30, 2020 (i.e., due December 30, 2020). Download the forms from <https://www.acl.gov/sites/default/files/grants/SF425%20Federal%20Financial%20Report.pdf> and submit the completed forms to the fiscal specialist identified in the award. Complete all lines, as appropriate, including lines 10. a through c.

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.

Remarks:

1. The grant award for this program to your state under the approved plan of the state agency has been approved for the current period of the fiscal year in the amount shown above. Award levels represent FY 2019 first 30 days of funding.

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 Departmental 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.