
SECTION I – AWARD DATA – 5UF2CE002427-03 REVISED**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$44,730
Fringe Benefits	\$22,365
Supplies	\$180
Consortium/Contractual Cost	\$685,958
Travel Costs	\$2,456
Other Costs	\$2,329

Federal Direct Costs	\$758,018
Federal F&A Costs	\$3,603
Approved Budget	\$761,621
Federal Share	\$761,621
Less Unobligated Balance	\$148,963
TOTAL FEDERAL AWARD AMOUNT	\$612,658

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 \$603,238
05 \$603,238

Fiscal Information:

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

IC	CAN	2016	2017	2018
CE	939ZSFL	\$612,658	\$603,238	\$603,238

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
3	\$612,658	\$612,658
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: ROBINSONRU 03/10/2016

SECTION II – PAYMENT/HOTLINE INFORMATION – 5UF2CE002427-03 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 – 5UF2CE002427-03 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 – 5UF2CE002427-03 REVISED

Funding Opportunity Announcement (FOA) Number: CE14-1401
Award Number: 5 UF2 CE002427-03
Award Type: Cooperative Agreement
Applicable Cost Principles: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

REVISED AWARD INFORMATION

1. The purpose of this amended (1) Notice of Award is to carry forward Year 02 unobligated funds in the amount of \$148,963.00 into Year 03. It is our understanding that funds will be used to support contractual costs for the Missouri Department of Health and Senior Services Rape Program. The activities have been reviewed and found to be appropriate and consistent with program objectives. It is our understanding the approved funds will be used to help address goals and objectives that were unmet from the prior year funding (FY2015). (See Attachment A for line item breakdown). This action was taken in accordance with your requests dated January 25, 2016.
2. Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to the cooperative agreement are allowable, allocable, consistent and reasonable. If the Federal Financial Report indicates an amount less than the carryover amount, the award will be reduced by the difference.
3. These funds have been approved to support one-time activities to be completed by the end of the current budget period and do not reflect an increase in your on-going funding base.
4. All other terms and conditions of this award remain in full affect, unless rescinded in writing by the Grants Management Officer.

CDC CONTACT NAME:

Programmatic Contact:

Kathryn Jones, Project Officer
Centers for Disease Control
National Center for Injury Prevention and Control

ATTACHMENT A

Cost Analysis	PA 14-1401
Award Number:	CE 002427-03
Budget Period:	2/01/2016-1/31/2017

<u>BUDGET CATEGORY</u>	<u>Current Award</u>	<u>Approved Carryover</u>	<u>Total Approved Budget</u>
Salaries & Wages	44,730	0	44,730
Fringe Benefits	22,365	0	22,365
Consultants	0	0	0
Equipment	0	0	0
Supplies	180	0	180
Travel	2,456	0	2,456
Other	2,329	0	2,329
Contractual	<u>536,995</u>	<u>148,963</u>	<u>685,958</u>
Total Direct Costs	<u>609,055</u>	<u>148,963</u>	<u>758,018</u>
Indirect Costs	<u>3,603</u>	<u>0</u>	<u>3,603</u>
TOTAL	<u>612,658</u>	<u>148,963</u>	<u>761,621</u>