



Recipient Information

1. Recipient Name

Missouri Department of Health
920 WILDWOOD DR
Missouri Dept. of Health and Senior Services
JEFFERSON CITY, MO 65109-5796
[NO DATA]

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

Ms. Mindy Laughlin
mindy.laughlon@health.mo.gov
5737516435

8. Authorized Official

Ms. Marcia A Mahaney
Director
Marcia.Mahaney@health.mo.gov
573-751-6014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Emmanuella Lamothe
omy9@cdc.gov
404.498.5772

10. Program Official Contact Information

Charissa Rivers
ili3@cdc.gov
770-488-3938

Federal Award Information

11. Award Number

5 NU58DP006299-05-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006299

13. Statutory Authority

301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.

14. Federal Award Project Title

Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

15. Assistance Listing Number

93.898

16. Assistance Listing Program Title

Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/30/2021	- End Date	06/29/2022
20. Total Amount of Federal Funds Obligated by this Action			\$3,934,807.00
20a. Direct Cost Amount			\$3,710,650.00
20b. Indirect Cost Amount			\$224,157.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$1,538,808.00
25. Total Federal and Non-Federal Approved this Budget Period			\$5,473,615.00
26. Project Period Start Date	06/30/2017	- End Date	06/29/2022
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period			Not Available

28. Authorized Treatment of Program Income

MATCHING

29. Grants Management Officer - Signature

Ms. Pamela Render
Grants Management Officer

30. Remarks



Recipient Information
Recipient Name Missouri Department of Health 920 WILDWOOD DR Missouri Dept. of Health and Senior Services JEFFERSON CITY, MO 65109-5796 [NO DATA]
Congressional District of Recipient 03
Payment Account Number and Type [REDACTED]
Employer Identification Number (EIN) Data [REDACTED]
Universal Numbering System (DUNS) 878092600
Recipient's Unique Entity Identifier Not Available
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	\$622,536.00
b. Fringe Benefits	\$382,261.00
c. Total Personnel Costs	\$1,004,797.00
d. Equipment	\$0.00
e. Supplies	\$2,129.00
f. Travel	\$27,461.00
g. Construction	\$0.00
h. Other	\$115,524.00
i. Contractual	\$2,560,739.00
j. TOTAL DIRECT COSTS	\$3,710,650.00
k. INDIRECT COSTS	\$224,157.00
l. TOTAL APPROVED BUDGET	\$3,934,807.00
m. Federal Share	\$3,934,807.00
n. Non-Federal Share	\$1,538,808.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-9213161	17NU58DP006299	DP	41 51	\$17,838 00	75-21-0948	
1-9213163	17NU58DP006299	DP	41 51	\$14,864 00	75-21-0948	
1-921Z1RU	17NU58DP006299	DP	41 51	\$2,200,000 00	75-21-0948	
1-9390540	17NU58DP006299	DP	41 51	\$111,434 00	75-21-0948	
1-9390541	17NU58DP006299	DP	41 51	\$237,561 00	75-21-0948	
1-9390542	17NU58DP006299	DP	41 51	\$66,811 00	75-21-0948	
1-9390543	17NU58DP006299	DP	41 51	\$85,837 00	75-21-0948	
1-9390544	17NU58DP006299	DP	41 51	\$8,164 00	75-21-0948	
1-9390EN0	17NU58DP006299	DP	41 51	\$61,981 00	75-X-0948	
1-939ZRBC	17NU58DP006299	DP	41 51	\$74,322 00	75-21-0948	
1-939ZRBL	17NU58DP006299	DP	41 51	\$1,055,995 00	75-21-0948	



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 5 NU58DP006299-05-00

FAIN# NU58DP006299

Federal Award Date: 05/10/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Missouri Department of Health

5 NU58DP006299-05-00

1. Y5 Terms and Conditions
2. Y5 Funding Spreadsheet

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP17-1701**, titled **Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations**, and application dated February 26, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of **\$3,934,807** is approved for the Year 05 budget period, which is **June 30, 2021** through **June 29, 2022**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
NBCCEDP	\$ 2,200,000
NCCCP	\$ 459,807
NCCCP Supplement	\$ 50,000
NPCR Component#1	\$ 1,225,000

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

CDC activities in this NOFO are as follows:

- Collaboration between program consultants across the division to provide coordination of program monitoring and technical assistance activities such as joint program calls, site visits, and regional consultations.
- Team Leads, Project Officers, and Subject Matter Experts from across the division jointly plan and participate in trainings and other capacity building activities that address crosscutting strategic areas.
- Resources and guides that address key programmatic needs across the FOA will be jointly developed and/or disseminated to ensure consistent messages with meeting grantee technical assistance needs.

