

1. DATE ISSUED MM/DD/YYYY 03/02/2020

1a. SUPERSEDES AWARD NOTICE dated 12/13/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA No. 93.940 - HIV Prevention Activities_Health Department Based

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NU62PS924577-03-01 Formerly

5. TYPE OF AWARD Other

4a. FAIN NU62PS924577

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 01/01/2018 Through 12/31/2022

7. BUDGET PERIOD MM/DD/YYYY From 01/01/2020 Through 12/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

8. TITLE OF PROJECT (OR PROGRAM)
Integrated HIV Surveillance and Prevention Programs for Health Departments

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 WILDWOOD DR
Missouri Dept. of Health and Senior Services
JEFFERSON CITY, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Ms. Christine Smith
920 Wildwood Drive
Jefferson City, MO 65109-5796
Phone: 573-751-6439

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Marcia Mahaney
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
Mary Allen
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404-639-5200

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) 1,119,374.00	
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	211,111.00	c. Less Cumulative Prior Award(s) This Budget Period 1,119,374.00	
b. Fringe Benefits	126,713.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	337,824.00	13. Total Federal Funds Awarded to Date for Project Period 10,074,348.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	137,036.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	24,974.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 4	d. 7
h. Other	20,572.00	b. 5	e. 8
i. Contractual	526,673.00	c. 6	f. 9
j. TOTAL DIRECT COSTS	1,047,079.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	72,295.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	1,119,374.00	b. ADDITIONAL COSTS	
m. Federal Share	1,119,374.00	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 - Yes No)

GRANTS MANAGEMENT OFFICIAL:

Edna Green, Grants Management Officer
2939 Flowers Rd
Mailstop TV2
Atlanta, GA 30341-5509
Phone: 770-488-2858

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.	0-93909SC	b. 18NU62PS924577	c. 93.940	d. PS	e. \$0.00	f. 75-20-0950			
22. a.	0-93909SM	b. 18NU62PS924577	c. 93.940	d. PS	e. \$0.00	f. 75-20-0950			
23. a.		b.	c.	d.	e.	f.			

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 03/02/2020
GRANT NO. 6 NU62PS924577-03-01	

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

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 03/02/2020
GRANT NO. 6 NU62PS924577-03-01	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
01/01/2018	12/31/2018	Annual	03/31/2019
01/01/2019	12/31/2019	Annual	03/30/2020
01/01/2020	12/31/2020	Annual	03/31/2021

AWARD ATTACHMENTS

Missouri Department of Health

6 NU62PS924577-03-01

1. REVISED TERMS AND CONDITIONS: BUDGET REVISION

Notice of Funding Opportunity (NOFO): PS18-1802

Award Number: **NU62PS924577-03-01**

Award Type: Cooperative Agreement

Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

REVISED NOTICE OF COOPERATIVE AGREEMENT

PURPOSE: Revised Budget Approval. This revised Notice of Award approves your response to the Revised Budget Requirements. The revised itemized budget provided by your organization, submitted **January 29, 2020**, in the amount of **\$1,119,374.00** has been reviewed and found to be acceptable. Therefore, the Revised Budget Requirement noted in the terms and conditions of your award dated **December 13, 2019**, has been satisfied.

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

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 reference your award number on all correspondence including each page of all attachments.

Office of Grant Services Personnel:

GMS Contact:

Emmanuella Lamothe

Grants Management Specialist (CTR)

Infectious Disease Services Branch (IDSB)

Office of Grants Services (OGS)

Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCCO)

Centers for Disease Control and Prevention (CDC)

Phone: 404-498-5772

Email: omy9@cdc.gov

****The Grants Management Officer & Project Officer's information can be found on page 1 of this Notice of Award.***