



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**
Sara Davenport
sara.davenport@health.mo.gov
(573)751-6072
- 8. Authorized Official**
Tonya R Loucks
grants@health.mo.gov

Federal Agency Information

- 9. Awarding Agency Contact Information**
Potie Pettway
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ppetway@hrsa.gov
(301) 443-1014
- 10. Program Official Contact Information**
Jeanene R Meyers
Public Health Analyst
Office of Rural Health Policy (ORHP)
jmeyers@hrsa.gov
(301) 443-2482

Federal Award Information

- 11. Award Number**
1 H3LRH42221-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
H3L42221
- 13. Statutory Authority**
42 U.S.C. §912(b)(5) and American Rescue Plan Act of 2021, Section 2401 (P.L. 117-2)
- 14. Federal Award Project Title**
SHIP COVID Testing and Mitigation
- 15. Assistance Listing Number**
93.155
- 16. Assistance Listing Program Title**
Rural Health Research Centers
- 17. Award Action Type**
New
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2021 - End Date 12/31/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$8,268,032.00
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	\$8,268,032.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$8,268,032.00
26. Project Period Start Date 07/01/2021 - End Date 12/31/2022	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$8,268,032.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Brad Barney on 06/24/2021

30. Remarks



Notice of Award
Award Number: 1 H3LRH42221-01-00
Federal Award Date: 06/24/2021

Office of Rural Health Policy (ORHP)

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:	\$8,268,032.00
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:	\$8,268,032.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$8,268,032.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$8,268,032.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$8,268,032.00
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	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$8,268,032.00

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

YEAR	TOTAL COSTS
	Not applicable

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
41.91

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
21 - 370CRHT	93.155	21H3LRH42221C6	\$8,268,032.00	\$0.00	N/A	21H3LRH42221C6

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. **This notice of award provides one-time funding for an 18-month period of performance made available by the American Rescue Plan Act of 2021 (P.L. 117-2), available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>.**

Your total award amount is based on the formula of \$258,376 per participating hospital and is inclusive of any indirect charges, so the amount to each hospital in your state may be smaller than the amount HRSA awards per hospital.

The funding through this award should be used to complement, not duplicate or supplant, other funds received through existing payment or other CARES Act or American Rescue Plan Act programs supporting hospitals.

2. Funding may only be used for allowable costs as noted in the terms of this notice of award and as per 45 CFR part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. Examples of unallowable costs include, but are not limited to: costs paid by other federal or state programs; purchase, dissemination, or administration of vaccines; construction of facilities; support of lobbying/advocacy efforts; facility or land purchases. You are 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 including, but not limited to, restrictions on use of funds for lobbying, executive salaries, gun control, and abortion. Like those for all other applicable award requirements, the effectiveness of these policies, procedures, and controls is subject to audit.
3. Any equipment purchased by the hospital must be reported to HRSA. State grantees must submit a final equipment list with information from all applicable hospitals as part of the project close out. Further instructions will be provided.
4. As provided for in OMB Memorandum M-21-20: Promoting Public Trust in the Federal Government through Effective Implementation of the American Rescue Plan Act and Stewardship of the Taxpayer Resources, available at https://www.whitehouse.gov/wp-content/uploads/2021/03/M_21_20.pdf, HRSA may waive the procurement requirements contained in 45 CFR § 75.328(a) (2 CFR § 200.319(b)) regarding geographical preferences and 45 CFR § 75.330 (2 CFR § 200.321) regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms. You must maintain appropriate records and documentation to support the charges against the federal awards. HRSA approved this waiver on March 23, 2021.
5. Any hospitals opting to spend federal funds on minor alterations and renovations (A/R) will be required to submit additional paperwork. States should collect the information from hospitals (Project Implementation Certification and Itemized budget within 90 days of A/R start date) and Project Completion Certification (within 90 days of A/R activity end date) but consolidate the information into a combined PDF on a quarterly basis. For those recipients proposing and approved for A/R expenses, an additional reporting requirement will be included on a future Notice of Award.
6. If hospitals determine they cannot use all or part of their funds or decide to relinquish their funding, those funds must be returned to HRSA. If this is the case, you should contact the program and grants management contacts noted on page 1 of this Notice of Award regarding the process to relinquish those funds as soon as feasible.
7. Hospitals will report info on use of funds and testing activities to the grantee on a quarterly basis, for upload by the grantee to the COVID-Testing portal. Hospital reporting template will be provided.
8. Effective December 26, 2014, all references to 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 200 as codified by HHS at 45 CFR 75.
9. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements

apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.

10. 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: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
11. 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://pms.psc.gov/grant-recipients/access-newuser.html>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.

Standard Term(s)

1. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

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

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).**

Technical questions regarding the FFR, including system access, should be directed to the Help Desk at PMSFFRSupport@psc.hhs.gov.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

2. **Due Date: Within 30 Days of Award Release Date**

Within 30 days of award release date, you must submit the following in EHBs: (1) SF-424A Budget Form, (2) Budget Narrative, (3) Project Work Plan, and (4) Participating Hospital List.

3. **Due Date: Within 90 Days of Project End Date**

A final report is due within 90 days after the period of performance. The final report will collect information about your dissemination of funds to the hospitals and final list of equipment. Additional guidance for your final report will be provided prior to the end of the period of performance.

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
Lisa Branson	Point of Contact	lisa.branson@health.mo.gov
Sara Davenport	Program Director	sara.davenport@health.mo.gov
Tonya R Loucks	Authorizing Official	grants@health.mo.gov
Teresa Leatherman	Business Official	teresa.leatherman@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/>).