- Technical assistance in the areas of program implementation, fiscal and grants management, surveillance and epidemiology, health education and promotion, evaluation, community-clinical linkages, and environmental approaches will be coordinated across programs to ensure consistency and build awardee capacity.
- CDC Chronic Project Officers will continue to identify collaboration and coordination opportunities through the NCCDPHP Regional Team meeting
- Coordinated Program Directors meetings and Cancer Conferences will be prioritized to reduce burden on grantees
- Establish program policies and guidelines collaboratively with grantees.
- Facilitate the exchange of information and coordination, collaboration, and service integration between grantees and chronic disease counterparts.
- Provide ongoing guidance, consultation and technical assistance to support the planning, implementation, monitoring, and evaluation of the activities listed within the components funded in this FOA.
- Monitor grantee progress in implementing the program and work with grantees through email, conference calls, and site visits, and review of progress reports and other data reports to support program progress and program improvement.
- Convene trainings, capacity building exercises, meetings, web forums, conference calls, and site visits with grantees.
- Provide relevant scientific research findings, peer-reviewed publications, success stories, public health recommendations, and up-to-date clinical guidelines related to the FOA.
- Provide eligible population estimates for available geographic units. Estimates are currently available at the national, state, and county level. Estimates can be found at: <http://www.census.gov/hhes/www/sahie/data/index.html>.
- Design, implement, and evaluate program implementation of screening and patient support services.
- Provide strategies to work effectively with health care systems and community-based organizations to use available data and target populations to decrease disparities.
- Provide guidance on practical application of appropriate Public Laws based on the program specific needs. These laws include; Public Law 101-354, including amendments to the law, Public Health Service Act, (42 USC 280e-280e-4; Public Law 102-515), as amended and Public Health Service Act, [42 U.S.C. section 247b (e) and (k)(2)], as amended.
- Provide tools and methodologies to conduct linkages between the screening program data and central cancer registries data, and reporting registry stage data in the MDE.
- Develop regular data monitoring feedback reports based on clinical data submissions to support data use for quality assurance, program improvement, and program monitoring and evaluation.
- Evaluate, monitor, and report on progress toward meeting performance standards using interim progress reports, end of year reports, MDE reports, annual surveys, and others described in FOA.
- Provide analytic datasets through CDC's Research Data Center, restricted data access files for NPCR-sponsored registries, and a public use dataset.
- Provide mechanisms to facilitate external data linkages through CDC's National Death Index and Social Security Administration's Administrative Databases.
- Provide assistance with dissemination of information, including evaluation results, about awardee's program efforts to the public and public health audiences. When appropriate, evaluation findings will be described for individual awardees by name.
- Provide technical assistance and support to central cancer registries for electronic pathology, biomarkers and physician reporting/Meaningful Use efforts.

- Develop and provide publicly available software programs for collecting, receiving, validating, processing, and analyzing cancer registry data.
- Provide NPCR Program Standards and Program Manual to ensure standardized operations and data collection.
- Collaborate with national partners and organizations to standardize the reporting of cancer, promote education for cancer registrars, and advocate for central cancer registries by actively participating as chairs/members of committees/workgroups.
- Assess the quality of central cancer registry data by conducting NPCR-sponsored Data Quality Evaluations of central cancer registries.
- Receive, evaluate, and disseminate cancer surveillance data received from central cancer registries through the NPCR Cancer Surveillance System.
- Maintain online dissemination tools <http://www.cdc.gov/cancer/npcr/tools.htm>

Budget Requirements:

Please provide the following information by submitting a grant note in Grant Solutions as soon as this information is available:

- **NBCCEDP**
 - **CONTRACTUAL/CONSULTANT:** Please provide all the contractual/consultant elements that are TBD (Transportation Contracts and Barrier Reduction Pilot Project) as required in the CDC Budget Preparation Guidelines for all contractors and consultants.
- **NCCCP**
 - **OTHER:** Please provide an itemized budget for costs of \$39,338 related to the Missouri Cancer Action Plan Implementation
- **NCCCP Supplement**
 - **OTHER:** Please provide an itemized budget for costs of \$26,718 related to Materials, Tools and Resources under “Other”

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Cost sharing or matching alternative: Under this alternative, program income is used to finance some or the entire non-federal share of the project/program.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

Program 1: NBCCEDP

- As specified in PL 101-354, use of federal funds for treatment is prohibited.
- As specified by PL 101-354, not more than 10 percent of cooperative funds awarded may be spent annually for administrative expenses. These administrative expenses are in lieu of and replace indirect costs [Section 1504(f) of the PHS Act, as amended].

