



Grant Number: 1UF2CE002427-01 REVISED
FAIN: UF2CE002427

Principal Investigator(s):
Tuck VanDyne

Project Title: MISSOURI RAPE PREVENTION AND EDUCATION PROGRAM

BRET FISCHER
DIRECTOR, DIV OF ADMIN
MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
920 WILDWOOD DRIVE
JEFFERSON CITY, MO 65109

Award e-mailed to: grants@health.mo.gov

Budget Period: 02/01/2014 – 01/31/2015

Project Period: 02/01/2014 – 01/31/2019

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award to reflect an increase in the amount of \$297,611 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to MISSOURI STATE DEPARTMENT OF HEALTH & SENIOR SERVICES in support of the above referenced project. This award is pursuant to the authority of H.R. 3402 and S. 1197 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours

Sharron Orum
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD D/ \ – 1UF2CE002427-01 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	\$57,280
Fringe Benefits	\$28,067
Supplies	\$500
Consortium/Contractual Cost	\$398,965
Consulting Costs	\$3,000
Travel Costs	\$10,828
Other Costs	\$11,825

Federal Direct Costs	\$510,465
Federal F&A Costs	\$16,387
Approved Budget	\$526,852
Federal Share	\$526,852
TOTAL FEDERAL AWARD AMOUNT	\$526,852

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$297,611

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02	\$603,238
03	\$603,238
04	\$603,238
05	\$603,238

Fiscal Information:

CFDA Number: 93.136
EIN: [REDACTED]
Document Number: 002427RP14

IC	CAN	2014	2015	2016	2017	2018
CE	939ZSFL	\$526,852	\$603,238	\$603,238	\$603,238	\$603,238

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$526,852	\$526,852
2	\$603,238	\$603,238
3	\$603,238	\$603,238
4	\$603,238	\$603,238
5	\$603,238	\$603,238

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: N / **OC:** 4151 / **Processed:** ERAAPPS 06/24/2014

SECTION II – PAYMENT/HOTLINE INFORMATION – 1UF2CE002427-01 REVISED

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office 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. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1UF2CE002427-01 REVISED

This award is based on the application submitted to, and as approved by, CDC 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 and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) UF2CE002427. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Treatment of Program Income:

Additional Costs

SECTION IV – CE Special Terms and Conditions – 1UF2CE002427-01 REVISED

Funding Opportunity Announcement (FOA) Number: CE14-1401

Award Number: 1 UF2/ CE002427-01

Amendment #1: 2nd Allotment and Revised Budget

AWARD INFORMATION

Incorporation: Program Announcement Number CE14-1401, entitled Rape Prevention and Education Program is made part of this award by reference.

The purpose of this revised Notice of Award is based on the review of your correspondence dated April 29, 2014, subject: Grant Number 1 UF2CE002427-01. Your revised budget and work plan have been received, approved and satisfies the requirements of your award notice dated January 30, 2014 for year 01 budget period funding allocation.

Approved Funding: This award authorizes the remaining funding of 50% for year 01 budget period, **February 1, 2014** through **January 31, 2015**. Your approved 12 month budget Financial Assistance (FA) amount is **\$526,852**. The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their Notice of Award (NoA), including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

Follow up Budget Requirement: Prior approval of contractors and consultants are contingent upon submission of required budget details. Contractual and consultant request to support year 01 projects are conditionally approved pending submission of the listed below elements in writing to Grants Management Specialist to finalize the grantee's procurement process. Failure to provide this information could result in delay or disapproval of prior approval requests.

Consultant:

- a) Name of Consultant
- e) Number of days
- f) Expected rate of compensation (travel, per diem--list by category)

