



**Recipient Information**

- 1. Recipient Name**  
MISSOURI DEPARTMENT OF HEALTH  
PO BOX 570  
Jefferson Cty, 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**  
UETLXV8NG8F4
- 7. Project Director or Principal Investigator**  
Alicia Jenkins  
Chief, Bureau of HIV, STD, and Hepatitis  
alicia.jenkins@health.mo.gov  
(573)526-3187
- 8. Authorized Official**  
Marcia Mahaney  
Director, Division of Administration  
grants@health.mo.gov  
(573)751-6014

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Olusola Dada  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
ODada@hrsa.gov  
(301) 443-0195
- 10. Program Official Contact Information**  
Psyche H Doe  
Public Health Analyst  
HIV/AIDS Bureau (HAB)  
PDoe@hrsa.gov  
(301) 945-3942

**Federal Award Information**

- 11. Award Number**  
2 X07HA00030-32-00
- 12. Unique Federal Award Identification Number (FAIN)**  
X0700030
- 13. Statutory Authority**  
42 U.S.C. § 300ff-21-31b; 300ff-11-23 et seq.
- 14. Federal Award Project Title**  
RYAN WHITE CARE ACT TITLE II
- 15. Assistance Listing Number**  
93.917
- 16. Assistance Listing Program Title**  
HIV Care Formula Grants
- 17. Award Action Type**  
Competing Continuation
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 04/01/2022 - End Date 03/31/2023</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$4,783,885.00</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	\$4,783,885.00
<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>\$4,783,885.00</b>
<b>26. Project Period Start Date 04/01/2022 - End Date 03/31/2027</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$4,783,885.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Brad Barney on 03/10/2022

**30. Remarks**

This award consists of the following amounts:

FY22 Formula: \$1,180,125  
FY22 ADAP: \$3,603,760  
Total FY22 Award: \$4,783,885



Notice of Award  
Award Number: 2 X07HA00030-32-00  
Federal Award Date: 03/10/2022

**HIV/AIDS Bureau (HAB)**

**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:	\$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:	\$4,783,885.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$4,783,885.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$4,783,885.00

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

a. Authorized Financial Assistance This Period	<b>\$4,783,885.00</b>
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	<b>\$4,783,885.00</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
22 - 3771365	93.917	22X07HA00030	\$1,180,125.00	\$0.00	FRML	22X07HA00030
22 - 3771367	93.917	22X07HA00030	\$3,603,760.00	\$0.00	ADAP	22X07HA00030

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

YEAR	TOTAL COSTS
33	\$13,339,898.00
34	\$13,339,898.00
35	\$13,339,898.00
36	\$13,339,898.00

**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**  
BRX070030

**36. OBJECT CLASS**  
41.15

**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.**

### Grant Specific Term(s)

1. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the FFR (Federal Financial Report) SF 425-Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
2. 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.
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. 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. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at [www.hrsa.gov/opa](http://www.hrsa.gov/opa)
2. According to HRSA HAB Policy Notice 07-03: "The Use of Ryan White HIV/AIDS Program, Part B (formerly Title II), AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services," recipients may use no more than five percent (5%) of ADAP funds for access, adherence, and monitoring services, unless there are extraordinary circumstances that would warrant up to ten percent (10%) of a ADAP funds being used. Recipients must request and receive approval from HRSA to exceed the five percent (5%). See <http://hab.hrsa.gov/sites/default/files/hab/Global/useadapaccesspn0703.pdf>. Funded services must fall under established RWHAP service categories, as described in HRSA HAB PCN 16-02: "Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds." Recipients must identify the specific RWHAP service categories under which proposed services will be provided. See [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)
3. Except for recipients that receive a minimum allotment of RWHAP Part B funds, the recipient may not use more than ten percent (10%) of the current budget period grant funds for direct and indirect costs associated with planning and evaluation activities or more than ten percent (10%) of the current budget period grant funds for direct and/or indirect costs associated with administering the RWHAP Part B award. The

aggregate total of administration, and planning and evaluation activities cannot exceed 15% of the RWHAP Part B award.

The recipient must ensure that the aggregate total of subrecipient administrative expenditures, including all indirect costs, does not exceed 10% of the aggregate total of funds awarded to subrecipients. Subrecipient administrative expenses may be individually set and may vary; however, the aggregate total of subrecipients' administrative costs may not exceed the 10% limit. See Policy Clarification Notice 15-01 for additional information on the 10% administrative cap (<https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>).

