

1. DATE ISSUED MM/DD/YYYY 08/09/2018	2. CFDA NO. 93.270	3. ASSISTANCE TYPE Cooperative Agreement
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road  
Atlanta, GA 30341

1a. SUPERSEDES AWARD NOTICE dated 08/08/2018  
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 6 NU51PS005112-02-06 Formerly	5. ACTION TYPE Post Award Amendment
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6. PROJECT PERIOD MM/DD/YYYY From 11/01/2016	Through 10/31/2020
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7. BUDGET PERIOD MM/DD/YYYY From 11/01/2017	Through 10/31/2018
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## NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)  
Sections 301 and 317N of the Public Health Service Act (42 U.S.C. section 241 and 247b-15, as amended)

8. TITLE OF PROJECT (OR PROGRAM)  
Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis

9a. GRANTEE NAME AND ADDRESS  
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV  
PO BOX 570  
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Jefferson City, MO 65102-0570

9b. GRANTEE PROJECT DIRECTOR  
Ms. Nicole. Massey  
920 Wildwood  
Jefferson City, MO 65102-0570  
Phone: 573-751-6431

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Tonya R Loucks  
920 WILDWOOD DR  
Business Official  
JEFFERSON CITY, MO 65109-5796  
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER  
Mr. Wentzel Mitchell  
12 Corporate Square Blvd, NE  
Atlanta, GA 30329  
Phone: 404-718-3226

### ALL AMOUNTS ARE SHOWN IN USD

11. 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	61,683.00
b. Fringe Benefits	32,692.00
c. Total Personnel Costs	94,375.00
d. Equipment	0.00
e. Supplies	1,194.00
f. Travel	5,515.00
g. Construction	0.00
h. Other	53,119.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS	154,203.00
k. INDIRECT COSTS	20,196.00

l. TOTAL APPROVED BUDGET 174,399.00

m. Federal Share 174,399.00  
n. Non-Federal Share 0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	174,399.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	174,399.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	299,028.00

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

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION	
b. ADDITIONAL COSTS	
c. MATCHING	
d. OTHER RESEARCH (Add / Deduct Option)	
e. OTHER (See REMARKS)	<input type="checkbox"/>

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation  
b. The grant program regulations.  
c. This award notice including terms and conditions, if any, noted below under REMARKS.  
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)

Award amended to change Business Official.

GRANTS MANAGEMENT OFFICER Constance J Jarvis, Grants Management Officer

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 04
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 8-939ZRPQ	b. 005112PS17	c. 93.270	d. PS	e. \$0.00
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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**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
<b>Total</b>	\$0.00	\$0.00	\$0.00

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
11/01/2016	10/31/2017	Annual	01/29/2018
11/01/2017	10/31/2018	Annual	01/29/2019

# AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

6 NU51PS005112-02-06

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1. T&C

**Funding Opportunity Announcement (FOA): PS17-1702**  
**Award Number: NU51PS005112-01-00 (Amendment 02)**  
**Applicable Cost Principles: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards**

## **AWARD INFORMATION**

**PURPOSE:** This revised Notice of Award is to change the Authorizing Official from Ms. Pat Bedell to Ms, Tonya R, Loucks per Recipient's letter of request dated 05/23/ 2018.

All the other terms and conditions issued with the original award remain in effect Through-out the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that grantee must exercise proper stewardship over Federal funds by Ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

**PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE**