



**Recipient Information**

- 1. Recipient Name**  
MISSOURI DEPARTMENT OF HEALTH  
912 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**  
Marcia A Mahaney  
Marcia.Mahaney@health.mo.gov  
(573)526-0722

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Pottie 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**  
5 H3HRH00010-20-00
- 12. Unique Federal Award Identification Number (FAIN)**  
H3H00010
- 13. Statutory Authority**  
Social Security Act, Section 1820(g)(3)  
Section 1820(g)(3) of the Social Security Act, 42 U.S.C. 1395i-4  
42 U.S.C. §1395i-4
- 14. Federal Award Project Title**  
SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM
- 15. Assistance Listing Number**  
93.301
- 16. Assistance Listing Program Title**  
Small Rural Hospital Improvement Grant Program
- 17. Award Action Type**  
Noncompeting Continuation
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 06/01/2021 - End Date 05/31/2022</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$505,582.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$46,366.00
23. Total Amount of Federal Funds Obligated this budget period	\$505,582.00
<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>\$551,948.00</b>
<b>26. Project Period Start Date 06/01/2019 - End Date 05/31/2023</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,542,658.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Inge Cooper on 05/19/2021

**30. Remarks**



Notice of Award  
Award Number: 5 H3HRH00010-20-00  
Federal Award Date: 05/19/2021

**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:	\$0.00
j. Consortium/Contractual Costs:	\$551,948.00
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:	\$551,948.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$551,948.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$551,948.00

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

a. Authorized Financial Assistance This Period	<b>\$551,948.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$46,366.00
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	<b>\$505,582.00</b>

**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 - 3704132	93.301	19H3HRH00010	\$505,582.00	\$0.00	N/A	19SRHIP

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

YEAR	TOTAL COSTS
21	\$551,948.00
22	\$551,948.00

**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	<b>\$0.00</b>

**35. FORMER GRANT NUMBER**

**36. OBJECT CLASS**  
41.51

**37. BHCNIS#**

## 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.**

### Program Specific Condition(s)

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

In consultation with Project Officer, Submit a revised SF 424A, Line Item Budget, and Budget Justification Narrative for the Federal award of \$551,948.

Include in the revision the number of hospitals and the amount per hospital for the Federal award. The budget justification must detail the costs of each line item within each object class category. Please consult your Project Officer for any additional questions and/or requested guidance.

In addition, for the Personnel line item, you must include the following for each employee supported by funds from this award: name of employee, base salary, % FTE on the grant and amount of Federal funds (wages and % of fringe benefits) to be paid for the budget year.

This personnel information requirement also applies to subawards/subcontracts supported by Federal funds from this grant.

The Further Consolidated Appropriations Act, 2021, Public Law 116-260, signed into law on December 27, 2020, restricts the amount of direct salary which may be paid to an individual under an HHS grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 2021, the Executive Level II salary level is \$199,300. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.

### Grant Specific Term(s)

1. 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>.

2. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. 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>

3. 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>

4. 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.
5. This Notice of Grant Award provides the offset of an unobligated balance in the amount of \$46,366 from the 06/01/2019-05/31/2020 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

## Program Specific Term(s)

1. By accepting these funds, the grantee is agreeing that the funds will be used to support eligible small rural hospitals in meeting value-based payment through purchases of hardware, software and training. The grantee is also certifying that the use of these funds will not be applied to support rural hospitals' COVID-19 response efforts unless approved by HRSA. 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). Failure to adhere to this term through the grant period may be considered non-compliance and make grantee ineligible for future SHIP program participation
2. The award recipient is required to submit a non-competing continuation progress report for noncompetitive budget years within the grant award project period. The Federal Office of Rural Health Policy will provide further details upon receipt of award.
3. Carryover of unobligated funds into the subsequent funding period request should be submitted at the same time as the SF-425 FFR or no later than 30 days after the due date of the FFR and must include an SF-424A, line item budget, and narrative justification. The request should provide justification of why the funds remain unobligated and should include details as to how the carryover will be used to complete the previously approved goals and objectives of the program. Unobligated balances should not be requested solely in order to spend down available unobligated funds. Awardees will be notified via a revised NoA if carryover has been approved or via correspondence generated through the EHBs if it has been disapproved.
4. Personnel costs are only for the oversight of the award and do not include hospital personnel costs. "Supplies, Construction, Travel, and "Other" are not allowable expenses. Indirect Cost Rate for participating SORH is limited to the lesser of (i) 15 percent of the amount of the grant for administrative expenses; or (ii) the state's federally negotiated indirect rate for administering the grant.
5. In order to ensure program integrity and appropriate use of Federal funds, grantees are responsible for collecting and maintaining financial records detailing expenditures on behalf of all participating SHIP hospitals. Failure to obtain and retain these records through the grant period may be considered non-compliance and make grantee ineligible for future SHIP program participation.

## 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: Within 90 Days of Budget End Date

The award recipient is required to submit a final report within 90 days of the budget period end date. The Federal Office of Rural Health Policy will provide further details upon receipt of award.

### 2. 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](mailto: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

### 3. Due Date: Within 60 Days of Award Issue Date

All award recipients are required to submit the **Updated FY 2021 SHIP Hospital Funding Spreadsheet**, to reflect the new budget amount

for the upcoming FY 2021 budget period (June 1, 2021– May 31, 2022).

The required template with instructions for this spreadsheet is the “**Updated FY 2021 SHIP Hospital Funding Spreadsheet**” as an Excel File. The required template with instructions, “**Updated FY 2021 SHIP Hospital Funding Spreadsheet**” will be emailed to award recipients and will be available on the [SHIP TA](#) website before the budget year begins. Awardee MUST submit the “**Updated FY 21 SHIP Hospital Funding Spreadsheet**” Template as an Excel File on the Electronic Handbook System to meet this requirement.

Do **NOT** resubmit the *FY 2021 SHIP Hospital Funding Spreadsheet*, which was required for Attachment 4 on your FY 2021 NCC, for **this** reporting requirement. Attachment 4 has the outdated amount per hospital under “Column AR” (Funding Request), which impacts the calculated figures on the last three columns under Fund Distribution. The updated template has the new amount.

**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
Pamela Sandbothe	Business Official	pamela.sandbothe@health.mo.gov
Sara Davenport	Program Director	sara.davenport@health.mo.gov
Marcia A Mahaney	Authorizing Official	marcia.mahaney@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/>).