4. If the recipient expends any of the RWHAP Part B award on the AIDS Drug Assistance Program (ADAP), it must comply with data reporting requirements of the ADAP Data Report (ADR) for those funds, and the recipient must mandate compliance by each of its subrecipients. Please refer to the RWHAP ADAP Data Report webpage at <https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-adap-data-report-adr> for additional information.
5. In accordance with the RWHAP guidance on determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services (HRSA HAB PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program), HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each of the three factors outlined in PCN 21-02, including documentation requirements. See <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/pcn21-02-determining-eligibility-polr.pdf>
6. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
7. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding for Part B Base, ADAP Base, and MAI components of the X07 grant based on the continuation of program requirements, funding levels, and specialized reporting requirements. However, this award does not provide full funding for emerging communities, where applicable. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final appropriation. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
8. All RWHAP Part A, B, C, and D recipients must adhere to the legislative requirement to establish a clinical quality management (CQM) program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in HRSA HAB PCN 15-02 <http://hab.hrsa.gov/manageyourgrant/clinicalqualitymanagementpcn.pdf>.
9. Unless a waiver is obtained, not less than 75 percent (75%) of the portion of the grant remaining after reserving amounts for administration, planning and evaluation, and clinical quality management (CQM) will be used to provide core medical services that are needed in the state for individuals with HIV who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals). The recipient shall not exceed the lesser of 5 percent (5%) of the total grant funds or \$3 million for the required CQM program. Also see HRSA HAB PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds ([https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)).
10. Unless otherwise specified, all Conditions and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHBs).
11. Funds may not be used for the following: purchasing or construction of real property, international travel, or payments for any item or service to the extent that payment has been made or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).
12. RWHAP funds may not be used to make cash payments to intended clients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
13. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>.
14. RWHAP Part B recipients are required to facilitate the development of the Statewide Coordinated Statement of Need (SCSN) as indicated in the Integrated HIV Prevention and Care Plan Guidance, Including the Statewide Coordinated Statement of Need, 2022-2026 (see

- <https://careacttarget.org/library/integrated-hiv-prevention-and-care-plan-guidance-including-statewide-coordinated-statement>). The SCSN is a component of the Integrated HIV Prevention and Care Plan. Recipients are required to report progress on the implementation of Integrated HIV Prevention and Care Plans in the FY 2022 RWHAP Part B Annual Progress Report.
15. Maintenance of Effort (MOE) requirement: The recipient must maintain non-federal funding for HIV-related activities at a level which is not less than the level of expenditures by the state for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant (see Section 2617(b)(7)(E) of the PHS Act).
  16. RWHAP Part B recipients are required to use a minimum amount/percentage of the award to provide services to women, infants, children and youth (WICY). The minimum set-aside amounts/percentages for each state/territory must be determined separately for each priority population, and may not be less than the percentage of each population compared to the total number of persons estimated to be living with AIDS within the state/territory.  
Waiver: If the recipient can document that one or more WICY priority populations are receiving HIV-related services through the state Medicaid program under Title XIX of the Social Security Act, the Children's Health Program (CHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the recipient may request a waiver of the minimum WICY expenditure requirement from HRSA. Recipients requesting a waiver may utilize the WICY Expenditure Report to document that all priority populations are receiving HIV/AIDS health services through other funding sources.
  17. RWHAP Part B recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients as detailed in the National Monitoring Standards for RWHAP recipients. (<http://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-recipient-resources>)
  18. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds.
  19. RWHAP funds cannot pay for pre-exposure prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP) as the person using PrEP is not an individual living with HIV and the person using nPEP is not diagnosed with HIV prior to the exposure and therefore are not eligible for RWHAP funded medications or medical services. (See the HIV/AIDS Bureau June 22, 2016 Program Letter available online at <http://hab.hrsa.gov/manageyourgrant/prepletter062216.pdf>.)
  20. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report (FFR) and in annual data reports. All program income earned must be used to further the objectives of the RWHAP. Program income may be used to satisfy all or part of the state matching requirements. For additional information, see HRSA HAB PCN 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income, available online at [http://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-03\\_program\\_income.pdf](http://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf).
  21. In accordance with HRSA HAB PCN 15-04: Utilization and Reporting of Pharmaceutical Rebates, recipients that collect rebates on ADAP medication purchases must adhere to outlined provisions. See [https://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-04\\_pharmaceutical\\_rebates.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-04_pharmaceutical_rebates.pdf)
  22. The recipient must comply with data requirements of the RWHAP Services Report (RSR) and mandate compliance by each of its subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core medical and support service providers are required to submit client-level data as instructed in the RSR manual. See <https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-services-report-rsr>.
  23. Per 45 CFR §75.351 - 353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, RWHAP legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
  24. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>.
  25. The recipient must comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and must comply with any cancellation of unobligated funds.
  26. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.
  27. Funds may not be used by recipients or subcontractors for the purchase of vehicles without written approval from HRSA's Division of Grants Management Operations (DGMO).

