



Recipient Information

1. Recipient Name

EXECUTIVE OFFICE OF THE STATE OF
MISSISSIPPI
PO BOX 139
Jackson, MS 39205-0139
601-576-2011

2. Congressional District of Recipient

02

3. Payment System Identifier (ID)

1646000766A1

4. Employer Identification Number (EIN)

646000766

5. Data Universal Numbering System (DUNS)

019202949

6. Recipient's Unique Entity Identifier (UEI)

NWR6QBAMNF45

7. Project Director or Principal Investigator

Kristen Windham
Director of Policy, Office of Governor Tate Reeves
Kristen.Windham@govreeves.ms.gov
601-359-3150

8. Authorized Official

Anne Hall Brashier
Chief of Staff, Office of Governor Tate Reeves
Annehall.brashier@govreeves.ms.gov
6623855128

Federal Agency Information

Office of Acquisitions and Grants Management

9. Awarding Agency Contact Information

Chris Clark
christopher.clark@cms.hhs.gov
301-492-4319

10. Program Official Contact Information

Jacqueline Higgins
Program Officer
jacqueline.higgins1@cms.hhs.gov
410-786-8904

Federal Award Information

11. Award Number

RHTCMS332063-01-03

12. Unique Federal Award Identification Number (FAIN)

RHTCMS332063

13. Statutory Authority

Big Beautiful Bill Act of 2025, Section 71401

14. Federal Award Project Title

The MS RHTP strengthens rural healthcare by expanding access, improving care coordination, modernizing infrastructure, growing the workforce, and using telehealth to improve health outcomes.

15. Assistance Listing Number

93.798

16. Assistance Listing Program Title

Rural Health Transformation Program

17. Award Action Type

Revision (Budget)

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/29/2025	- End Date	10/30/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$205,907,220.16
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$205,907,220.16
26. Period of Performance Start Date	12/29/2025	- End Date	10/30/2030
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$205,907,220.16

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Shamia Cunningham
Grants Management Officer

30. Remarks

See Remarks (continuation)



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Recipient Name EXECUTIVE OFFICE OF THE STATE OF MISSISSIPPI PO BOX 139 Jackson, MS 39205-0139 601-576-2011
Congressional District of Recipient 02
Payment Account Number and Type 1646000766A1
Employer Identification Number (EIN) Data 646000766
Universal Numbering System (DUNS) 019202949
Recipient's Unique Entity Identifier (UEI) NWR6QBAMNF45
31. Assistance Type Cooperative Agreement
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$289,000.00
b. Fringe Benefits	\$104,040.00
c. Total Personnel Costs	\$393,040.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$3,000.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$205,511,180.16
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	
m. Federal Share	\$205,907,220.16
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
6-5992269	RHT332063A	RHT	4158	93.798	\$0.00	75-2632-0515



Notice of Award

Award#

FAIN# RHTCMS332063

Federal Award Date: 04/20/2026

Remarks (Continuation)

This Notice of Award approves the revised budget and lifting of restriction in the amount of \$205,681,180 your request dated 03/09/2026.

Sufficient reporting information was provided to lift the restriction on contractual funds. However, a complete description and cost breakdown must be provided to CMS for each consultant, subrecipient, or contract upon selection. If Recipient previously included any of the required contractual reporting information in its budget, this information should be updated, as necessary, to reflect the specific subrecipient/contractor/consultant selected. Please review the "CMS Guidance for Preparing a Budget Request and Narrative" (Section F) for further guidance on these requirements: <https://www.cms.gov/about-cms/work-us/cms-grants-cooperative-agreements/how-apply-cms-grants/cms-guidance-preparing-budget-request-narrative>

"Program, and Standard Terms and Conditions remain in effect.