



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**
Cindy Reese
Early Childhood Program Coordinator
Cindy.Reese@health.mo.gov
(573)522-9744
- 8. Authorized Official**
Marcia Mahaney
grants@health.mo.gov

Federal Agency Information

- 9. Awarding Agency Contact Information**
LaToya Ferguson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
LFerguson@hrsa.gov
(301) 443-1440
- 10. Program Official Contact Information**
Natalie Surfus
Maternal and Child Health Bureau (MCHB)
nsurfus@hrsa.gov
(301) 443-0784

Federal Award Information

- 11. Award Number**
1 U7EMC42163-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
U7E42163
- 13. Statutory Authority**
Title V, § 501(a)(3)(C) of the Social Security Act as amended (42 U.S.C. 701(a)(3)(C))
42 U.S.C. § 701(a)(3) (Title V, § 501(a)(3) of the Social Security Act)
- 14. Federal Award Project Title**
Early Childhood Comprehensive Systems: Health Integration Prenatal to Three Program
- 15. Assistance Listing Number**
93.110
- 16. Assistance Listing Program Title**
Maternal and Child Health Federal Consolidated Programs
- 17. Award Action Type**
New
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2021 - End Date 07/31/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$255,600.00
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	\$255,600.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$255,600.00
26. Project Period Start Date 08/01/2021 - End Date 07/31/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$255,600.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Tammy Ponton on 06/23/2021

30. Remarks



Notice of Award
Award Number: 1 U7EMC42163-01-00
Federal Award Date: 06/23/2021

Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$42,458.00
b. Fringe Benefits:	\$26,536.00
c. Total Personnel Costs:	\$68,994.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$144.00
g. Travel:	\$4,282.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$1,994.00
j. Consortium/Contractual Costs:	\$166,318.00
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:	\$241,732.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$13,868.00
q. TOTAL APPROVED BUDGET:	\$255,600.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$255,600.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$255,600.00
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	\$255,600.00

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

YEAR	TOTAL COSTS
02	\$255,600.00
03	\$255,600.00
04	\$255,600.00
05	\$255,600.00

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
41.51

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 - 3892050	93.110	21U7EMC42163	\$255,600.00	\$0.00	N/A	21U7EMC42163

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 Condition(s)

1. **Due Date: Within 30 Days of Award Issue Date**

Please make the following adjustments to the budget:

1. The budget justification must include a separate narrative for years 2-4 of the project to reflect the changes to the budget from year to year.
2. Provide a SF-424A for year 5 of the project.
3. Under the Contractual category of the budget narrative, please include how the cost were estimated.
4. Provide a copy of the established Indirect Cost Rate Agreement.

Grant Specific Term(s)

1. 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.
2. 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>.
3. 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>.
4. 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/hhsgrantpolicy.pdf>
5. The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.
6. This award is made in the form of a cooperative agreement where substantial involvement is anticipated between HRSA and the recipient

during performance of the contemplated project.

HRSA program involvement will include, but is not limited to:

- a. Having experienced HRSA personnel available to participate in the planning and development of all phases of this cooperative agreement;
- b. Participating, as appropriate, in meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects;
- c. Ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- d. Assistance establishing effective collaborative relationships and technical assistance (TA) opportunities with federal and state contacts, HRSA-funded grants, and other entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of work;
- e. Reviewing and providing advisory input on written documents and activities conducted under the auspices of the cooperative agreement;
- f. Ensuring integration into HRSA programmatic and data reporting efforts;
- g. Initiating inquiries in the form of listening sessions, email inquiries, and surveys to inform program continuous quality improvement (CQI), TA, and evaluation needs; and
- h. Participating with award recipients in peer-to-peer information exchange and the dissemination of project findings, best practices, and lessons learned from the project.

The cooperative agreement recipient's responsibilities will include:

- i. Meeting with the federal project officer at the time of the award to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity;
- j. Providing ongoing, timely communication and collaboration with the federal project officer, including responding to inquiries about progress, budget, and activities, and holding regular check-ins with the federal project officer;
- k. Implementing and completing activities toward accomplishing the goals of the cooperative agreement, consistent with the Notice of Funding Opportunity (NOFO), approved application, and subsequent approved revisions or refinement;
- l. Working with the ECCS TA Center after award to refine data and reporting plans and to ensure alignment of plans with existing early childhood system data, overall ECCS program goals, and the ECCS performance measurement approach;
- m. Collaborating with HRSA and the ECCS TA Center on program evaluation and CQI efforts, including responding to surveys, participating in interviews, and providing other reports upon request;
- n. Participating in regular calls, peer networking platforms, face to face and virtual meetings, and other TA opportunities in support of achievement of program goals offered by the ECCS TA Center or HRSA;
- o. Participating in face-to-face meetings and conference calls with HRSA conducted during the period of performance, including participation at least one annual national meeting for ECCS Program award recipients; Providing the federal project officer with the opportunity to review, discuss, and provide input on any publications, audiovisuals, and/or other materials produced as part of the project (drafts and final products); and
- p. Assuring that all performance and progress reports or other administrative information, as designated by HRSA in the Notice of Award (NOA) or subsequent Requests for Information (RFI), will be completed and submitted in a timely manner.