**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: 07/30/2023**

**The recipient must submit a Federal Financial Report (FFR) (SF-425) using the Payment Management System (PMS). This report should reflect cumulative reporting within the project period.**

**The FFR will not be accepted unless the recipient completes the SF-425 in its entirety, providing a breakout of their award amounts, any approved carryover, and the respective expenditures for each in the Remarks category of the SF-425, as listed below:**

- a. The Part B Base amount
- b. The Part B ADAP Base amount
- c. The Part B ADAP Supplemental amount
- d. The Part B Emerging Communities amount
- e. The Part B MAI amount
- f. Prior Year Part B Base carryover amount
- g. Prior Year Part B ADAP carryover amount
- h. Prior Year Part B MAI carryover amount

The final FFR must include State Matching Funds and/or ADAP Supplemental Match if required. The recipient must separately report the amounts of the State Matching Funds and/or ADAP Supplemental Match if required in the Remarks section.

In addition, the recipient must report separately the ADAP Base funds. The funds must be reported in the Remarks section. The following subset of information is required:

ADAP Summary

- (a) Outlays - ADAP funds
- (b) Unliquidated Obligations - ADAP funds
- (c) Total Federal Share - ADAP funds
- (d) Unobligated Balance - ADAP funds

If the recipient collects rebates on ADAP drug purchases, please reference HRSA HAB PCN 15-04: Utilization and Reporting of Pharmaceutical Rebates, available at [https://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-04\\_pharmaceutical\\_rebates.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-04_pharmaceutical_rebates.pdf). The following subset of information is required and must be reported in the Remarks section of the SF-425.

Unobligated Balances Summary

- a. Unobligated Balance - ADAP funds
- b. Part B Base Unobligated Balances
- c. Total Unobligated Balances

Rebate Account Summary

- a. Rebate Revenues
- b. Rebate Expenditures
- c. Remaining Rebate Funds
- d. Adjusted Remaining Balance

A final FFR may not include unliquidated obligations and must agree with the PMS report of disbursements and advancements for the document number for the budget period being reported.

If the recipient has an unobligated balance of RWHAP Part B Base, ADAP, and/or MAI funds the recipient must:

- a. Attach and upload a carryover request with their FFR submission within the HRSA EHBs Prior Approval module; or
- b. Indicate in their FFR their intent to submit a carryover request separately, via the Prior Approval Portal, within 30

- days of the FFR submission; or
- c. Indicate on the FFR their intention to NOT submit any carryover request.

**(Recipients will not be allowed to carryover UOB if the estimated UOB and estimated carryover request was not submitted January 31, 2023.)**

**2. Due Date: 01/31/2023**

The recipient must submit an estimate of their unobligated balances (UOB) and an estimated carryover request consistent with reporting guidelines and instructions provided via the HRSA EHBs.

**3. Due Date: 07/31/2023**

The recipient must submit a Final RWHAP Part B Annual Progress Report via the HRSA EHBs, consistent with reporting guidelines and instructions provided. Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding.

This report must include the recipient's:

1. FY 2022 RWHAP Part B Implementation Plan Update
2. FY 2022 RWHAP Part B Progress Report Narrative
3. FY 2022 Certification of Aggregate Administrative Cost
4. FY 2022 RWHAP Part B Women, Infants, Children and Youth (WICY) Report Worksheet
5. FY 2022 Clinical Quality Management (CQM) Program Update
6. FY 2022 RWHAP Part B and MAI Final Expenditures Report

**4. Due Date: 07/31/2023**

The recipient must submit an annual Expenditures Report via the Program Terms Report (PTR) Web Application, consistent with reporting guidelines, instructions, and reporting templates provided in PTR Web Application.

**5. Due Date: 12/09/2022**

The recipient must submit the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2022-2026, consistent with the Centers for Disease Control and Prevention and Health Resources and Services Administration's Integrated HIV Prevention and Care Plan Guidance, including the Statement Coordinated Statement of Need, CY 2022-2026. The guidance is available online: <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf>.

**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
Alicia Jenkins	Business Official, Point of Contact	alicia.jenkins@health.mo.gov, alicia.jenkins@health.mo.gov
Marcia Mahaney	Authorizing Official	grants@health.mo.gov
Christine Smith	Business Official	christine.smith@health.mo.gov
Alicia Jenkins	Program Director	alicia.jenkins@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/>).