Program 3: NPCR

- As specified in the Public Health Service Act, (42 USC 280e-280e-4), as amended, cooperative agreement funds must not be used for purposes other than those outlined in this announcement.
- Purchase, licensing, or development of central cancer registry applications or database systems that perform the same functions as tools provided by CDC/NPCR (see CDC/NPCR Registry Plus module description).
- Design and development of new software and/or enhancement of an existing central cancer registry database management system where publicly available products exist.
- Funding for activities associated with the maintenance and support of a central registry database system that exceeds 20 percent of the total direct budget request per year. For

additional information see <http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/>

- Direct data collection in reporting facilities unless justified. For additional information see <http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/>
- Abstracting from hard-copy medical records at the central cancer registry unless justified. For additional information see <http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/>
- Promotional items.
- International travel (exception Canada for NAACCR conference).
- Travel to meetings not directly related to cancer registries.
- Travel for non-registry staff NOTE: In accordance with Health and Human Services (HHS) Grants Policy Statement, travel is only allowable for personnel directly charged and approved on the grant/cooperative agreement.
- Cell phones, blackberries, palm pilots, or any other personal electronic device.
- Automobiles.
- Construction.
- Funds must be used to supplement not to supplant existing State and/or other Federal resources.

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 17, 2020 which calculates indirect costs as follows, a FIXED rate is approved at 20.10% of the base which includes: direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2020 to June 30, 2021.

Matching Funds Requirement: Matching is generally calculated on the basis of the federal award amount and is comprised of recipient contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the recipient via their Federal Financial Report). The recipient must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The recipient may not use matching expenditures to count toward any Maintaining State Funding requirement.

****Note: The required and/or encouraged match dollar amounts are identified on the "Component Funding Spreadsheet" attached and associated with this Notice of Award.***

NBCCEDP: Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1), (2), and (3) of the Public Health Services (PHS) Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds awarded under this program. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements up to \$200,000 for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

Matching funds may be cash, in-kind or donated services or equipment. Contributions may be made directly or through donations from public or private entities. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title I to use funds received under the Indian Self-Determination Act as matching funds.

Applicants may also designate as State/Tribal/Territorial/Pacific Island Jurisdiction matching funds any non-Federal amounts spent pursuant to Title XIX of the Social Security Act for the screening and case management of women for breast and cervical cancers.

Matching funds may not include: (1) payment for treatment services or the donation of treatment services; (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirements must be documented by the applicant and will be subject to audit.

NCCCP: Cost sharing funds are encouraged in an amount not less than ten percent of Federal funds awarded under this program. Cost sharing is encouraged if it helps to leverage federal and state resources, is responsive to stated CDC recipient activities, supports the National Comprehensive Cancer Control Program priorities, and does not compromise the integrity or the ability of the comprehensive cancer control program to accomplish proposed activities. Matching funds are not required under this cooperative agreement, but are encouraged.

NPCR: Per PHS Act (42 USC 280e-280e-4), matching funds are required for Program 3, NPCR applicants in an amount not less than 25 percent of such costs or one dollar for every three dollars of Federal funds awarded under this program; [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(1)]. Matching funds may be cash, in-kind, or donated services or equipment. Contributions may be made directly or through donations from public or private entities. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands up to \$200,000. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title 1 to use funds received under the Indian Self-Determination Act as matching funds. Non-federal financial contributions in excess of the Maintenance of Effort may be used for matching.

Matching funds may not include: (1) payment for treatment services or the donations of treatment services (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

Maintenance of Effort (MOE) Requirement: MOE represents an applicant/recipient historical level of contributions related to federal programmatic activities which have been made prior to the receipt of federal funds “expenditures (money spent).” MOE is used as an indicator of non-federal support for public health before the infusion of federal funds. These expenditures are calculated by the recipient without reference to any federal funding that also may have contributed to such programmatic activities in the past. Recipients must stipulate the total dollar amount in their grant applications. Recipients must be able to account for MOE separately from accounting for federal funds and separately from accounting for any matching funds requirement; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may not include any matching funds requirement.

