



**Recipient Information**

- 1. Recipient Name**  
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
PO BOX 570  
Jefferson Cty, MO 65102-0570
- 2. Congressional District of Recipient**  
04
- 3. Payment System Identifier (ID)**  
1446000987B7
- 4. Employer Identification Number (EIN)**  
446000987
- 5. Data Universal Numbering System (DUNS)**  
878092600
- 6. Recipient's Unique Entity Identifier**  
UETLXV8NG8F4
- 7. Project Director or Principal Investigator**  
Sara Davenport  
sara.davenport@health.mo.gov  
(573)751-6072
- 8. Authorized Official**  
Amber Dawn Heathman  
dawn.heathman@health.mo.gov  
(573)751-6465

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Carolyn J Cobb  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
ccobb2@hrsa.gov  
(301) 443-0829
- 10. Program Official Contact Information**  
Dionna Payne  
Project Officer  
Bureau of Health Workforce (BHW)  
dpayne@hrsa.gov  
(301) 287-9884

**Federal Award Information**

- 11. Award Number**  
5 U68HP11488-15-00
- 12. Unique Federal Award Identification Number (FAIN)**  
U6811488
- 13. Statutory Authority**  
42 U.S.C. § 254f(d)
- 14. Federal Award Project Title**  
State Primary Care Offices
- 15. Assistance Listing Number**  
93.130
- 16. Assistance Listing Program Title**  
Primary Care Services-Resource Coordination and Development
- 17. Award Action Type**  
Noncompeting Continuation
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 04/01/2023 - End Date 03/31/2024</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$199,475.00</b>
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	\$199,475.00
<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>\$199,475.00</b>
<b>26. Project Period Start Date 04/01/2019 - End Date 03/31/2024</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$997,375.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Bruce Holmes on 03/07/2023

**30. Remarks**



Notice of Award  
Award Number: 5 U68HP11488-15-00  
Federal Award Date: 03/07/2023

**Bureau of Health Workforce (BHW)**

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b></p> <p><input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$98,756.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$57,278.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$156,034.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$285.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$2,395.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$4,526.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$3,000.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$166,240.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td style="text-align: right;">\$33,235.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$199,475.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$199,475.00</td></tr> </table>	a. Salaries and Wages:	\$98,756.00	b. Fringe Benefits:	\$57,278.00	c. Total Personnel Costs:	\$156,034.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$285.00	g. Travel:	\$2,395.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$4,526.00	j. Consortium/Contractual Costs:	\$3,000.00	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:	\$166,240.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$33,235.00	q. TOTAL APPROVED BUDGET:	\$199,475.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$199,475.00	<p><b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p><b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p><b>35. FORMER GRANT NUMBER</b> 6 U68CS00195-22-03</p> <p><b>36. OBJECT CLASS</b> 41.51</p> <p><b>37. BHCNIS#</b></p>	YEAR	TOTAL COSTS		Not applicable	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
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<p><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></p> <p>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.</p>																																																			
<p><b>39. ACCOUNTING CLASSIFICATION CODES</b></p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">FY-CAN</th> <th style="width: 15%;">CFDA</th> <th style="width: 15%;">DOCUMENT NUMBER</th> <th style="width: 15%;">AMT. FIN. ASST.</th> <th style="width: 15%;">AMT. DIR. ASST.</th> <th style="width: 15%;">SUB PROGRAM CODE</th> <th style="width: 15%;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>23 - 3722333</td> <td>93.130</td> <td>19U68HP11488</td> <td>\$199,475.00</td> <td>\$0.00</td> <td>N/A</td> <td>19SPCO</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	23 - 3722333	93.130	19U68HP11488	\$199,475.00	\$0.00	N/A	19SPCO																																				
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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. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior 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 Part 200 as codified by HHS at 45 CFR Part 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://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:

<http://pms.psc.gov/find-pms-liaison-accountant.html>

### Program Specific Term(s)

1. The Project Officer will facilitate development and accomplishment of the work plan by providing information and technical assistance as appropriate.
2. PCO Directors are required to attend an annual PCO meeting held in the Washington, D.C. area. If you receive funding for Outreach and Enrollment and/or Community Development, your lead staff person(s) on these activities is/are required to attend this meeting. Your proposed budget for this budget period should have included adequate resources for all persons attending this meeting.
3. In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA program involvement will include:**
  1. Guidance and policy interpretation of authorizing statutes and implementing regulations that govern shortage designation;
  2. Participation, as appropriate, in workgroups conducted during the period of the Cooperative Agreement;
  3. Monitoring the activities of the work plan through progress review, meetings, and teleconferences;
  4. Serving as the final authority on National Health Service Corps (NHSC) Site Applications;
  5. Serving as the final authority on shortage designation applications; and
  6. Evaluating Needs Assessments and all other activity required under this Cooperative Agreement.

**The cooperative agreement recipient's responsibilities will include:**

1. Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the R&R Application Guide (Acknowledgement of Federal Funding);
2. Completing activities proposed in response to the program requirements described in Section IV of this NOFO;
3. Maintaining communication with the Project Officer.

Participate in face-to-face meetings and conference calls with the federal Project Officer during the period of performance.

- Collaborate with the federal Project Officer on ongoing review of activities, procedures and budget items;
4. Conducting a statewide assessment to identify health care providers and health service shortages, unmet need and disparities in health outcomes by areas and population groups, and health workforce concerns;
  5. Coordinating the Health Professional Shortage Area (HPSAs) and Medically Underserved Area/Population (MUA/P) designation processes within the state to ensure consistent and accurate assessment of underservice including data collection, verification, and analysis as applicable;
  6. Providing technical assistance and collaboration to expand access to primary care, including: coordination of the NHSC and NURSE Corps programs and provider recruitment and retention; collaboration with Health Center planning and development; and collaboration with other HRSA partners and organizations to support access to primary care services; and
  7. Developing a statewide, long-term strategic plan to reduce health provider shortages and shortage designations.

## Standard Term(s)

1. Your organization is 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](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

## Reporting Requirement(s)

### 1. Due Date: 11/30/2023

Performance data for the recently completed reporting year (October 1 - September 30) must be reported for each budget period annually no later than November 30. An email notification will be sent as a reminder that a report is due, including instructions on how to provide the report through the EHB system. The Bureau of Health Workforce (BHW) requirements and performance measures will be available at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Contact your BHW project officer for additional information.

### 2. Due Date: 03/31/2024

All recipients must have an established Statewide Rational Service Area (SRSA) plan for the primary care, mental health, and dental health disciplines by no later than March 31, 2024. Please upload the PDF of Shortage Designation Management System (SDMS) SRSA Submitted page as verification of completion.

### 3. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must 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.

### 4. Due Date: Within 90 Days of Project End Date

A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

**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
Sara Davenport	Program Director, Point of Contact	sara.davenport@health.mo.gov
Marcia A Mahaney	Authorizing Official	marcia.mahaney@health.mo.gov
Amber Dawn Heathman	Authorizing Official	dawn.heathman@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/>).