



**Recipient Information**

- 1. Recipient Name**  
MISSOURI DEPARTMENT OF HEALTH  
PO BOX 570  
Jefferson City, 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**  
Sara Davenport  
sara.davenport@health.mo.gov  
(573)751-6072
- 8. Authorized Official**  
Pat Bedell  
Authorizing Official (Deputy Division Director-Administration)  
pat.bedell@health.mo.gov  
(573)751-6014

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Nandini Assar  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
nassar@hrsa.gov  
(301) 443-4920
- 10. Program Official Contact Information**  
Paula Gumbs  
Bureau of Health Workforce (BHW)  
pgumbs@hrsa.gov  
(301) 443-7581

**Federal Award Information**

- 11. Award Number**  
5 H56HP00096-32-00
- 12. Unique Federal Award Identification Number (FAIN)**  
H5600096
- 13. Statutory Authority**  
42 U.S.C. § 254q-1
- 14. Federal Award Project Title**  
STATE LOAN REPAYMENT PROGRAM
- 15. Assistance Listing Number**  
93.165
- 16. Assistance Listing Program Title**  
Grants to States for Loan Repayment
- 17. Award Action Type**  
Noncompeting Continuation
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 09/01/2021 - End Date 08/31/2022</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$398,689.00
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	\$398,689.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$398,689.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$797,378.00</b>
<b>26. Project Period Start Date 09/01/2018 - End Date 08/31/2022</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,372,378.00

- 28. Authorized Treatment of Program Income**  
Cost Sharing or Matching
- 29. Grants Management Officer – Signature**  
Frances Woodburn on 07/15/2021

**30. Remarks**



Notice of Award  
Award Number: 5 H56HP00096-32-00  
Federal Award Date: 07/15/2021

**Bureau of Health Workforce (BHW)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																																
				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">YEAR</th> <th colspan="2">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td></td> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS			Not applicable																																									
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<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:</b> 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.																																																				
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## 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. 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. 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. 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: 09/15/2022**

The grantee must submit an Annual Performance Report (Field Strength Report) via the EHB. Instruction manual and template will be annually available in the EHB and notice of availability will be sent.

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 PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

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

**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
Pat Bedell	Authorizing Official	pat.bedell@health.mo.gov
Sara Davenport	Point of Contact, Program Director	sara.davenport@health.mo.gov
Jennifer Stockman	Employee	jenn.stockman@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/>).