

1. DATE ISSUED MM/DD/YYYY 03/01/2019

1a. SUPERSEDES AWARD NOTICE dated 12/13/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA No. 93.977 - Preventive Health Services\_Sexually Transmitted Diseases Control Grants

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NH25PS005142-01-01 Formerly

5. TYPE OF AWARD Other

4a. FAIN NH25PS005142

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 01/01/2019 Through 12/31/2023

7. BUDGET PERIOD MM/DD/YYYY From 01/01/2019 Through 12/31/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

1600 Clifton Road  
Atlanta, GA 30329

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)  
[AWARD AUTHORITY NOT DEFINED FOR PS10-10136.NU2G]

8. TITLE OF PROJECT (OR PROGRAM)  
Strengthening STD Prevention and Control for Health Departments (STD PCHD)

9a. GRANTEE NAME AND ADDRESS  
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV  
920 Wildwood Dr  
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR  
Ms. Christine Smith  
920 WILDWOOD DR  
JEFFERSON CITY, MO 65109-5796  
Phone: 573-751-6439

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Linda M. Cade  
920 Wildwood Drive  
MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
Jefferson City, MO 65109-5796  
Phone: 573-751-6028

10b. FEDERAL PROJECT OFFICER  
Ms. Cassandra Davis  
12 Corporate Blvd NE  
Brookhaven, GA 30329-1909  
Phone: 404.498.3099

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 1,662,974.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	451,648.00	c. Less Cumulative Prior Award(s) This Budget Period 1,662,974.00	
b. Fringe Benefits	261,956.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	713,604.00	13. Total Federal Funds Awarded to Date for Project Period 1,662,974.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	43,340.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	24,353.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 2	d. 5
h. Other	366,943.00	b. 3	e. 6
i. Contractual	362,735.00	c. 4	f. 7
j. TOTAL DIRECT COSTS	1,510,975.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	151,999.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	1,662,974.00	b. ADDITIONAL COSTS	
m. Federal Share	1,662,974.00	c. MATCHING	
n. Non-Federal Share	0.00	d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING 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 - Revised Budget- Approved)  Yes  No

GRANTS MANAGEMENT OFFICIAL:

Arthur Lusby, Grants Management Officer, Team Lead  
2960 Brandywine Rd  
Mailstop E15  
Atlanta, GA 30341-5509  
Phone: 770.488.2865

17. OBJ CLASS	41.51	18a. VENDOR CODE		18b. EIN		19. DUNS	878092600	20. CONG. DIST.	03
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION				
21. a. 9-939ZRJQ	b. 19NH25PS005142	c. 93.977	d. PS	e. \$0.00	f. 75-19-0950				
22. a. 9-939ZRPZ	b. 19NH25PS005142	c. 93.977	d. PS	e. \$0.00	f. 75-19-0950				
23. a.	b.	c.	d.	e.	f.				

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

NOTICE OF AWARD (Continuation Sheet)

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
01/01/2019	12/31/2019	Annual	03/30/2020
01/01/2020	12/31/2020	Annual	03/31/2021
01/01/2021	12/31/2021	Annual	03/31/2022
01/01/2022	12/31/2022	Annual	03/31/2023
01/01/2023	12/31/2023	Annual	03/30/2024

# AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

6 NH25PS005142-01-01

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1. Revised Terms

**Funding Opportunity Announcement (FOA): PS19-1901**  
**Award Number: 6 NH25PS005142-01-01**  
**Applicable Cost Principles: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards**

<b>AWARD INFORMATION</b>
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**Approved Revised Budget:** This revised Notice of Award approves the budget revision of funds as requested in your letter date **January 31, 2019**. These funds have been approved by cost categories for revision as follows:

<b>Salaries &amp; Wages</b>	<b>\$451,648</b>
<b>Fringe Benefits</b>	<b>\$261,956</b>
<b>Supplies</b>	<b>\$43,340</b>
<b>Travel</b>	<b>\$24,353</b>
<b>Other</b>	<b>\$366,943</b>
<b>Contractual Costs</b>	<b>\$362,735</b>
<b>Indirect Costs</b>	<b>\$151,999</b>

**Total Approved Budget      \$1,662,974**

All the other terms and conditions issued with the original award remain in effect throughout 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, necessary and reasonable.

**Office of Grants Services Contact:**  
Portia R. Brewer, MBA  
Grants Management Specialist  
Centers for Disease Control and Prevention (CDC)  
Office of Grants Services (OGS)  
Email: pbrewer@cdc.gov  
Telephone: (770) 488-3185

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**