NBCCEDP: Maintenance of Effort is required for this program in accordance with the authorizing legislation PL 101-354. The average amount of non-Federal contributions toward breast and cervical cancer programs and activities for the two-year period preceding the first Federal fiscal year of funding for NBCCEDP is referred to as Maintenance of Effort (MOE). Only those non-Federal contributions in excess of the MOE amount may be considered matching funds. Supplanting, or replacing, existing program efforts currently paid with Federal or non-Federal sources is not allowable.

NCCCP: Maintenance of effort is not required for this program.

NPCR: Maintenance of Effort is required for this program. Recipients must agree to make available (directly or through donations from public or private entities) non-Federal contributions equal to the amount expended during the fiscal year preceding the first year of the original NPCR cooperative agreement award for the collection of data on cancer, as noted in Public Health Service Act (42 USC 280e-280e-4).

In determining the amount of non-Federal contributions for cost-sharing or matching, the recipient may include only those contributions that are in excess of the amount of contributions made by the State for collection of data on cancer for the fiscal year preceding the first year of the original NPCR cooperative agreement award. CDC may decrease the amount of non-Federal contributions required if the State can show that the amount will cause them financial hardship [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(2)(B)].

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period. To submit the FFR, log in to <https://pms.psc.gov/>, select "Federal Financial Report" from the menu bar and then click on Federal Financial Reporting.

The FFR for the budget period 04 is due by **September 30, 2021**. Reporting timeframe is **June 30, 2020** through **June 29, 2021**. The FFR is cumulative and should only include those funds authorized and disbursed during the timeframe covered by the report.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html> .

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Emmanuella Lamothe, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
Email: omy9@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

Final Performance Progress and Evaluation Report: This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Emmanuella Lamothe, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
Telephone: 404-498-5772
Email: omy9@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Charissa Rivers, Project Officer, NBCCEDP
Centers for Disease Control and Prevention
Telephone: 770-488-3938
Email: ili3@cdc.gov

Anne Major, Project Officer, NCCCP
Centers for Disease Control and Prevention
Telephone: 770-488-4328
Email: acs0@cdc.gov

Olivia Marr, Project Officer, NPCR
Centers for Disease Control and Prevention
Telephone: 404-797-0119
Email: oag0@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Pamela Render, Grants Management Officer
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
Telephone: 770-488-2712
Email: plr3@cdc.gov

Grantee:
Award Number:

Missouri Department of Health
DP006299-05

Attachment 1

Federal Cost Categories	NCCCP	NCCCP	NCCCP	NBCCEDP	NBCCEDP	NPCR	NPCR	Year 05 Budget
		SUPPLEMENT	Programmatic Encouraged Cost Share: 10%		Match 3:1	Component #1	Match 3:1	
Salaries & Wages	\$ 113,121	\$ 11,469	\$0	\$ 456,325	-	\$ 41,621	-	\$622,536
Fringe Benefits	\$ 70,701	\$ 7,169	\$0	\$ 278,484	-	\$ 25,907	-	\$382,261
Travel	\$ 2,588	\$ 369	\$0	\$ 13,254	-	\$ 11,250	-	\$27,461
Equipment			-		-	\$ -	-	\$0
Supplies	\$ 468	\$ 24	\$0	\$ 1,137	-	\$ 500	-	\$2,129
Contractual costs	\$ 190,000		-	\$ 1,239,282	-	\$ 1,130,391	-	\$2,559,673
Other	\$ 45,981	\$ 27,223	-	\$ 40,562	-	\$ 1,758	-	\$115,524
Consultant Costs			\$0	\$ 1,066	-		-	\$1,066
Total Direct Costs	\$ 422,859	\$ 46,254	\$ -	\$ 2,030,110	\$ -	\$ 1,211,427	\$ -	\$ 3,710,650
Indirect Costs	\$ 36,948	\$ 3,746	\$0	\$ 169,890	-	\$ 13,573	-	\$224,157
Non-Federal Share Requirement			-	-	\$733,333	\$0	\$408,333	\$1,141,667
Programmatic Encouraged Cost Share	-		\$50,981	-	-	-	-	\$50,981
Total Approved Budget	\$459,807	\$50,000	\$0	\$2,200,000	\$0	\$1,225,000		\$3,934,807