



COOPERATIVE AGREEMENTS

Department of Health and Human Services
Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREV AND HEALTH PROMO

Notice of Award

Issue Date: 03/02/2015



Grant Number: 3U58DP003924-03S1 REVISED
FAIN: U58DP003924

Principal Investigator(s):
Belinda Heimericks

Project Title: MO PROGRAMS FUNDED THROUGH: COMPREHENSIVE CANCER, CANCER REGISTRY

DIRECTOR, DIVISION OF ADMINISTRATION
MISSOURI DEPARTMENT OF HEALTH &
P.O. BOX 570
920 WILDWOOD DRIVE
JEFFERSON CITY, MO 65102

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

Budget Period: 06/30/2014 – 06/29/2015
Project Period: 06/30/2012 – 06/29/2017

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award (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 301A,311BC,317K2(42USC241A,243BC247BK2) 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,

Annie D Harrison-Camacho
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 3U58DP003924-03S1 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	\$461,623
Fringe Benefits	\$219,401
Personnel Costs (Subtotal)	\$681,024
Supplies	\$1,723
Travel Costs	\$13,709
Other Costs	\$184,990
Consortium/Contractual Cost	\$1,849,458

Federal Direct Costs	\$2,730,904
Approved Budget	\$3,897,571
Federal Share	\$2,730,904
Non-Federal Share	\$1,166,667
TOTAL FEDERAL AWARD AMOUNT	\$2,730,904

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

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

04 \$0
05 \$0

Fiscal Information:

CFDA Number: 93.752
EIN: [REDACTED]
Document Number: 003924CP14

IC	CAN	2014
DP	939016N	\$2,730,904

SUMMARY TOTAL FEDERAL AWARD AMOUNT YEAR (3)	
GRANT NUMBER	TOTAL FEDERAL AWARD AMOUNT
3U58DP003924-03S1	\$2,730,904
5U58DP003924-03	\$1,314,291
TOTAL	\$4,045,195

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
3	\$2,730,904	\$4,045,195
4	\$0	\$4,195,645
5	\$0	\$4,195,645

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: CAMACHOA 02/27/2015

SECTION II – PAYMENT/HOTLINE INFORMATION – 3U58DP003924-03S1 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 hstips@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 – 3U58DP003924-03S1 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) U58DP003924. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Treatment of Program Income:

Additional Costs

SECTION IV – DP Special Terms and Conditions – 3U58DP003924-03S1 REVISED

Funding Opportunity Announcement (FOA) Number: **PPHF 2014: Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by 2014 Prevention and Public Health Funds**

Award Number: 3 U58 DP003924-03-S1 - Revised

REVISED TERMS AND CONDITIONS REVISION TWO

NOTE 1: CARRYOVER OF YEAR 02 NBCCEDP UNOBLIGATED FUNDS – EXTENSION OF YEAR 02 PERIOD OF PERFORMANCE

This revised Notice of Award (NOA) responds to your correspondence dated December 15, 2014 in which you requested \$74,054 in Year 02 unobligated funds. Your request was reviewed. However, the full amount of requested unobligated funds was not approved. This revised NOA authorizes use of Budget Year 02 unobligated funds in the amount of **\$44,054**. Therefore, the period of performance for Budget Period 02 has been extended to June 29, 2015. Authorization for use of the aforementioned funds is as follows:

Contractual: \$44,054

Purpose: Screening Provider Contracts with local community health clinics

Awarded unobligated funds are located in:

Subaccount title: **CDCDP121205**

Grant document number: **UDP003924A**

All activities associated with this request must be completed by June 29, 2015.

NOTE 2: CONTRACTOR APPROVAL

This revised Notice of Award (NOA) responds to your correspondence dated December 18, 2014 in which you requested contractor approval. Your request was reviewed and approved.

Contractor Name: KC Care Clinic

Amount: \$25,000

NOTE 3: ADMINISTRATIVE CORRECTION. Incorrect reporting guidance was inadvertently incorporated in the Terms and Conditions of the Budget Year 03 Notices of Award (NoA) of funded grantees. The purpose of this revised Notice of Award (NOA) is to correct the Performance Reporting Requirement reflected on the NOA dated July 1, 2014.

As reads:

Performance Reporting: *The Annual Performance Report is due no later than 120 days prior to the end of the budget period, on/about **February 28, 2015**, and serves as the continuing application. This report should include the information specified in the FOA.*

Is amended to read:

PROGRESS/PERFORMANCE REPORTING:

A. The Interim Progress Report (IPR) will serve as the non-competing continuation application. A due date and specific IPR guidance will be provided at a later date.

The report must contain the following:

- Status/Progress of Current Budget Period Goals and Objectives
- Also include key organizational changes, key staff changes, and an implementation plan for each activity.
- Current Budget Period Financial Progress and amount of estimated unobligated balances
- New Budget Period Program Proposed Activity Objectives and timelines
- Ensure Objectives are specific, measurable, appropriate, realistic, and time-phased.
- Measures of Effectiveness.
- Additional requested information.
- Detailed Line-Item Budget and Justification.
- Use the SF424 forms: http://www.whitehouse.gov/omb/grants/grants_forms.html
- For the Budget details and justification follow the Budget Guidelines at:

<http://www.cdc.gov/od/pgo/funding/grantmain.htm>

B. ANNUAL PROGRESS REPORT (APR):

The Annual Progress Report is required no later than 90 days after the end of the budget period, which is September 29 2015. All manuscripts published as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.

NOTE: THE PROGRESS REPORTS SHOULD ADDRESS EACH OF THE APPLICABLE PROGRAM COMPONENTS:

- NCCCP
- NBCCEDP
- MLC
- NPCR
- INNOVATIVE (Not Applicable to all grantee's)

The following elements should be included in the Progress Reports:

- Comparison of actual accomplishments to the goals established for the period
- The reasons for failure, if established goals were not met
- Current Budget Period Activities/Objectives Progress
- Current Budget Period Financial Progress
- Measures of Effectiveness
- Other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected

NOTE 4: 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.

NOTE 5: All 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.

STAFF CONTACTS

Grants Management Specialist: Annie D Harrison-camacho
Centers for Disease Control and Prevention
Procurement and Grants Office
2920 Brandywine Road, Mail Stop:E09
Atlanta, GA 30341

Email: atc4@cdc.gov **Phone:** 770-488-2098

Grants Management Officer: Annie D Harrison-camacho
Centers for Disease Control and Prevention
Procurement and Grants Office
2920 Brandywine Road, Mail Stop:E09
Atlanta, GA 30341
Email: atc4@cdc.gov **Phone:** 770-488-2098

SPREADSHEET SUMMARY

GRANT NUMBER: 3U58DP003924-03S1 REVISED

INSTITUTION: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

Budget	Year 3	Year 4	Year 5
Salaries and Wages	\$461,623		
Fringe Benefits	\$219,401		
Personnel Costs (Subtotal)	\$681,024		
Supplies	\$1,723		
Travel Costs	\$13,709		
Other Costs	\$184,990		
Consortium/Contractual Cost	\$1,849,458		
TOTAL FEDERAL DC	\$2,730,904		
TOTAL FEDERAL F&A			
TOTAL COST	\$2,730,904	\$0	\$0