

1. DATE ISSUED MM/DD/YYYY 08/24/2020

1a. SUPERSEDES AWARD NOTICE dated 05/12/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA No. 93.898 - Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NU58DP006299-04-01 Formerly

5. TYPE OF AWARD Other

4a. FAIN NU58DP006299

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 06/30/2017 Through 06/29/2022

7. BUDGET PERIOD MM/DD/YYYY From 06/30/2020 Through 06/29/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2939 Brandywine Road  
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)

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.

8. TITLE OF PROJECT (OR PROGRAM)  
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

9a. GRANTEE NAME AND ADDRESS  
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
920 Wildwood Dr  
Community and Public Health  
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR  
Ms. Mindy Laughlin  
920 Wildwood Dr  
Jefferson City, MO 65109-5796  
Phone: 5737516435

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Marcia A Mahaney  
920 Wildwood Drive  
Division of Administration  
Jefferson City, MO 65109-5796  
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER  
Charissa Rivers  
1600 Clifton Rd  
Atlanta, GA 30333  
Phone: 770-488-3938

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) 3,933,807.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 21,846.00	
a. Salaries and Wages	614,665.00	c. Less Cumulative Prior Award(s) This Budget Period 3,911,961.00	
b. Fringe Benefits	377,391.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	992,056.00	13. Total Federal Funds Awarded to Date for Project Period 16,387,980.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	2,795.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	23,455.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 5	d. 8
h. Other	115,262.00	b. 6	e. 9
i. Contractual	2,578,643.00	c. 7	f. 10
j. TOTAL DIRECT COSTS	3,712,211.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	221,596.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	3,933,807.00	b. ADDITIONAL COSTS	
m. Federal Share	3,933,807.00	c. MATCHING	
n. Non-Federal Share	3,743,090.00	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 -  Yes  No)

GRANTS MANAGEMENT OFFICIAL:

Pamela Render, Grants Management Officer  
2920 Brandywine Road  
Mailstop E09  
Atlanta, GA 30341  
Phone: 770-488-2712

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.	0-921Z1RU	b. 17NU58DP006299	c. 93.898	d. DP	e. \$0.00	f. 75-20-0948			
22. a.	0-9390540	b. 17NU58DP006299	c. 93.898	d. DP	e. \$0.00	f. 75-20-0948			
23. a.	0-9390541	b. 17NU58DP006299	c. 93.898	d. DP	e. \$0.00	f. 75-20-0948			

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 6 NU58DP006299-04-01	

FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 0-9390542	b. 17NU58DP006299	c. 93.898	d. DP	e. \$0.00	f. 75-20-0948
25.a. 0-9390543	b. 17NU58DP006299	c. 93.898	d. DP	e. \$0.00	f. 75-20-0948
26.a. 0-939ZRBC	b. 17NU58DP006299	c. 93.898	d. DP	e. \$0.00	f. 75-20-0948
27.a. 0-939ZRBL	b. 17NU58DP006299	c. 93.898	d. DP	e. \$0.00	f. 75-20-0948

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

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
06/30/2017	06/29/2018	Annual	09/27/2018
06/30/2018	06/29/2019	Annual	09/27/2019
06/30/2018	06/29/2019	Annual	09/27/2019
06/30/2019	06/29/2020	Annual	09/27/2020
06/30/2020	06/29/2021	Annual	09/27/2021

# AWARD ATTACHMENTS

Missouri Department of Health

6 NU58DP006299-04-01

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1. Revised Budget Terms and Conditions
2. Revised Funding Spreadsheet

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **revised budget** submitted by your organization dated July 27, 2020. Funds have been distributed as indicated in the approved budget of this Notice of Award.

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

All other terms and conditions issued with the original Notice of Award remain in effect throughout the budget period unless changed, in writing, by the CDC Grants Management Officer.

PLEASE REFERENCE THE GRANT NUMBER ON ALL CORRESPONDENCE.

### **OGS Contact:**

#### **Pamela Render**

Grants Management Specialist  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention (CDC)  
[PRender@cdc.gov](mailto:PRender@cdc.gov) | 770-488-2712 office |

Grantee:  
Award Number:

Missouri  
DP006299-04 (Revised)

Attachment 1

Federal Cost Categories	NCCCP	NCCCP	NCCCP	NBCCEDP	NBCCEDP	NPCR	NPCR	NPCR	Year 04 Budget
		Supplement	Programmatic Encouraged Cost Share: 10%	<i>*Unobligated funds in the amount of \$21,846 used as offset.</i>	Match 3:1	Component #1	Component #2	Match 3:1	
Salaries & Wages	\$112,001	\$11,355	\$0	\$456,325	-	\$35,321	\$0	-	\$615,002
Fringe Benefits	\$70,001	\$7,097	\$0	\$278,701	-	\$21,122	\$0	-	\$376,921
Consultant Costs	\$0	\$0	\$0	\$1,066	-	\$0	\$0	-	\$1,066
Equipment	\$0	\$0	-	\$0	-	\$0	\$0	-	\$0
Supplies	\$468	\$24	\$0	\$1,137	-	\$800	\$0	-	\$2,429
Travel	\$2,588	\$369	\$0	\$14,582	-	\$5,708	\$0	-	\$23,247
Other	\$48,167	\$27,446	-	\$38,208	-	\$1,441	-	-	\$115,262
Contractual costs	\$190,000	\$0	-	\$1,389,048	-	\$998,529	\$0	-	\$2,577,577
<b>Total Direct Costs</b>	<b>\$423,225</b>	<b>\$46,291</b>	<b>\$0</b>	<b>\$2,179,067</b>	<b>-</b>	<b>\$1,062,921</b>	<b>\$0</b>	<b>-</b>	<b>\$3,711,504</b>
<i>Indirect Costs</i>	\$36,582	\$3,709	\$0	\$169,933	-	\$12,079	-	-	\$222,303
<b>Non-Federal Share Requirement</b>	-	-	-	-	<b>\$783,000</b>	-	-	<b>\$358,333</b>	<b>\$1,141,333</b>
<b>Programmatic Encouraged Cost Share</b>	-	-	<b>\$50,981</b>	-	-	-	-	-	<b>\$50,981</b>
<b>Total Approved Budget</b>	<b>\$459,807</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$2,349,000</b>	<b>\$0</b>	<b>\$1,075,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,933,807</b>