



**Grant Number:** 5U58DP004817-02 REVISED  
**FAIN:** U58DP004817

**Principal Investigator(s):**  
Belinda Heimericks

**Project Title:** ACTIONS TO PREVENT CHRONIC DISEASE & CONTROL RISK FACTOR

BRET FISCHER  
DIR, DIV OF ADMIN  
920 WILDWOOD  
P.O. BOX 570  
JEFFERSON CITY, MO 65102

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

**Budget Period:** 06/30/2014 – 06/29/2015  
**Project Period:** 06/30/2013 – 06/29/2018

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,

  
Kang W Lee  
Grants Management Officer  
Centers for Disease Control and Prevention

Additional information follows

**SECTION I – AWARD DATA – 5U58DP004817-02 REVISED**

**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$363,098
Fringe Benefits	\$177,918
Personnel Costs (Subtotal)	\$541,016
Supplies	\$4,899
Travel Costs	\$21,915
Other Costs	\$25,896
Consortium/Contractual Cost	\$601,041

Federal Direct Costs	\$1,194,767
Federal F&A Costs	\$103,876
Approved Budget	\$1,298,643
Federal Share	\$1,298,643
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$1,298,643</b>

**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.

03	\$1,774,462
04	\$1,774,462
05	\$1,774,462

**Fiscal Information:**

CFDA Number: 93.945  
 EIN: XXXXXXXXXX  
 Document Number: 004817DP14

IC	CAN	2014	2015	2016	2017
DP	921019V		\$1,774,462	\$1,774,462	\$1,774,462
DP	921Z5SG	\$454,328			
DP	939013J	\$306,934			
DP	939ZQZH	\$342,157			
DP	939ZRHR	\$195,224			

SUMMARY TOTAL FEDERAL AWARD AMOUNT YEAR ( 2 )		
GRANT NUMBER	TOTAL FEDERAL AWARD AMOUNT	
5U58DP004817-02	\$1,298,643	
3U58DP004817-02S1	\$475,818	
<b>TOTAL</b>	<b>\$1,774,461</b>	
SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
2	\$1,298,643	\$1,774,461
3	\$1,774,462	\$1,774,462
4	\$1,774,462	\$1,774,462
5	\$1,774,462	\$1,774,462

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

**CDC Administrative Data:**

PCC: / OC: 4151 / Processed: ERAAPPS 08/29/2014

**SECTION II – PAYMENT/HOTLINE INFORMATION – 5U58DP004817-02 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.

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### SECTION III – TERMS AND CONDITIONS – 5U58DP004817-02 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) U58DP004817. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

This award is funded by the following list of institutes. Any papers published under the auspices of this award must cite the funding support of all institutes.

National Center For Chronic Disease Prev And Health Promo (CCDPH)

**Treatment of Program Income:**  
Additional Costs

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### SECTION IV – DP Special Terms and Conditions – 5U58DP004817-02 REVISED

**FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER:** DP13-1305  
Revision 1

#### **ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD**

**NOTE 1: PURPOSE:** This revised Notice of Award (NoA) is to approve the revised budget, work-plan, and indirect costs.

**NOTE 2: REVISED BUDGET:** The recipient's revised budget dated August 1, 2014, to comply with the requirements in the terms and conditions of the original NoA, is approved as submitted.

**NOTE 3: INDIRECT COST:** Indirect costs are approved based on the Indirect Cost Rate Agreement dated January 23, 2014, which calculates indirect costs as follows, a fixed rate is approved at a rate of 19.2% of the base, which includes, direct salaries and

wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2014 to June 30, 2015.

**NOTE 4: TECHNICAL REVIEW RESPONSE:** The recipient's response, dated August 1, 2014, to comply with the requirements in the terms and conditions of the original NoA, is approved as submitted.

**NOTE 5:** Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all cost charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

**NOTE 5:** All other terms and conditions of the original NoA and any subsequently revised NoAs remain the same.

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE

**STAFF CONTACTS**

**Grants Management Specialist:** Kang W Lee  
Centers for Disease Control and Prevention (CDC)  
Procurement and Grants Office  
2920 Brandywine Road, MS E-15  
Atlanta, GA 30341  
Email: klee@cdc.gov Phone: (770) 488-2853 Fax: 770-488-2868

**Grants Management Officer:** Kang W Lee  
Centers for Disease Control and Prevention (CDC)  
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Atlanta, GA 30341  
Email: klee@cdc.gov Phone: (770) 488-2853 Fax: 770-488-2868

**SPREADSHEET SUMMARY**

**GRANT NUMBER:** 5U58DP004817-02 REVISED

**INSTITUTION:** MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

Budget	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	\$363,098			
Fringe Benefits	\$177,918			
Personnel Costs (Subtotal)	\$541,016			
Supplies	\$4,899			
Travel Costs	\$21,915			
Other Costs	\$25,896	\$1,774,462	\$1,774,462	\$1,774,462
Consortium/Contractual Cost	\$601,041			
TOTAL FEDERAL DC	\$1,194,767	\$1,774,462	\$1,774,462	\$1,774,462
TOTAL FEDERAL F&A	\$103,876			
TOTAL COST	\$1,298,643	\$1,774,462	\$1,774,462	\$1,774,462