Program Specific Term(s)

1. Within 6 months of the Notice of Award, and in collaboration with federal project officers and the ECCS Technical Assistance Coordinating Center, recipients shall submit:
Performance Measurement Plan: A revised plan for effectively monitoring and evaluating the project's progress and outcomes. Plans are subject to revision and approval
2. Cooperative agreement recipients shall abide by programmatic expectations outlined in the NOFO, including :
 - ECCS and Early Childhood System Leadership: Upon award, hire or appoint a state-level lead for the program (the ECCS Lead) who coordinates the implementation of the program's activities and coordinates across partners. Recipients are also expected to support statewide early childhood system leadership capacity.
 - Systems Asset and Gap Analysis: Upon award, conduct an analysis of system assets and gaps that specifically focuses on the P-3 population and the needs and opportunities to advance integrated maternal and early childhood systems of care.
 - Early Childhood Strategic Plan: Develop or contribute to a state early childhood strategic plan in response to the above analysis, and help to advance its implementation.
 - Effective Collaboration: Leverage a cross-sector advisory council to facilitate effective collaboration across partners. Recipients are required to ensure the involvement of the Title V MCHB Block Grant program, the MIECHV program, state agencies administering Medicaid and CHIP programs, and representatives from the health sector and human services programs. Recipients are also expected to engage other partners, as outlined in the NOFO.
 - Health System Integration and Innovation: Advance efforts to increase the capacity of health systems to carry out best practices

and innovations that promote early developmental health and family well-being. Advance innovation through the health system and strengthen partnerships and coordination with health providers (including participation of health providers in state Title V MCH and Medicaid/CHIP plans), health professionals, health financing, and system leaders and organizations.

- Innovative Fiscal Strategies & Policy Barriers and Improvements: Identify financing and policy strategies to support and sustain efforts that promote early developmental health and family well-being.
- Meaningful Family Partnership and Leadership: Improve, support, and increase effective and equitable family engagement and leadership in decision-making and early childhood program design. Recipients are expected to secure and support the involvement of a Family Leader, who will contribute to the planning and implementation of the project and support family engagement.

Advancement of Equity within Maternal and Early Childhood Systems: Advance equity within early childhood systems through goals and activities that identify and remedy early developmental, family, and maternal health disparities affecting the P-3 population and promote equitable system level leadership.

3. On an annual basis, recipients shall submit a progress report narrative to HRSA. This report should describe progress towards meeting the program goals and objectives, and plans for the upcoming budget year. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of the subsequent year of funding. Further guidance regarding content and timing will be provided from HRSA prior to submission.

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 120 Days of Award Issue Date**

The grantee must submit a New Competing Performance Report within 120 days after receipt of the NoA. This report should include complete financial forms, project abstract, grant summary and performance measures. These forms must be completed through the HRSA EHBs electronically, and include the program-specific data forms that are required for this award.

1. Performance Measures and Program Data: The listing of administrative forms and performance measures for this program can be found below:
 - Form 1, Project Budget Details
 - Form 2, Project Funding Profile
 - Form 4, Project Budget and Expenditures
 - Form 6, Maternal & Child Health Discretionary Grant
 - Form 7, Discretionary Grant Project
 - Form 8, MCH Discretionary Grant Project Abstract
 - Products, Publications and Submissions Data Collection Form
 - TA/Collaboration
 - Core 1, Grant Impact
 - Core 2, Quality Improvement
 - Core 3, Health Equity - MCH Outcomes
 - Capacity Building 1, State Capacity for Advancing the Health of MCH Populations
 - Capacity Building 2, Technical Assistance

- Capacity Building 4, Sustainability
- Child Health 1, Well Child Visit
- Child Health 3, Developmental Screening
- Women's/Maternal Health 3, Well Woman Visit/Preventive Care
- Women's/Maternal Health 4, Depression Screening

For additional information, please refer to: <https://grants4.hrsa.gov/DGISReview/FormAssignmentList/u7e.html>

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
Marcia Mahaney	Authorizing Official, Business Official	grants@health.mo.gov
Cindy Reese	Program Director	cindy.reese@health.mo.gov
Cindy Reese	Point of Contact	cindy.reese@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/>).